Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Inte	artment o rnal Rever	nue Service Information about Form 990 and its instructions is at www.			Inspection	
Ā		e 2016 calendar year, or tax year beginning Tayle , 2016, and en	ding O	112.31		
В			-K		yer identification number	
$\bar{\Box}$		schange Doing business as EIEVLE GILLOIT SEIE				L
\exists					61-1765791 one number	7
4	Name ch		rsuite			
7	Initial ret			1325)478-6315	
\exists		16		1	. 2211192	4
_	Amende		1		eceipts \$231,493.	
	Applicat	ion pending F Name and address of principal officer: DATU MOTTISE			subordinates? Yes No	
		15204-1037d. AVE. NE, BOTHEIL, WA 980	H(p) V		es included? Yes No	
		mpt status: X 501(c)(3)			a list. (see instructions)	
	Website			roup exemption		
-		organization. Corporation Trust Association Other L Year of form	nation: 20	2 M State	of legal domicile: WA	
	art I	Summary				
•	1	Briefly describe the organization's mission or most significant activities: TO FURTHER THE QUALITY OF MUSIC EDUCATION THROUG	H THE STUD	Y AND PERFO	RMANCE OF THE HIGHEST O	UALITY OF
DC		MUSIC, DEVELOP VOCAL TECHNIQUES, MUSICAL SKILLS, CR				
па		CULTURES. SERVING YOUNG MEN AND WOMEN IN BELLEV	UE. WASHIN	IGTON AND S	URROUNDING AREAS.	
Ve		Check this box ▶ ☐ if the organization discontinued its operations or disposed	a ot more t	1 -	its net assets.	
Ğ	3				6	
ళ	4	Number of independent voting members of the governing body (Part VI, line 1)	b)	4		
iţie	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	2	
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	20	
Ă		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0	
	b	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0	
			Pric	or Year	Current Year	
0	8	Contributions and grants (Part VIII, line 1h)	-€	-	1,550.00	
J.	9	Program service revenue (Part VIII, line 2g)	-	3 -	229 643.66	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4	3 .	4	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	→	-	
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	→	231493.66	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	⋺	6	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	*		-	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	152181.40	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4	℮	0	
per		Total fundraising expenses (Part IX, column (D), line 25) ▶				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4	}	99.592.74	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	}	250 774.14	
	19	Revenue less expenses. Subtract line 18 from line 12	4	7	119.290.497	
- S			Beginning	of Current Year	End of Year	
ets or lances	20	Total assets (Part X, line 16)	26.6	26.58	12067.73	
Ass Bal	21	Total liabilities (Part X, line 26)	7	49.33	5 240.32	
Net Asse Fund Balt	22	Net assets or fund balances. Subtract line 21 from line 20	259	33. 25	1,803.41	
	art II	Signature Block	1		0,	
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and	to the best of	my knowledge and belief, it is	
tru	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any k	nowledge.		
		William William State		5/5	5/2017	
Sig	ın	Signature of officer		Date		
He		Darie A Morrissus Antisticus	HEIN	e icha	Oir Har	
116		Type or print name and title	100	A 214		
		Print/Type preparer's name Preparer's signature	Date		PTIN	
Pa	id	1 min 17 to broken a maria		Check self-em	#	
	epare				r,	
Us	e Onl	y Firm's name •		Firm's EIN ▶		
		Firm's address >		Phone no.	□ Vaa □ Na	
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No	

	rage Z
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Bellevue Youth Choirs offers unmatched musicianship training, inspired performances, and a joyful, spirited community for students.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: () (Expenses \$ 152,181.40 including grants of \$) (Revenue \$
	Salary and Employer related taxes
	All (100%) of contributions offset the General Operating
	Budget.
4b	(Code: VICoop) (Expenses \$ 33,444. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Fees for services (non-employees)
	All (10090) of contributions offset the General
	Operating Budget.
4c	(Code: LILOOD (Expenses \$ 16 Hes. 50 including grants of \$) (Revenue \$
	Rent + Venues
	All (10090) of contributions offset the General
	Operating Budget.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► Form 990 (2016)
	1°0111 330 (2016)

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Form 9	90 (2016)		1	Page
Part	IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		^
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	X	V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part IV	Chaaklint	of Domin	- d C - b - d - l	/!'- !
raitiv	Checkist	or neguir	ed Schedules	(continued)

			Yes N	lo
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	in a local state of garillation attach a copy of its addited infancial statements to this return?	20b	7	X
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	7	V
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22)	_ <
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		×
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 24d		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	>	/
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27)	X
28	Was the organization a party to a <u>business</u> transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	メ	_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	_
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	\(\frac{\frac{1}{\chi}}{\chi}\)	7
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	λ	_
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	Y	-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	-
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	(È
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	1	1
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	×	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	<u>-</u> /
			990 (201	6)

