Form **990-EZ**

Short Formisch Year Ending Jyne 30th Return of Organization Exempt From Income Tax

2016

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

949229902105

A	For th	e 2016 caler	dar year, or tax year beginning 1/1/201	6 , and ending	_	6/30/201	6
В		f applicable	C Name of organization		D Em	ployer idei	ntification number
	Addres:	s change	Above All Influences				
	Name o	change	Number and street (or PO box, if mail is not delivered to street add	ress) Room/suite	7	56-	-2649853
	initial re	etum	PO Box 655	ļ.	E Tel	ephone nur	nber
	Final retu	ım/terminated	City or town State	ZIP code	7		
	Amende	ed return	Klamath Falls OR	97603	1	541	-810-1674
	Applica	tion pending	Foreign country name Foreign province/state/cou		F Gr	oup Exen	nption
<u> </u>	,			0:	l B	mber >	•
	A			T.	1 Charl	<u> </u>	f Abo Association in
G		nting Method.	X Cash Accrual Other (specify) ▶ _	'	1 Check		f the organization is attach Schedule B
		te: ► <u>N/A</u>					-EZ, or 990-PF).
J	Tax-exer	mpt status (che	k only one) — X 501(c)(3) 501(c) () ◀ (inse	rt no) 4947(a)(1) or 527	(1'01111		-LZ, 01 330-F1 J.
Κ	Form of	f organization	X Corporation Trust Ass	ociation Other			
		•	7b to line 9 to determine gross receipts. If gross receipts a	ure \$200 000 or more, or if total as	agets		
_			elow) are \$500,000 or more, file Form 990 instead of Form		33013	► \$	111,806
Þ	art I		e, Expenses, and Changes in Net Assets or F		tructio		
	aiti		the organization used Schedule O to respond				
				to any question in this ran			
	1		ns, gifts, grants, and similar amounts received.			1 1	308
	2		rvice revenue including government fees and contract	its	•	2	111,498
	3		p dues and assessments . \ \ \ \ /		•	3	
	4	Investment		1 6- 1		4	
	5a		unt from sale of assets other than inventory	5a 5b		1 1	
	b		or other basis and sales expenses .	· ————————————————————————————————————		5c	0
	C		s) from sale of assets other than inventory (Subtract	ine 50 from line 5a)	•	50	<u> </u>
	6	•	d fundraising events			1 1	
9	a		ne from gaming (attach Schedule G if greater than	6a		1	
Revenue	۱ ۾	\$15,000)	no from fundraising avanta (not including	of contributions		1.	
ě	, ,		ne from fundraising events (not including \$ ising events reported on line 1) (attach Schedule G if			/	
]		n gross income and contributions exceeds \$15,000).	66		1 1	
2019	С		expenses from gaming and fundraising events	6c		1 1	
2	d		or (loss) from gaming and fundraising events (add lir			† '	
ຄວ		line 6c)	or (1000) from garring and farial albing overto (add in			6d	0
7	7a		s of inventory, less returns and allowances	7a			
>	b		of goods sold .	7b		1	
}	c		t or (loss) from sales of inventory (Subtract line 7b fro	m line 7a) 🕢		7c	0
)	8		nue (describe in Schedule O) \	NC VI		8	
į	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .		>	9	111,806
	10		similar amounts paid (list in Schedule O)	. /		10	
:	11	Benefits pa	id to or for members	/		11	
S	12	Salaries, of	her compensation, and employee benefits	/		12	76,959
Expenses	13	Profession	al fees and other payments to independent contractor	s		13	6,320
a	14	Occupancy	rent, utilities, and maintenance			14	1,116
Ď		• • •	blications, postage, and shipping			15	118
	16	Other expe	nses (describe in Schedule O) .			16	18,362
1_	17	Total expe	ses. Add lines 10 through 16		. ▶	17	102,875
<u> </u>	18		deficit) for the year (Subtract line 17 from line 9)			18	8,931
Net Assets	19		or fund balances at beginning of year (from line 27, c	olumn (A)) (must agree with			
As	1	-	figure reported on prior year's return)			19	11,114
) 호	20		ges in net assets or fund balances (explain in Schedu	-		20	
	21	Net assets	or fund balances at end of year. Combine lines 18 thr	ough 20	. •	21	20,045

