

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
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.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 Means Database Inc
 % Maria Rose Belding
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 1629 K ST NW STE 300
 City or town, state or province, country, and ZIP or foreign postal code
 Washington, DC 20006

D Employer identification number
 47-4262060
E Telephone number
 (202) 449-1507
F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ <http://meansdatabase.com/>
J Tax-exempt status (check only one) - 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 81,553

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

| Revenue | | Expenses | | Net Assets | |
|-----------|--|-----------|---|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 10 | Grants and similar amounts paid (list in Schedule O) | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 11 | Benefits paid to or for members | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3 | Membership dues and assessments | 12 | Salaries, other compensation, and employee benefits | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 13 | Professional fees and other payments to independent contractors | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 14 | Occupancy, rent, utilities, and maintenance | | |
| 5b | Less cost or other basis and sales expenses | 15 | Printing, publications, postage, and shipping | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 16 | Other expenses (describe in Schedule O) | | |
| 6 | Gaming and fundraising events | 17 | Total expenses. Add lines 10 through 16 | | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | |
| 6b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | |
| 6c | Less direct expenses from gaming and fundraising events | | | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | |
| 7b | Less cost of goods sold | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47 No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 No
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A [X] Yes [] No

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

Sign Here ***** Signature of officer 2018-05-14 Date
Maria Rose Belding Executive Director Type or print name and title

Table for Preparer Information: Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions [] Yes [] No

Additional Data

Software ID: 17005074

Software Version: V1.0

EIN: 47-4262060

Name: Means Database Inc

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--------|
| 28 Recovered approximately 1.3 million pounds of food that would have otherwise been thrown out (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 54,000 |

Form 990EZ, Part III - Statement of Program Service Accomplishments

| <p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p> | <p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p> | |
|---|---|--------------|
| <p>30 Developed a major corporate partnership that regularly produces individual food donations of over 20,000 pounds (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <p>30a</p> | <p>5,301</p> |

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.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Means Database Inc

Employer identification number

47-4262060

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 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 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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.)

Section A. Public Support

| Calendar 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 include any "unusual grants.") | 0 | 0 | 0 | 0 | 81,553 | 81,553 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 0 | 0 | 0 | 0 | 81,553 | 81,553 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | 81,553 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | 0 | 0 | 0 | 0 | 81,553 | 81,553 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 0 | 0 | 0 | 0 | 81,553 | 81,553 |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

| | | 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. | | |
| | 1 | | |
| 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). | | |
| | 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 | | |
| 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. | | |
| | 3c | | |
| 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. | | |
| | 4a | | |
| 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. | | |
| | 4b | | |
| 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. | | |
| | 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 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). | | |
| | 5a | | |
| 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? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 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 . | | |
| | 6 | | |
| 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). | | |
| | 7 | | |
| 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). | | |
| | 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| 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 . | | |
| | 9b | | |
| 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 . | | |
| | 9c | | |
| 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 line 10b below. | | |
| | 10a | | |
| 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.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i> | | |

Section D. All Type III 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section 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 instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | 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? <i>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.</i> | | |
| b | 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | 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> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| 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 | |
| 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) | 1 | |
| 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 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 the organization is responsive (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 | |

| Section 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 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Means Database Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