Form 990 (20	16)							Pa	ge 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance		-				-	-	,00
	Check if Schedule O contains a response or note to any line in this Part V								
					_			 _	_

			Yes	No
1a	Ta lo			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 21	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	394935 W.
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?			V
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3a 3b		Δ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		F	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	SUNCA ILVES	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		V
		7c		\triangle
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$ \diamondsuit $
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		文
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			×
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	52/1-515/23	_X
0 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
1	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		00.00.00.00.00.00.00.00.00.00.00.00.00.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	A superior	
а	Is the organization licensed to issue qualified health plans in more than one state?	108	1272.5	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	44000	×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

		-	•	Page t
Fai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI		su act	. Da
Sect	ion A. Governing Body and Management			-
4	Enter the number of voting members of the governing body at the end of the tax year 1a 6	Sales Vision	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1.00	\ \
•	any other officer, director, trustee, or key employee?	2		X
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Ŷ
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		
	stockholders, or persons other than the governing body?	7b		χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	~
ь 9	Each committee with authority to act on behalf of the governing body?	8b		X
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		_X
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X	署
а	The organization's CEO, Executive Director, or top management official	15a	X	7,5
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1.5	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	MA 3763	V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	ioa		_X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest p	oolicy	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and repart of the person who possesses the organization's books and repart of the person who possesses the organization's books and repart of the person who possesses the organization's books and repart of the person who possesses the organization's books and repart of the person who possesses the organization books and repart of the person who possesses the organization books and repart of the person who possesses the organization of the person who possesses the organization books and repart of the person who possesses the organization of the person who person of the person who person of the	cords:	>	ł
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	П

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i box, offic or direct	not cl unles er an	Pos heck ss pe	c) sition more erson direct		one	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated
			8	stee			nsated				
(1)	cy MorrissEy	40	X		•	Κ	Х		30,907.8	2-6-	-
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)										9	
(12)											
(13)											
(14)											

Par	t VII Sect	tion A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, a	nd ł	lighe	st C	ompensated E	mployees (cont	inued)
		(A) Name and title	(B) Average			neck		e than		(D) Reportable	(E) Reportable	(F) Estimated
			hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)												
(16)												
(17)											2	
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)			2		1	1				-		
1b c		continuation sheets to Part lines 1b and 1c)	-		•	l			>	30,907.87	<u>-</u>	
2	Total numb	per of individuals (including but compensation from the organization)	not limited	to the						no received mo		00 of
3	Did the or	ganization list any former off on line 1a? If "Yes," complete S	icer, direct	or, o					mp	loyee, or high	est compensate	ed Yes No
4	For any inc	dividual listed on line 1a, is the on and related organizations	sum of rep	ortab	le c	om	pen	satio				ne T
5		rson listed on line 1a receive or rendered to the organization?									ation or individu	
Section		endent Contractors										
1		his table for your five highest c tion from the organization. Rep										
		(A) Name and business addr	ess			-				(B) Description of se	rvices	(C) Compensation
								- 2				
2		per of independent contractor ore than \$100,000 of compensa							the	ose listed abo	ve) who	\bigcirc

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Par	t VIII	Statement of Revenue Check if Schedule O contains a re	enoneo or noto	to any line in this	Part VIII		_
		Check ii Scriedule O contains a re	sponse of note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	1				
	b	Membership dues 1t)				
	C	Fundraising events 10				96	
	d	Related organizations 10					
	е	Government grants (contributions))	4			
	f	All other contributions, gifts, grants,	.05				
		and similar amounts not included above 11		4			
	g	Noncash contributions included in lines 1a-1f: \$		185		7	
	h	Total. Add lines 1a–1f	Business Code	1,850.00			
Program Service Revenue	2a		616000	1			
	b		414200				
	C						
er	d						
E	е						
gra	f	All other program service revenue.	229643.46	229,43.46			
ğ	g	Total. Add lines 2a-2f	▶	229 43 66			
	3	Investment income (including divi		•			
			, 🕨				
	4	Income from investment of tax-exempt in	oond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal	-			
	6a	Gross rents		4			
	b	Less: rental expenses Rental income or (loss)		1			
	c d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	, -	assets other than inventory		1			
	b	Less: cost or other basis	 				
		and sales expenses .				ere en en en en en en en en en	
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> </u>				
evenue	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 1c). See Part IV, line 18					
ŧ	b	Less: direct expenses					
		Net income or (loss) from fundraising	events . ►	7			
		Gross income from gaming activities. See Part IV, line 19	1				
		· · · · · · · · · · · · · · · · · · ·)				
		Net income or (loss) from gaming ac					
	10a	Gross sales of inventory, less returns and allowances	1				
		Less: cost of goods sold In Net income or (loss) from sales of inv	ventory ►				
}	С	Miscellaneous Revenue	Business Code				
ŀ	11a	Wildelian leads 1 levenue	Dusiness Code				
1	b						
	C						
1	ď	All other revenue					
	100	Total. Add lines 11a-11d	•				
	100	Total revenue. See instructions.		231493 14	The second section of the second seco	A CONTRACTOR OF THE PROPERTY O	