Par	Balance Sheets. (see the instructions for Check if the organization used Schedule O to r	•	nis Part II			X
			(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments			17,266	22	24,394
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			17,266	25	24,394
26	Total liabilities (describe in Schedule O)		[6,152	+	4,349
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	<u></u>	11,114	27	20,045
Pa	Int III Statement of Program Service Accomplish Check if the organization used Schedule O	•				Expenses
	<u> </u>		······································	· · · · · · · · · · · · · · · · · · ·	(Red	guired for section
		Mentoring & Recovery Coa			501	(c)(3) and 501(c)(4)
	cribe the organization's program service accomplish					nnzations, optional others)
	neasured by expenses. In a clear and concise manne	-	ovided, the number of			,,
	sons benefited, and other relevant information for each				 	
28	Mentoring and recovery coaching for people strugg					
	recovery problems 85 people were benefited in the	s program this partial				
	year (Grants \$) If this amour	at includes foreign greats, of	anck horo	▶ □	00-	400.075
29					28a	102,875
29						
	/Cronto C	at includes feroign grants, al				
~~	(Grants \$) If this amour			. ▶ 📙	29a	
30						
	(Cranta A					1
24		nt includes foreign grants, ch	neck nere	<u>▶</u> <u></u>	30a	
31	Other program services (describe in Schedule O) . (Grants \$) If this amour	nt includes foreign grants, ch		· 🛌	04-	
	(Grants \$) It this amoun	it includes foreign grants, cr	ieck nere .	▶	31a	_
	T-4-1 / 1.11 00 - 11			_	00	400.075
	Total program service expenses. (add lines 28a thi		· · · · · · · · · · · · · · · · · · ·		32	102,875
	rt IV List of Officers, Directors, Trustees, and Ke	y Employees (list each one		d—see the instru		
		y Employees (list each one	n this Part IV .		ctions	
	rt IV List of Officers, Directors, Trustees, and Ke	by Employees (list each one of orespond to any question in (b) Average		(d) Health benefi	ctions	
	rt IV List of Officers, Directors, Trustees, and Ke	y Employees (list each one of orespond to any question if (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV)
Pa	Check if the organization used Schedule O t (a) Name and title	by Employees (list each one of orespond to any question in (b) Average	(c) Reportable compensation	(d) Health benefit contributions to	ctions	for Part IV) . (e) Estimated amount of
Pa	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title	y Employees (list each one of orespond to any question in (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Pa Tony Boa	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President	y Employees (list each one of orespond to any question if (b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President dice Wedell-Tramp	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member	y Employees (list each one of orespond to any question in (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	(b) Average hours per week devoted to position Hr/WK 100 Hr/WK 00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	(b) Average hours per week devoted to position Hr/WK 100 Hr/WK 00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	(b) Average hours per week devoted to position Hr/WK 100 Hr/WK 00	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of orespond to any question in the content of the cont	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	(b) Average hours per week devoted to position Hr/WK 100 Hr/WK 4000	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of orespond to any question in the content of the cont	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of orespond to any question in the content of the cont	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	by Employees (list each one of orespond to any question is orespond to any question. Hr/WK 1 00 Hr/WK 40 00 Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	by Employees (list each one of orespond to any question is orespond to any question. Hr/WK 1 00 Hr/WK 40 00 Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of orespond to any question in the content of the cont	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	by Employees (list each one of orespond to any question in the content of the con	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of orespond to any question in the content of the cont	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of orespond to any question in the content of the cont	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of respond to any question in the content of the conte	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of respond to any question in the content of the conte	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of respond to any question in the content of the conte	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of respond to any question in the content of the conte	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of respond to any question in the content of the conte	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of
Tony Boa Can Boa Con	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O t (a) Name and title y Ford rd President idice Wedell-Tramp rd Member inie Guthrie	y Employees (list each one of respond to any question in the content of the conte	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefi contributions to employee benefit pl	ctions	for Part IV) . (e) Estimated amount of