47-4262060

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, line 16 | <p> Other Expenses , Amount CHECK # 8, \$95 00 RECURRING PAYMENT AUTHORIZED ON 01/12 HEROKU 866-278-1349 CA S587012579954997 CARD 0262, \$143 00 PURCHASE AUTHORIZED ON 01/18 PRESIDE NTS VOL SRV 404-979-2900 GA S307018502353034 CARD 1606, \$100 00 PURCHASE AUTHORIZED ON 01 /23 AMTRAK COM 023071 WASHINGTON DC S587023801142911 CARD 1606, \$166 00 PAYPAL INST XFER 170125 FASTSPRING MEANS DATABASE INC , \$29 00 CHECK # 1044, \$106 00 RECURRING PAYMENT A UTHORIZED ON 01/28 INTUIT *QB ONLINE 800-286-6800 CA S587028396877548 CARD 0270, \$34 00 P URCHASE AUTHORIZED ON 01/27 INTUIT *PAYROLL 888-537-7794 CA S387027444755156 CARD 0270, \$3 3 00 PURCHASE AUTHORIZED ON 01/31 CORPORATE CREATION 561-694-8107 FL S307030748712014 CAR D 0270, \$42 00 PURCHASE AUTHORIZED ON 02/02 UBER US FEB02 HW HELP UBER COM CA S3870341248 96595 CARD 0270, \$12 00 PURCHASE AUTHORIZED ON 02/03 GOOGLE *SVCSAPPS_0 cc@google com CA S467034285904839 CARD 0262, \$5 00 CHECK # 3, \$69 00 RECURRING PAYMENT AUTHORIZED ON 02/1 3 HEROKU 866-278-1349 CA S307045001237128 CARD 0262, \$142 00 PURCHASE AUTHORIZED ON 02/16 AIRBNB 855-424-7262 CA S587048003719967 CARD 0270, \$237 00 PURCHASE AUTHORIZED ON 02/16 AMTRAK COM 047060 WASHINGTON DC S307047803180376 CARD 0270, \$218 00 PURCHASE AUTHORIZED ON 02/16 SOUTHWES 526248 800-435-9792 TX S587047706884695 CARD 0270, \$191 00 PURCHASE AUT HORIZED ON 02/16 AMTRAK COM 047062 WASHINGTON DC S387047711459165 CARD 0270, \$28 00 PAYP AL INST XFER 170225 FASTSPRING MEANS DATABASE INC , \$29 00 PURCHASE AUTHORIZED ON 02/27 I NTUIT *PAYROLL 888-537-7794 CA S587058467200006 CARD 0270, \$33 00 RECURRING PAYMENT AUTHO RIZED ON 02/28 INTUIT *QB ONLINE 800-286-6800 CA S307059360459879 CARD 0270, \$34 00 PURCH ASE AUTHORIZED ON 03/02 SQ *PEACE CAB TAXI Windsor CT S5870618310590702 CARD 0270, \$79 00 PURCHASE AUTHORIZED ON 03/05 AMTRAK 064688 BALT-WASH INT MD S587065022313395 CARD 0270, \$4 00 CHECK # 1133, \$280 00 RECURRING PAYMENT AUTHORIZED ON 03/09 HEROKU 866-278-1349 CA S 307068706213960 CARD 0262, \$142 00 RECURRING PAYMENT AUTHORIZED ON 03/17 SPRINT *WIRELESS 800-639-6111 KS S587076321994536 CARD 0270, \$262 00 PURCHASE AUTHORIZED ON 03/21 SOUTHWES S 526249 800-435-9792 TX S387080741555986 CARD 0270, \$245 00 PAYPAL INST XFER 170325 FAST SPRING MEANS DATABASE INC , \$29 00 PURCHASE AUTHORIZED ON 03/24 WINKING LIZARD - 2 NORTH CANTON OH S587083845680131 CARD 0270, \$22 00 PURCHASE AUTHORIZED ON 03/27 INTUIT *PAYROLL 888-537-7794 CA S467086440954048 CARD 0270, \$33 00 RECURRING PAYMENT AUTHORIZED ON 03/29 INTUIT *QB ONLINE 800-286-6800 CA S467087789554571 CARD 0270, \$34 00 PURCHASE AUTHORIZED ON 04/03 GOOGLE *SVCSAPPS_0 cc@google com CA S467093273163338 CARD 0262, \$12 00 PURCHASE AUTHORIZED