### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

16

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	ror u	ne 20 16 calendar year, or tax year beginning APK 1, 2010 and	ending 1.	AR 31, 2017				
В	Check app <b>l</b> ica	f ole: C Name of organization		D Employer identific	cation number			
	Add	ge   45COMMITTEE, INC.						
	Nam char	ge Doing business as		47-3	803487			
	Initia retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Fina retu	D O BOY 710002			236-3994			
	term atec	in-		G Gross receipts \$	46,362,986.			
	Ame	nded UPDNDON 377 20171		H(a) Is this a group re	eturn			
	App			for subordinates				
	pen	SAME AS C ABOVE		H(b) Are all subordinates in	·····			
$\overline{\mathbf{T}}$	Tax-e	xempt status: $501(c)(3)$ $X 501(c)(4)$ (insert no.) $4947(a)(1)$	or 527	1 ' '	list. (see instructions)			
		ite: ► 45COMMITTEE.COM		H(c) Group exemptio				
		of organization: X Corporation Trust Association Other	L Year		State of legal domicile: VA			
	art I							
	Ta	Briefly describe the organization's mission or most significant activities: ADVO	CATE F	OR REFORMS	AND			
Activities & Governance	-	SOLUTIONS ON A WIDE RANGE OF PUBLIC POLICE	CY ISS	UES.				
'n	2	Check this box if the organization discontinued its operations or dispose			sets			
Ş.	3			3	6			
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			5			
త ഗ	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0			
iŧie	6	Total number of volunteers (estimate if necessary)			0			
휹	7.	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ĕ	''	o Net unrelated business taxable income from Form 990-T, line 34			0.			
_	╁	The difference business taxable income from 1 off 550 1, line 54		Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,225,000.	46,362,986.			
	9			0.	0.			
	10	Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,225,000.				
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		655,000.	3,579,000.			
	14			0.	0.			
'n	l	Salaries other compensation employee benefits (Part IX column (A) lines 5-10)		0.	0.			
se	16:	Professional fundraising fees (Part IX, column (Δ), line 11e)		0.	0.			
Expenses	.   '``i	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	50.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		353,489.	41,977,334.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,008,489.				
	19	Revenue less expenses. Subtract line 18 from line 12		1,216,511.	806,652.			
)r		Tieveriae 1633 experises. Oubtract line 10 from fine 12		ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)	5	1,216,511.	2,023,163.			
ASS	21	Total liabilities (Part X, line 26)		0.	0.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,216,511.	2,023,163.			
	art I	_						
		nalties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	/ knowledge and belief, it is			
		ect, and complete. Declaration of preparer (other than officer) is based on all information of wh			, ,			
	, 0011	Cally that composed account of property (cally than office) to account that into the cally to	mon proparor	las any mismisage.				
Sig	ın	Signature of officer		Date				
He		MARIA WOJCIECHOWSKI, TREASURER						
	Type or print name and title							
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	id	DENAE DINCAN	PA	2/15/18 if self-employe	P01257722			
	parer	Firm's name ATCHLEY & ASSOCIATES, LLP	LEI	Firm's EIN	74-2920819			
	only	Firm's address 1005 LA POSADA DRIVE		THIII O LIN				
		AUSTIN, TX 78752		Phone no (5	12)346-2086			
Ma	v the	IRS discuss this return with the preparer shown above? (see instructions)		11 110110 110. ( 3	X Yes No			
ivia	y and	into diocaco uno retarri with the proparer shown above: (see instructions)			103 110			

Pa	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	mo mite
	45COMMITTEE IS AN ORGANIZATION DEVOTED TO PROMOTING SOLUTIONS	
	ISSUES THAT CONFRONT THE UNITED STATES DURING THE 45TH PRESIDE	
	TERM. TO THAT END, 45COMMITTEE WILL ADVOCATE FOR REFORMS AND	SOLUTIONS
	ON A WIDE RANGE OF PUBLIC POLICY ISSUES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>TZ</b>
	prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to	
	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 \$ 23,457,138 · including grants of \$ 3,579,000 · ) (Revenue \$	)
	ISSUE ADVOCACY IN AREAS RELATED TO FOREIGN POLICY, NATIONAL S	
	HEALTHCARE, SIZE OF GOVERNMENT, ROLE AND MAKE-UP OF THE FEDERAL	
	JUDICIARY, ROLE OF THE INTERNAL REVENUE SERVICE, REDUCING THE	
	BURDEN, ETHICS ISSUES RELATED TO FEDERAL OFFICIALS, IMPROVING	
	· · · · · · · · · · · · · · · · · · ·	S TO OTHER
	501(C)(4) ENTITIES IN LINE WITH THESE ISSUES.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses ► 23,457,138.	
		Form <b>990</b> (2016)