56-2649853

Page 3

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in		rt V	
	modulation for Fact Vy actions in the argumentation does deficulties at to reapond to any question in		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed]]	1	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			l
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			ļ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		l	١.,
^ -	during the year? If "Yes," complete applicable parts of Schedule N	36	ST-870	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions		1	MA
	Did the organization file Form 1120-POL for this year?	37b	53.04.054	aka . gig
38 а	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		والمنطند	Ter Si
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	A CORP THE PARTY	X Total man
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 504(a)(7) accominations 504(a)		性質	271.33
39	Section 501(c)(7) organizations Enter		100	7
· a	Initiation fees and capital contributions included on line 9		1	20.7
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			100
40 u	section 4911 ► ; section 4912 ► , section 4955 ►	120	Per de	F. Sal
b	Soction 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in any section 4958	孫江	17.12	表語
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	STATE OF	3.46.554	Badin Alberta
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedulc L, Part I	40ь		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed	34 2	-22 H	验气
	on organization managers or disqualified persons during the year under sections 4912,	4		至其
	4955, and 4958		TO LE	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		1970	1
	40c reimbursed by the organization	2537		125
9	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		Carle .	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► OR			
42 a	The organization's books are in care of ► A2Z Payroll & Bookkeeping Telephone no ►	- 541-27	74-132	25
	Located at ► 1267 Joe Wright Road City Klamath Falls ST OR ZIP + 4 ► 97	603		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country	E833		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	建設是		
٠	Financial Accounts (FBAR)	120	京孫是	
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country.	42c	L	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶
	and enter the amount of tax-exempt interest received or accrued during the tax year . 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	TYPE		4444
	completed instead of Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	44b	<u> </u>	X
ч С	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 446, has the organization filed a Form 730 to report these payments? If "No " provide an	44c	Part Services	X
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	製造	23.00	
45 a		44d 45a	 	X
45 b	· · · · · · · · · · · · · · · · · · ·		7755	A I
700	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		2	A CONTRACT
	Form 990-EZ (see instructions)	45b		X
	· · · · · · · · · · · · · · · · · · ·	Form 99	90-EZ	