ON 04/09 AMTRAK 099923 BALT-WASH INT MD S307100040819689 CARD 0270, \$16 00 RE CURREING PAYMENT AUTHORIZED ON 04/11 HEROKU MAR-1096127 866-278-1349 CA S387101727359096 CA RD 0262, \$142 00 RECURRING PAYMENT AUTHORIZED ON 04/14 SPRINT *WIRELESS 800-639-6111 KS S 587104336738454 CARD 0270, \$26</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, line 16 | <p>2 00 PURCHASE AUTHORIZED ON 04/19 SOUTHWES 526210 800-435-9792 TX S387109692429247 CARD 0 270, \$200 00 PAYPAL INST XFER 170425 FASTSPRING MEANS DATABASE INC , \$29 00 PURCHASE AUT HORIZED ON 04/27 INTUIT *PAYROLL 888-537-7794 CA S387117410392776 CARD 0270, \$33 00 RECUR RING PAYMENT AUTHORIZED ON 04/28 INTUIT *QB ONLINE 800-286-6800 CA S307118357172474 CARD 0 270, \$34 00 CHECK # 1079, \$88 00 PURCHASE AUTHORIZED ON 05/03 GOOGLE *SVCSAPPS_0 cc@google.com CA S307123445526859 CARD 0262, \$19 00 PURCHASE AUTHORIZED ON 05/04 UBER US MAY04 Z U HELP UBER COM CA S587124412067112 CARD 0270, \$51 00 PURCHASE AUTHORIZED ON 05/04 UBER U S MAY04 O3 HELP UBER COM CA S387124525572287 CARD 0270, \$29 00 PURCHASE AUTHORIZED ON 05/ 07 UBER US MAY07 X7 HELP UBER COM CA S587127587144534 CARD 0270, \$51 00 PURCHASE AUTHORIZ ED ON 05/07 UBER TECHNOLOGIES 866-576-1039 CA S467127401601163 CARD 0270, \$29 00 RECURRING PAYMENT AUTHORIZED ON 05/09 HEROKU APR-1129064 866-278-1349 CA S307130081947786 CARD 026 2, \$143 00 PURCHASE AUTHORIZED ON 05/10 SOUTHWES 526852 800-435-9792 TX S307130740665833 CARD 0270, \$150 00 PURCHASE AUTHORIZED ON 05/11 AMERICAN AIR001212 FORT WORTH TX S5871315 05877850 CARD 0270, \$84 00 PAYPAL INST XFER 170525 FASTSPRING MEANS DATABASE INC , \$29 00 RECURRING PAYMENT AUTHORIZED ON 05/29 INTUIT *QB ONLINE 800-286-6800 CA S587148442795259 CARD 0270, \$42 00 PURCHASE AUTHORIZED ON 05/30 INTUIT *PAYROLL 888-537-7794 CA S46715050 0678432 CARD 0270, \$41 00 RECURRING PAYMENT AUTHORIZED ON 05/31 NAME-CHEAP COM NAM 323-37 5-2822 AZ S387151504477455 CARD 0262, \$86 00 PURCHASE AUTHORIZED ON 06/03 GOOGLE *SVCSAPP S_0 cc@google.com CA S587154043798375 CARD 0262, \$9 00 PURCHASE AUTHORIZED ON 06/05 ARAMA RK AT AMERICA WASHINGTON DC S587156536026624 CARD 0270, \$13 00 PURCHASE AUTHORIZED ON 06/ 07 UBER TRIP CIYAN HELP UBER COM CA S587158552457216 CARD 0270, \$7 00 PURCHASE AUTHORIZED ON 06/07 UBER US JUN07 4S HELP UBER COM CA S387158521306862 CARD 0270, \$7 00 PURCHASE AU THORIZED ON 06/09 UBER TECHNOLOGIES 866-576-1039 CA S387160648247219 CARD 0270, \$12 00 PU RCHASE AUTHORIZED ON 06/11 UBER TECHNOLOGIES 866-576-1039 CA S467162055182032 CARD 0270, \$ 8 00 PURCHASE AUTHORIZED ON 06/12 HEROKU MAY-1156776 HEROKU COM CA S587163828152571 CARD 0262, \$143 00 PURCHASE AUTHORIZED ON 06/16 EIG*iPage 866-5392854 MA S387167530051678 CARD 0270, \$54 00 PAYPAL INST XFER 170625 FASTSPRING MEANS DATABASE INC , \$29 