# Form 990 (2016) 45 COMMITTEE, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			₹.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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	4.4%		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		21
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2016)

# Form 990 (2016) 45 COMMITTEE, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<del></del>
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>                                     </del>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		- <del></del>
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		_
50	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\vdash$
01	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?	- 57		<del></del> -
50	Note. All Form 990 filers are required to complete Schedule O	38	х	
	140to 741 1 0111 000 fileto are required to complete ochedule O	1 30		

Form **990** (2016)

### Part V Statements Regarding Other IRS Filings and Tax Compliance

Firster the number reported in Box 3 of Form 1096. Enter 4- if not applicable   1		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'-find applicable   10						Yes	No
be Enter the number of Forms W/26 included in line 1a. Enter of Pin or applicable   10   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
Gambling) winnings to prize winners?  8 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.  8 Ided for the calendar year ending with or within the year covered by this return  8 Ided for the calendar year ending with or within the year covered by this return  8 Ided for the calendar year ending with or within the year covered by this return  8 Idea of the winner of the year of year of the year of years of the year of the year of the year of years of the year of years of	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.    Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
Head for the calendary year ending with or within the year covered by this return 2   2a   0    b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a   0   1   1   1   1   1   1   1   1   1		(gambling) winnings to prize winners?			1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  31 Did the organization and the unrelated business gross income of \$1,000 or more during the year?  32 At any time during the calendary year, did the organization have an interest in, or a signature or or then authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  32 At any time or the name of the foreign country   ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  33 A X X B bid any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction at any time during the tax year?  34 B Did any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction?  35 B Did was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  36 D Dess the organization aparty to a prohibited tax shelter transaction?  37 B Did was the organization aparty to a prohibited tax shelter transaction?  38 C X X Y Yes, 'to line Sa or Sb. did the organization file Form 8896??  39 Diff was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  39 Diff was calculation expressed and party or a prohibition and party for goods and services provided to the payor?  40 Diff the organization receive approxement in excess of 35 made party as a combination and party for goods and services provided to the payor?  40 Diff the organization receive approxement in excess of 35 made party as a combination and party for goods and services provided to the payor?  41 Did the organization receive approxement in excess of 35 made party as a combination and party for goods and services provi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of thes 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 more during the year? 4 As A larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ► 5 Alary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► 5 As I was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 As I was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 As I was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 By I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6 By I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the ment tax deductible as chariable contributions? 7 By I were not tax deductible as chariable contributions? 8 By I were not tax deductible as chariable contributions? 9 By I were not tax deductible contributions under section 170(c). 10 If the organization that may receive deductible contributions under section 170(c). 2 By I were not tax deductible contributions under section 170(c). 3 By I were not tax deductible contributions under section 170(c). 4 By I were not tax deductible contributions under section 170(c). 5 By I were not tax deductible contributions or of the value of the goods or services provided? 7 Corganization self-accordance and the goods of services provided? 7 Corganization self-accordance and tax to the section of the value of the goods or services provided? 7 Corganizati		filed for the calendar year ending with or within the year covered by this return	2a	0			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
b If "Yes," than it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O  3b   If "Yes," and during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or some country (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities (such as a bank account, or other financial accountry (such as a bank account, securities (such as a bank account, or other financial accountry (such as a bank account account (such as a bank account (such as		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?  b If 'Yes,' enter the name of the foreign country; ▶  5a Was the organization aperuty to a prohibited tax shelter transaction of the transaction?  5a Was the organization party to a prohibited tax shelter transaction at my time during the tax year?  5b LX  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b LX  c If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c B Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a Was promised to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Tyes,' indicate the number of Forms 8282 filled during the year  5 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Tyes,' indicate the number of Forms 8282 filled during the year  5 Did the organization received a contribution of qualified intellectual property, did the organization file or payment in excess of the production of the variation of the organization file or payment in excess of the production of the organization file or payment in excess of the production of the organization file or payment in excess of the production of the organization organization organization services organization services organization organization services organization					3a		X