Form 9	90-EZ (2016)	Above All Influences				56-26498	53	Page 4
							Yes	No
46	Did the org	ganization engage, directly or indirectly	y, ın political campaıgn actı	vities on behalf of or i	n opposition		- E	
		tes for public office? If "Yes," complete		<u></u>		46		X
Part		ction 501(c)(3) organizations onl		~ 401 150 1				
		section 501(c)(3) organizations m and 51	lust answer questions 4	7-49b and 52, and	complete the table	es for line	S	
		eck if the organization used Sche	dule O to respond to an	v question in this P	art VI			
		JOK II THE OF GATHER CONTROL OF THE CONTROL		- question in this i		· · ·	Yes	No
47	Did the er	zanization ongago in labbuung agtivuto	o or house a costion FO1/h)	alastian in affact divisi	a the tay		162	INU
47		ganization engage in lobbying activitie	s or have a section 50 r(n)	election in ellect duri	ig the tax	47		
48	*	es," complete Schedule C, Part II. Inization a school as described in sect				48		X
49 a		ganization make any transfers to an ex			-	49a		 ^-
		as the related organization a section 5	•	organization.		49b		
50		this table for the organization's five hig	•	ees (other than office	irs directors triistees	للمستسب		t
00		s) who each received more than \$100	•	•				
					(d) Health benefits,	T		
	(a) N	ame and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to employee benefit plans, and deferred	(e) Estima	ited amo	
			devoted to position	(Forms W-2/1099-MISC)	compensation	oulei a	mpense	20011
Name	None							
Title			Hr/WK 00			<u> </u>		
Name								
Title			Hr/WK 00					
Name								
Title		· · · · · · · · · · · · · · · · · · ·	Hr/WK 00			ļ		
Name						ļ		
Title			Hr/WK 00			<u> </u>		
Name								
Title	Total access		Hr/WK 00		L	<u>.l.,</u>		
f =1		per of other employees paid over \$100		anderst contractors who	and received more	than		
51	•	this table for the organization's five high of compensation from the organization	• •		each received more	ınan		
	\$100,000	or compensation from the organization	n. II there is none, enter it	ione				
	(a) Name and business address of each independent	ent contractor	(b) Type of service	ce (c) Compensa	tion	
Name	None	Str						
City		ST	ZIP					
Name		Str						· · · · · · · · · · · · · · · · · · ·
Çity		ST	ZIP					
Name		Str						
City		ST	ZIP					
Name		Str						
City	 	ST	ZIP					
Name		Str						
City		ST	ZIP					
_ d		per of other independent contractors e	=		·			
52		ganization complete Schedule A? Note Schedule A	e: All section 501(c)(3) orga	anizations must attach	ı a	ু তা ১৯		l Na
				· · · · · ·		► X Ye	S	No
		rjury, I declare that I have examined this return, in				elief, it is		
true, co	riect, and com	plete Declaration of preparer (other than officer)	is based on all information of which	or preparer has any knowledge	ge			
01				/ //				
Sign		Signature of officer	[///	Date //) - フ	-/	9
Here		Connie Guthrie Type or print name and title	- AUTO			L		
		Print/Type preparer's name	Pteparer's to apature	Date	T	PTIN		
Paid],	Katherine S Hewitt, LTC	Katherine 6 Hewitt	MIXI	Check X	If	4625	
Prep	arer p	Firm's name Katherine Sue Hewitt		x Zazirez	15/2018 self-employed Firm's EIN ▶ 9			
Use	EINW F	Firm's address > 824 Washburn Way, K		a ak iirex		41) 331-3		
May t		cuss this return with the preparer show			1	▶ Ye		No
				·	• •	Form 99		
						roim 3	, , , , , , ,	- (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2016

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

► 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.

v/form990. Ins Employer identification number

Above All Influences 56-2649853 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.) 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) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations 0 Provide the following information about the supported organization(s). (i) Name of supported organization (vi) Amount of (ill) Type of organization (iv) is the organization (v) Amount of monetary other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes (A) **(B)** (C) (D) (E) Total