00 PURCHASE AU THORIZED ON 06/27 INTUIT *PAYROLL 888-537-7794 CA S587178424752082 CARD 0270, \$41 00 RECU RRING PAYMENT AUTHORIZED ON 06/28 INTUIT *QB ONLINE 800-286-6800 CA S307179351695882 CARD 0270, \$42 00 PURCHASE AUTHORIZED ON 06/29 UBER US JUN29 HA HELP UBER COM CA S467180791000 318 CARD 0270, \$9 00 PURCHASE AUTHORIZED ON 06/30 UBER TECHNOLOGIES 866-576-1039 CA S4671 81163417535 CARD 0270, \$8 00 PURCHASE AUTHORIZED ON 06/30 US LIABILITYINSURA 866-632-2003 PA S307181687607734 CARD 0270, \$930 00 THE HARTFORD NTCLBIIVRC 14945986 WELLS FARGO BANK , \$455 00 RECURRING PAYMENT A</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| Part I, line 16 | <p> UTHORIZED ON 07/11 HEROKU JUN-1197469 866-278-1349 CA S587192688570573 CARD 0262, \$144 00 PURCHASE AUTHORIZED ON 07/12 STARBUCKS STORE 07 WASHINGTON DC S467193488307518 CARD 0270, \$27 00 PURCHASE AUTHORIZED ON 07/14 CORPORATE CREATION 561-694-8107 FL S387194747440321 CARD 0270, \$42 00 PURCHASE AUTHORIZED ON 07/14 STARBUCKS STORE 07 WASHINGTON DC S30719548 2335552 CARD 0270, \$40 00 PURCHASE AUTHORIZED ON 07/20 EIG*Page 866-5392854 MA S58720161 9491304 CARD 0270, \$23 00 PAYPAL INST XFER 170725 FASTSPRING MEANS DATABASE INC , \$29 00 PURCHASE AUTHORIZED ON 07/26 Z BURGER WASHINGTON DC S387207596184518 CARD 0270, \$64 00 PURCHASE AUTHORIZED ON 07/27 INTUIT *PAYROLL 888-537-7794 CA S467208420520914 CARD 0270, \$4 1 00 PURCHASE AUTHORIZED ON 07/26 Z BURGER WASHINGTON DC S467207598093801 CARD 0270, \$10 00 RECURRING PAYMENT AUTHORIZED ON 07/28 INTUIT *QB ONLINE 800-286-6800 CA S4672093247181 66 CARD 0270, \$53 00 PURCHASE AUTHORIZED ON 08/02 GOOGLE *SVCSAPPS_0 cc@google com CA S46 7214830391297 CARD 0262, \$1 00 PURCHASE AUTHORIZED ON 08/07 UBER US AUG07 4ANA 800-592899 6 CA S467219540343059 CARD 0270, \$20 00 PURCHASE AUTHORIZED ON 08/07 SOUTHWES 526875 800- 435-9792 TX S387219616598172 CARD 0270, \$282 00 RECURRING PAYMENT AUTHORIZED ON 08/09 HER OKU JUL-1238349 866-278- 1349 CA S387221748135759 CARD 0262, \$143 00 CHECK # 1080, \$250 00 PURCHASE AUTHORIZED ON 08/09 FOUR POINTS BY SHE WARWICK RI S467220819613098 CARD 0270, \$ 108 00 PURCHASE AUTHORIZED ON 08/21 SQ *RPDSON@GMAIL C PAWTUCKET RI S587234157695455 CARD 1606, \$8 00 PURCHASE AUTHORIZED ON 08/22 UBER US AUG22 ZB6P 800-5928996 CA S307234482629 417 CARD 0270, \$14 00 PURCHASE AUTHORIZED ON 08/22 UBER US AUG22 NM HELP UBER COM CA S307 234499139158 CARD 0270, \$6 00 PAYPAL INST XFER 170825 FASTSPRING MEANS DATABASE INC , \$29 00 PURCHASE AUTHORIZED ON 08/26 SQC*ZOEY JORDAN SA 8774174551 CA S307238618745762 CARD 1 606, \$269 00 RECURRING PAYMENT AUTHORIZED ON 08/28 INTUIT *QB ONLINE 800-286-6800 CA S587 240299132080 CARD 0270, \$53 00 PURCHASE AUTHORIZED ON 08/28 INTUIT *PAYROLL 888-537-7794 CA S387240534119832 CARD 0270, \$41 00 </p> |