Part IX Statement of Functional Expenses

3601	Check if Schedule O contains a respon			ris must complete coll	umn (A).
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C) Management and	(D)
8b, 9	b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	30,907.82		30907.92	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		T.		
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15.25.71		105,475.71	
9 10 11	Other employee benefits	F&.FP0,51		12,U47.87	
a b c	Management	1,395.00 8,778.71		1395.00 3,778.76	
d e f	Lobbying				
. g 12	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,103.43		19,103.43	
13 14	Office expenses	21,596.89		ZI, 596.89	
15 16	Royalties			, , ,	
17 18	Travel				
19 20 21	Conferences, conventions, and meetings . Interest	87.62		54.58	
22 23	Depreciation, depletion, and amortization . Insurance	814.80		816.90	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
Ł	1Erchart FEEL A 5 cholarships	7,986.91 2,351.00		7.98U.91 2.351.00	
d	MENDERSHIPS	3531.99 1781.∞		3,531.99	
25	All other expenses Total functional expenses. Add lines 1 through 24e	22, 265,52 250,774.H		250,774.14	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)			-	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X			
			(A) Beginning of year		(B) End of year	
S	1	Cash—non-interest-bearing	26616.58	1	12 057.73	
	2	Savings and temporary cash investments	10.00	2	10.00	
	3	Pledges and grants receivable, net	-	3	-0-	
	4	Accounts receivable, net	-	4	0	
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees.				
	ł	Complete Part II of Schedule L	9	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	←	6	•	
Assets	7	Notes and loans receivable, net	Q	7	-0-	
Ř	8	Inventories for sale or use	-0	8		
	9	Prepaid expenses and deferred charges	9	9	-	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation 10b		10c	_	
	11	Investments—publicly traded securities	-6	11		
	12	Investments—other securities. See Part IV, line 11	-6	12	5	
	13	Investments—program-related. See Part IV, line 11	-	13		
	14	Intangible assets	*	14	- S	
	15	Other assets. See Part IV, line 11	P	15	-	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	210 1210,58		12067-73	
	17	Accounts payable and accrued expenses	, 0	17	4730.59	
	18	Grants payable	\$	18	,,	
	19	Deferred revenue	Ф	19	4	
	20	Tax-exempt bond liabilities	4	20	-0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	•	21	-0	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	_	22		
Lia	23	Secured mortgages and notes payable to unrelated third parties	0	23	9	
	24	Unsecured notes and loans payable to unrelated third parties		24	9	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7110			
	26		749.33	25	5240.32	
-	20	Total liabilities. Add lines 17 through 25	נפוד ד	26	5200.32	
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27		
Ba	28	Temporarily restricted net assets		28		
P	29	Permanently restricted net assets	47 / 27 S S S S S S S S S S S S S S S S S S	29		
I Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds	→	30	0	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	\rightarrow	31	0	
¥	32	Retained earnings, endowment, accumulated income, or other funds .	1289.13	32	1298.13	
Ne	33	Total net assets or fund balances	25'877.25	33	6807.41	
	34	Total liabilities and net assets/fund balances	26626.50	34	2F.F010'SI	
					Form 990 (2016)	

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Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	231.	193	1010
2	Total expenses (must equal Part IX, column (A), line 25)	2	250	77	4.14
3	Revenue less expenses. Subtract line 2 from line 1	3	119	28	D.48
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25'	87	7.75
5	Net unrealized gains (losses) on investments	5		-6	-
6	Donated services and use of facilities	6		-	>
7	Investment expenses	7		-0	
8	Prior period adjustments	8		210	4 <u>7</u> 7.c
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			0 -	-
Dar	33, column (B))	10	4.	0	4.4
ıaı	Check if Schedule O contains a response or note to any line in this Part XII				
	oneschi coneddic c containe a response of note to any line in this fart Air	•	· · · ·	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			108	NO
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	in l		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	100	. 2a		\times
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled o	or 🗔		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		\times
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a		•
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit of the audit of the second situation of the second situati		(=-0		North to 1
	If the organization changed either its oversight process or selection process during the tax year, expected the control of the	olain i	n		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	ا جانست	_		
Ja	the Single Audit Act and OMB Circular A-133?	ortn i		1 1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ao th	. 3a		
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		9 3b		
	, , , , , , , , , , , , , , , , , , ,			n 990	(2016)
			1 011		(2010)