	dule A (Form 990 or 990-EZ) 2018 Above All					56-264985	3 Page 2
Pa	rt (I Support Schedule for Orga						
	(Complete only if you check				•	•	der
6-2	Part III. If the organization fa	alls to quality ur	der the tests lis	stea below, ple	ase complete F	art III)	
	ction A. Public Support ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(a) 2014	(d) 2015	(e) 2016	(f) Total
Cale	• • • • •	(a) 2012	(b) 2013	(c) 2014	(u) 2015	(8) 2016	(i) iotai
1	Gifts, grants, contributions, and				•		•
	membership fees received (Do not include any "unusual grants")		,		158,417	111,498	269,915
2	Tax revenues levied for the organization's			·	130,417	111,490	209,910
_	benefit and either paid to or expended on					,	,
	its behalf		,		,		0
3	The value of services or facilities		Ť				
•	furnished by a governmental unit to the		,	•			
	organization without charge .					ļ	0
4	Total. Add lines 1 through 3	0	, 0	0	158,417	111,498	269,915
5.	The portion of total contributions by each						•
•	person (other than a governmental unit						
	or publicly supported organization)						
٠	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						<u> </u>
6	Public support, Subtract line 5 from line 4.	口的影响至蓝	語物。這些時		的物理是對		269,915
	ction B. Total Support	<u></u>		· · · · · · · · · · · · · · · · · · ·	,	<u>,</u>	.
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	. 0	158,417	111,498	269,915
8	Gross income from interest, dividends,		1				. •
-	payments received on securities loans,			,			•
	rents, royalties and income from similar						•
^	sources	 			 		0
9	Net income from unrelated business	•					
	activities, whether or not the business is regularly carried on				,	·	0
10	Other income Do not include gain or	<u> </u>					
10	loss from the sale of capital assets		,				
•	(Explain in Part VI)	<u> </u>					0
11	Total support. Add lines 7 through 10	30000000000000000000000000000000000000		Wednesday			. 269,915
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	, or fifth tax year a	ıs a section 501(c)(3)	
	organization, check this box and stop here		,		•		. ▶
Sec	ction C. Computation of Public Sup	port Percentag	je		,		
14	Public support percentage for 2016 (line 6,	column (f) divided t	y line 11, column (f))		14	100.00%
15	Public support percentage from 2015 Scher	dule A, Part II, line	14	:		15	100.00%
16a	33 1/3% support test-2016. If the organiz	zation did not check	the box on line 13	, and line 14 is 33	1/3% or more,	k	,
	and stop here. The organization qualifies a	s a publicly support	ed organization			•	► X
b	33 1/3% support test-2015. If the organiz	zation did not check	a box on line 13 o	r 16a, and line 15	is 33 1/3% or more	, check this	٠
	box and stop here. The organization qualifi	es as a publicly sup	pported organizatio	n _.			▶ []
17a	10%-facts-and-circumstances test-2016	6. If the organization	did not check a bo	x on line 13, 16a,	or 16b, and line 14	,	,
	is 10% or more, and if the organization mee						•
	Part VI how the organization meets the "fac	as-and-circumstand	es" test. The organ	ization qualifies as	s a publicly support	ed	_ [
L	organization	: If the	n did ant state to a f		46h a. 47a		. •
O	10%-facts-and-circumstances test—2015 15 is 10% or more, and if the organization r	-					
	Part VI how the organization meets the "fac					prisite iii	
	supported organization			-	-		▶ 🗌
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check	this box and see		_ _
	institutions						▶

Schedule A (Form 990 or 990-EZ) 2016 Above All Influences

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.)

	I the organization land to qu	anily arraor trio	tooto notoa pon	Jir, prodoc com	ipioto i artii.		
Sec	tion A. Public Support						
Cale	ndar 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")	<u></u>					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			,		i j	
	furnished in any activity that is related to the organization's tax-exempt purpose	l l		!			, ₀
3	Gross receipts from activities that are not an						<u> </u>
٠	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the organization's						
7	benefit and either paid to or expended on						
	its behalf				,		, o
				<u> </u>			<u> </u>
5	The value of services or facilities					İ	
	furnished by a governmental unit to the	!				1	. 0
_	organization without charge	ļ			/		
6	Total. Add lines 1 through 5	<u> </u>	0	. 0	0	0	0
7a	Amounts included on lines 1, 2, and 3	ļ		/		į	
	received from disqualified persons						0
þ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						-
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	,					0
С	Add lines 7a and 7b.	. 0	Q	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)		STANCE VEST	所代表的可認由	White Street To	A Property of the Party of the	. 0
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(6) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	/ 0	0	0	0	0
10a	Gross income from interest, dividends,		1				•
	payments received on securities loans,						•
	rents, royalties and income from similar sources .						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			1			'
	acquired after June 30, 1975	/ ·					0
С	Add lines 10a and 10b	0	0	0	- 0	0	0
11	Net income from unrelated business						JJ
•	activities not included in line 10b, whether						
	or not the business is regularly carried on	İ	•	,			0
12	Other income Do not include gain or			·····	-		<u></u>
-	loss from the sale of capital assets					1	
	(Explain in Part VI)					1	0
13	Total support. (Add lines 9, 10c, 11,		 				<u> </u>
, 5	and 12.)	o	o	o	۰ ا	o	0
4.1	,	<u> </u>	<u> </u>		·		
14	First five years. If the Form 990 is for the or organization, check this box and stop here.		econa, imra, iourir	i, or litti tax year a	s a section 50 i(c)(3)	
<u> </u>					·		· ·
	ction C. Computation of Public Sup			·····	 		
	Public support percentage for 2016 (line 8, c		-	(f))		15	0.00%
	Public support percentage from 2015 Sched			<u></u>	 	16	0 00%
Sec	ction D. Computation of Investment	Income Perce	ntage	- <u></u>			·
17	Investment income percentage for 2016 (line	e 10c, column (f) di	ivided by line 13, c	olumn (f))		17	0 00%
18	Investment income percentage from 2015 S					18	0 00%
19a	33 1/3% support tests—2016. If the organi				· · · · · · · · · · · · · · · · · · ·	and line 17 is	
	not more than 33 1/3%, check this box and s					•	. ▶
b	33 1/3% support tests—2015. If the organi						
	line 18 is not more than 33 1/3%, check this					inization .	. ▶
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19l	o, check this box ai	nd see instructions		▶