990 Schedule O, Supplement Information

| Return Reference | Explanation |
|------------------|---|
| Part I, line 16 | <p> PURCHASE AUTHORIZED ON 09/06 EXPEDIA 7293752608 EXPEDIA COM WA S307249641221830 CARD 0270 , \$91 00 PURCHASE AUTHORIZED ON 09/06 SOUTHWES 526876 800-435-9792 TX S467249647442072 CA RD 0270, \$162 00 PURCHASE AUTHORIZED ON 09/06 SOUTHWES 526876 800-435-9792 TX S3872496494 86228 CARD 0270, \$142 00 RECURRING PAYMENT AUTHORIZED ON 09/13 HEROKU AUG-1280036 866-278 -1349 CA S467256846698145 CARD 0262, \$143 00 PURCHASE AUTHORIZED ON 09/18 UBER TECHNOLOGI ES 866-576-1039 CA S387261433406772 CARD 0270, \$20 00 PAYPAL INST XFER 170925 FASTSPRING MEANS DATABASE INC , \$29 00 PURCHASE AUTHORIZED ON 09/27 INTUIT *PAYROLL 888-537-7794 CA S387270417646589 CARD 0270, \$41 00 RECURRING PAYMENT AUTHORIZED ON 09/28 INTUIT *QB ONLIN E 800-286-6800 CA S307271448112980 CARD 0270, \$53 00 PURCHASE AUTHORIZED ON 10/03 GOOGLE *SVCSAPPS_0 cc@google com CA S467275850259804 CARD 0262, \$1 00 RECURRING PAYMENT AUTHORIZ ED ON 10/12 HEROKU SEP-1322604 866-278-1349 CA S307285747238918 CARD 0262, \$143 00 PURCHA SE AUTHORIZED ON 10/18 UBER TECHNOLOGIES 866-576-1039 CA S587291111693852 CARD 0270, \$18 0 0 PURCHASE AUTHORIZED ON 10/17 UBER US OCT17 AQ HELP UBER COM CA S467290585577722 CARD 02 70, \$16 00 PAYPAL INST XFER 171025 FASTSPRING MEANS DATABASE INC , \$29 00 PURCHASE AUTHO RIZED ON 10/26 UBER TRIP CPOH5 HELP UBER COM CA S387299584684897 CARD 0270, \$24 00 PURCHA SE AUTHORIZED ON 10/26 UBER TECHNOLOGIES 866-576-1039 CA S587299434457191 CARD 0270, \$17 0 0 RECURRING PAYMENT AUTHORIZED ON 10/28 INTUIT *QB ONLINE 800-286-6800 CA S58730130705463 9 CARD 0270, \$53 00 PURCHASE AUTHORIZED ON 10/27 UBER US OCT27 MD HELP UBER COM CA S307300 647308299 CARD 0270, \$18 00 PURCHASE AUTHORIZED ON 10/27 UBER US OCT27 PL HELP UBER COM C A S307300585127772 CARD 0270, \$14 00 PURCHASE AUTHORIZED ON 10/29 UBER US OCT29 IL HELP U BER COM CA S587303075499282 CARD 0270, \$13 00 PURCHASE AUTHORIZED ON 10/30 UBER TECHNOLOG IES 866-576-1039 CA S587302798025176 CARD 0270, \$10 00 PURCHASE AUTHORIZED ON 11/01 UBER TRIP NAAGE HELP UBER COM CA S307305125970247 CARD 0270, \$5 00 PURCHASE AUTHORIZED ON 10/3 1 UBER TRIP 6THRW HELP UBER COM CA S387304836978227 CARD 0270, \$4 00 PURCHASE AUTHORIZED ON 11/04 UBER TRIP 6GLWP HELP UBER COM CA S387308516453065 CARD 0270, \$2 00 RECURRING PAY MENT AUTHORIZED ON 11/09 HEROKU OCT-1366656 HEROKU COM CA S387313815091702 CARD 0262, \$143 00 PURCHASE AUTHORIZED ON 11/09 UBER EATS 4FIW4 HELP UBER COM CA S467313805830925 CARD 0 270, \$17 00 PURCHASE AUTHORIZED ON 11/11 UBER BJVYM HELP UBER COM CA S587315417367882 CAR D 0270, \$42 00 PURCHASE AUTHORIZED ON 11/10 UBER 7JD2G HELP UBER COM CA S467314750404969 CARD 0270, \$10 00 PURCHASE AUTHORIZED ON 11/10 UBER TRIP M6OEU