56-2649853

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If" Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

1			Yes	No
1	1	A Sec	3743	21/273
1	İ	***	77	
2 3a 3b 3c 4a 3b 3c 5a 4b 5c 3b 3c 5c 3b 3c 5c 3b 3c 5c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c 3c				Marie 1
3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3		1_		
3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3		4		37.23
3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3	į			100
3a 3b 3c 4a 4a 4b 4b 4c 4b 4c 4b 4c 4b 4c 4c 4b 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c		2		
3a 3b 3c 3d 3d 3d 3d 3d 3d 3d			SATE	112.00
3b 3c 4a 4b 4b 4b 5a 15b 5c 5c 5c 7 8 8 4 9a 10a 10a 10b 10b		_	بتالكتمين	.arentri
3b 3c 4a 4b 4b 4c 4c 4c 4c 4c 4c			727467	- Lai
3b 3c 4a 4b 4b 4c 4c 4c 4c 4c 4c		100		
3c 14 4a 4b 4b 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c			- AME	W.W
3c 4a 4b 4c 4c 4c 4c 4c 4c 4c	į			
3c 4a 4b 4c 4c 4c 4c 4c 4c 4c			深	
4a 4b 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c		3с		
4a 4b 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c 4c			1	5
4b 4c 4b 5a 15b 5c 5c 5c 7a 16b 5c 16b 16b 16b 16b 16b 16b 16b 16b 16b 16b				
4b 4c 4c 5a 5a 5b 5c 6 7 7 8 8 9a 9b 9c 10a 10b			P#115	7
4b 4c 4c 5a 5a 5b 5c 6 7 7 8 8 9a 9b 9c 10a 10b		研究		
4c			مقتدة	70.E-1.3
4c			5 .57 T.M.	: Officer
4c			1	January Joyanna
4c		1	1	
4c		量是	Since	
5a		4c		
5a 5b 5c 7 7 8 9a 9b 9c 10a 10b		30.14	11-24	. 17
5a 5b 5c 7 7 8 9a 9b 9c 10a 10b		7	200	
5a 5b 5c 7 7 8 9a 9b 9c 10a 10b		-		
5a 5b 5c 7 7 8 9a 9b 9c 10a 10b		2	3.24	
5b 5c 6 7 7 8 8 9a 9b 10a 10b			The state of	eresi
5b 5c 7 7 7 7 7 7 7 7 7				
5c 6 7 7 8 9a 9b 9c 10a 10b				1000
6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	٠.			
6 7 7 8 8 9a 9b 9c				ļ
6 7 7 8 8 9a 9b 9c		#1V	520	E 3
6 7 7 8 8 9a 9b 9c				認
6 7 7 8 8 9a 9b 9c			1	256
7 8 8 9a 9b 9c 10a			التفعود	*تبشدهــــد
7 8 8 9a 9b 9c 10a			an hin	2:5704
7 8 8 9a 9b 9c 10a		X		
8 8 9a 9b 9c 10a 10a 10b			20 CO. 127	20:01
9a 9b 9c 10a 10b				4 41 == -15
9a 9b 9c 10a 10a 10b			3	
9a 9b 9c 10a				L
9a 9b 9c 10a		Salan	Ling for	7.77
9a 9b 9c 10a			307	
9b 9c 10a				SPERMENT.
9b 9c 10a			35.37	27.25
9c 10a 10b			Mes (2)	ويتدين
9c 10a 10b		AD_		مناه برجره
10a SE SE SE SE SE SE SE SE SE SE SE SE SE		arii		100
10a 10b		9c		
10a 10b		Y . A.	1	2.3
10a 10b		1	1	经验
106				
10b			<i>3,43</i>	22732
			*66'51.	
	_			

Part	V Supporting Organizations (continued)			
		اسبيم	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).		2	4
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
	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	F12-34	TOWNS I	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			3.3
	tax year? If"No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		State of	
	controlled the organization's activities. If the organization had more than one supported organization,			不管
•	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	530	33	至五
	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	300	CE 12	95295
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	分重	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	مضندت	مدنتيت
Section	on C. Type II Supporting Organizations			
	on or type in dapporting digamentations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	2) 1 2 May .	- F. ing.	100
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	陰底		1
	or management of the supporting organization was vested in the same persons that controlled or managed		37	150
	the supported organization(s).	1	112.277	ويتنت
Section	on D. All Type III Supporting Organizations	<u> </u>	L	
	on b. All Typo III outporking organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	#***************	3336	1
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	7		20.7
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ومنحصار	فعستنفذ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	46.2	7.35.4	21/3/3
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	367	19574-03
3	By reason of the relationship described in (2), did the organization's supported organizations have a	100	477	के उन
J	significant voice in the organization's investment policies and in directing the use of the organization's	· 100		2
	income or assets at all times during the tax year? If" Yes," describe in Part VI the role the organization's	20,200		報題
	supported organizations played in this regard.	3	iiiiiiii.	Pidition !
Section	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
1		otione	.1	
•	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the Organization satisfied the Activities Test Complete line 2 below	JUONS	· ·	
a				
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	instru	ctions	[;])
2	Activities Test Answer (a) and (b) below.	1	Yes	No
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	16:22	220	X-EDX
a	the supported organization(s) to which the organization was responsive? If" Yes," then in Part VI identify	1		Tar X
	those supported organizations and explain how these activities directly furthered their exempt purposes,	146	23	37.3
	how the organization was responsive to those supported organizations, and how the organization determined	7	1	1
	that these activities constituted substantially all of its activities.	2a	****	Smit
ь	·	1. C. 0	455.50	55.51
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		滥	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	北海	だば	
	reasons for the organization's position that its supported organization(s) would have engaged in these	32		32.13
3	Parent of Supported Organizations Answer (a) and (b) helow	2b	1250	in-3/(242)
	Parent of Supported Organizations. Answer (a) and (b) below.	器	12.72	
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 graphizations? <i>Bround details in Part IV</i>	20-		323
h	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	11/12 00	474 #70 *
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32	337.2	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1 .	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional rt V Type III Non-Function Part V Type III Non	gani	zations	
1. Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (explain	ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	zatio	ns 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	0	, 0
5 Depreciation and depletion	5		•
6 Portion of operating expenses paid or incurred for production or	1		
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	0	. 0
Section B - Minimum Asset Amount	•	₊(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1		TO STATE OF THE ST
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	10		
d Total (add lines 1a, 1b, and 1c)	1d	0	.0
e Discount claimed for blockage or other	38		学的工作的
factors (explain in detail in Part VI).		With the state of	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	T		•
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	O	0
6 Multiply line 5 by 035	6	. 0	0
7 Recoveries of prior-year distributions	7	0	. 0
8 Minimum Asset Amount (add line 7 to line 6) .	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	はない。	0
2 Enter 85% of line 1	2	这种是如果的国际的	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE PROPERTY OF THE PARTY OF TH	' 0
4 Enter greater of line 2 or line 3.	4		. 0
5 Income tax imposed in prior year	5	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		. 0
7 Check here if the current year is the organization's first as a non-functionall instructions.	y inte	egrated Type III supporting	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sectio	n D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	,			
. 2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported	ů.			
	organizations, in excess of income from activity	• 1				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	ations			
4	Amounts paid to acquire exempt-use assets			\ \		
, 5	Qualified set-aside amounts (prior IRS approval required)	•				
6	Other distributions (describe in Part VI) See instructions			•		
7.	Total annual distributions. Add lines 1 through 6	, 1	, ,	0		
8	Distributions to attentive supported organizations to which the	ne organization is respoi	isive '	,		
-	(provide details in Part VI). See instructions					
9	Distributable amount for 2016 from Section C, line 6	 	•	0		
10	Line 8 amount divided by Line 9 amount			0 000		
		, ,	' (ii)	(iii)		
, (Section 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	はいまずがは、		0.		
	Underdistributions, if any, for years prior to 2016		• •			
2	(reasonable cause required—explain in Part VI) See					
	instructions					
3	Excess distributions carryover, if any, to 2016	于了第一个大型的				
а		為認識的理解的問題	が記れている。	一种成立于这个		
h		はるる事のの問題を言う				
. с	From 2013	が過去には、	是影響的影響是			
d	From 2014 0	語が開発が開発	ののは、これのは、これをは、これをは、これをは、これをは、これをは、これをは、これをは、これを	門是這種學習		
е	From 2015 0	发现的一种	· · · · · · · · · · · · · · · · · · ·	BENNESS STREET		
· f·	Total of lines 3a through e	. 0		HARRIE PROPERTY		
g	Applied to underdistributions of prior years		0			
h	Applied to 2016 distributable amount			0		
i	Carryover from 2011 not applied (see instructions)	建筑设施设施		世紀 の		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.	Ō	建筑设施的	是是一个一个		
4	Distributions for 2016 from	THE REPORT OF		第二十二十二十二十二		
	Section D, line 7 \$ 0			西克斯里 (3)		
а	Applied to underdistributions of prior years		0			
b	Applied to 2016 distributable amount		是明確認為主義是	0		
С	Remainder Subtract lines 4a and 4b from 4	0	产型的建筑工程			
5	Remaining underdistributions for years prior to 2016, if			产品等于证据的		
	any Subtract lines 3g and 4a from line 2. For result		ē			
	greater than zero, explain in Part VI See instructions		0			
6	Remaining underdistributions for 2016 Subtract lines 3h	建筑高速的复数设置		,		
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions			0		
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c.	. 0				
8	Breakdown of line 7	毛型型型型型型型型				
а		建设建立的基本设计		管理工程。对此过其影響和		
b	Excess from 2013 0	TTEN THE STATE OF		学生以外生产生		
C	Excess from 2014 0		10年10年基础的标准	PER STATE OF THE S		
ď	Excess from 2015 . 0			多多型型企业发展的		
е	Excess from 2016 . 0			国际部门部		