HELP UBER COM CA S58731469 5223518 CARD 0270, \$6 00 BUSINESS TO BUSINESS ACH APIntegolnsuranc ACHTRANS 171120 144196 09 MEANS Database, \$28 00 PURCHASE AUTHORIZED ON 11/18 UBER *TRIP 507KX 800-592-8996 CA S 387322224176926 CARD 0270, \$3 00 PURCHASE AUTHORIZED ON 11/20 UBER TRIP 2B54L HELP UBER C OM CA S307324626006766 CARD 02</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, line 16 | <p>70, \$11 00 PURCHASE AUTHORIZED ON 11/20 UBER TRIP O76BE HELP UBER COM CA S467324575199676 CARD 0270, \$10 00 PURCHASE AUTHORIZED ON 11/22 UBER *EATS A6122 800-592-8996 CA S5873267 43050870 CARD 0270, \$26 00 PAYPAL INST XFER 171125 FASTSPRING MEANS DATABASE INC , \$29 00 BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171127 14770019 MEANS Database, \$10 0 0 RECURRING PAYMENT AUTHORIZED ON 11/25 BIRCH GROVE SOFTWA 214-4578878 TX S30732981714602 2 CARD 0270, \$336 00 PURCHASE AUTHORIZED ON 11/27 UBER TRIP IC6GL HELP UBER COM CA S46733 2122302093 CARD 0270, \$43 00 PURCHASE AUTHORIZED ON 11/27 UBER TRIP G2LHT HELP UBER COM C A S387332042057521 CARD 0270, \$38 00 PURCHASE AUTHORIZED ON 11/27 SOUTHWES 526878 800-435 -9792 TX S307332074851882 CARD 0270, \$191 00 PURCHASE AUTHORIZED ON 11/27 SOUTHWES 526878 800-435-9792 TX S307332090764760 CARD 0270, \$100 00 RECURRING PAYMENT AUTHORIZED ON 11/2 8 INTUIT *QB ONLINE 800-286-6800 CA S467332363670046 CARD 0270, \$53 00 PURCHASE AUTHORIZED ON 11/29 UBER EATS APRBL HELP UBER COM CA S387333229504173 CARD 0270, \$16 00 PURCHASE AUTHORIZED ON 11/28 UBER *TRIP PJFJB 800-592-8996 CA S467332338769064 CARD 0270, \$7 00 PURCHASE AUTHORIZED ON 11/28 TAXI SVC LAS VEGAS LAS VEGAS NV S587332677718416 CARD 1606, \$29 00 PURCHASE AUTHORIZED ON 11/30 UBER TRIP E73IH HELP UBER COM CA S387334173316219 CARD 02 70, \$23 00 PURCHASE AUTHORIZED ON 11/28 TAXI SVC LAS VEGAS LAS VEGAS NV S387332745599148 CARD 1606, \$12 00 PURCHASE AUTHORIZED ON 11/29 FLAMINGO HOTEL LAS LAS VEGAS NV S467332684 802823 CARD 1606, \$34 00 PURCHASE AUTHORIZED ON 11/29 PIZZA POINT LAS VEGAS NV S587333649 384833 CARD 1606, \$9 00 BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171204 1535044 1 MEANS Database, \$1 00 PURCHASE AUTHORIZED ON 12/06 GRUBHUBWINGOS GRUBHUB COM NY S387340 047196087 CARD 1606, \$57 00 BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171211 157 94881 MEANS Database, \$5 00 RECURRING PAYMENT AUTHORIZED ON 12/11 HEROKU NOV-1420906 HERO KU COM CA S587345836467556 CARD 0262, \$142 00 BUSINESS TO BUSINESS ACH APIntegoInsuranc A CHTRANS 171218 16287189 MEANS Database, \$16 00 PAYPAL INST XFER 171225 FASTSPRING MEANS D ATABASE INC , \$29 00 BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171226 16800999 M EANS Database, \$1 00 RECURRING PAYMENT AUTHORIZED ON 12/28 INTUIT *QB ONLINE 800-286-6800 CA S467362392205728 CARD 0270, \$53 00 </p> |