Schedule A (F	Form 990 or 990-EZ) 2016 Above All Influences	56-2649853	Page 8
Part VI	Supplemental Information. Provide the explanations required by Pai III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section I lines 2, 5, and 6 Also complete this part for any additional informatio	t II, line 10; Part II, line 17a or 17b; Part 9c, 11a, 11b, and 11c, Part IV, Section and 3, Part IV, Section E, lines 1c, 2a, 2b, D, lines 5, 6, and 8, and Part V, Section E,	
		-	
	·		
		· 	
	·		
		,	
	··		

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.

► Attach to Form 990 or 990-EZ.

2016

Open to Public Inspection

Employer identification number

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

Above All Influences 56-2649853 Form 990-EZ, Part I, Line 16, Other Expenses. Travel: 292 Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 609 Form 990-EZ, Part I, Line 16, Other Expenses: Interest: 329 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 847 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 3,439 Form 990-EZ, Part I, Line 16, Other Expenses: Client Services 12,823 Form 990-EZ, Part I, Line 16, Other Expenses. Advertising. 23 Form 990-EZ, Part II, Line 26, Liabilities Payroll Liabilities. Beginning of year 6,152, End of year: 4,349

Schedule O (Form 990 of 990-22) (2016)	Page Z
Name of the organization	Employer identification number
Above All Influences	56-2649853

	,
	,
•	
····	
•	