the fire the name of the foreign country (such as a bank account, securities account, or other financial accountity?  b   fires,* enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  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?  5b   X   X    b   Did any taxable party notify the organization file Form 8886-17  6a   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a   X    b   fires,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  a   Did the organization that may receive deductible contributions under section 170(c).  b   fires,* did the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   fires Form 8282?  d   fires Form 8282* filed during the year   7d    g   fithe organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7c   X    fithe organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  7b   Did the organization maintaining donor advised funds.  3c   Did the sponsoring organization make any taxable distributions under section 49667  9a   Sponsoring organization make any taxable distributions under section 49667  b   Did the sponsoring organization make any taxable distributions under section 49667  b   Corposition	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
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).    See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).    See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).    See instructions that are party to the propartication that it was or is a party to a prohibited tax shefter transaction?   Se	4a			-			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  58 Was the organization a party to a prohibited tax shelter transaction?  59 Was the organization aparty to a prohibited tax shelter transaction?  50 X  50 IV **Yes,*** to line 5 aor 5b, did the organization filial Form 8886-T?  60 Does the organization she are cepted to the regardination of the form 8886-T?  61 Does the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  62 A Visual to organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  63 A Visual for organizations that may receive deductible contributions under section 170(c).  64 B If *Yes,** did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  75 Organizations that may receive deductible contributions under section 170(c).  86 B If *Yes,** did the organization include with every solicitation and party for goods and services provided to the payor?  76 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8222?  77 C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8222?  78 If *Yes,** indicate the number of Forms 8282 filed during the year  6 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  79 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  79 If the organization sell, such as a property of the during the year?  8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distribution with the organization file Form 1041?  8 Secti			accou	nt)?	4a		Х
5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c   Yes, 'to line Sair 5b, did the organization file Form 8886-fr?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a   Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  8   Did the organization shall may receive deductible contributions under section 170(c).  9   Did the organization shall may receive deductible contributions under section 170(c).  10   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?  7   Organizations that may receive device the value of the goods or services provided?  7   Organization shall be payor to the donor of the value of the goods or services provided?  7   Organization shall be payor to the value of the goods or services provided?  7   Organization shall be payor to the value of the goods or services provided?  7   Organization shall be payor to the value of the goods or services provided?  8   Organization freceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9   Organization received a contribution of qualified intellectual property, did the organization file a form 1098-C?  7   Organization received a contribution of cars, boats, arphanes, or other vehicles, did the organization file a form 1098-C?  7   Organization received a contribution of payor to the vehicles, did the organization file a form 1098-C?  8   Sponsoring organization make any taxable distributions under section 4966?  9   Organization file	b						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b							37
the fire of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 If "Yes," inclidate the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  8 Sponsoring organization maintaining donor advised funds.  10 If the organization maintaining donor advised funds, bid a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make any taxasibe distribution is under section 4966?  9 Sponsoring organization make any taxasibe distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make any taxasibe distributions in under section 4966?  9 Gross income from members or shareholders  10 Gross income from there sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 501(c)(2) organizations. Enter:  a Gross income from members or shareholders  13 Section 4947(a)(1) non-e							
5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b If 'Yes,' did the organization on the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If 'Yes,' indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To I I the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  Sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations. Enter:  a Gross income from other					_		Λ
any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8262 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b					5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a 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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If yes," indicate the number of Forms 8282 filed during the year  To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Nonsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt chairtable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Tob If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(2) qualified nonprofit health insurance issuers.  Is the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the org	ьа					v	
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a Did the organization selve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8262 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te 7 If Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. 3 Did the sponsoring organization make any taxable distributions under section 4966? 4 Did the sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization in a distribution to a donor, donor advisor, or related person? 5 Did the organization selected from them.  10 Did the organization selected from them. 11 Did 12 Secti	h	•			0a		
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 A X 7 b If "Yes," idid the organization notify the donor of the value of the goods or services provided?  C Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 C X 8 If "Yes," indicate the number of Forms 8282 filed during the year  P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 F Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 930, Part VIII, line 12, for public use of club facilities  Did Section 501(c)(7) organizations. Enter:  Gross income from members or shareholders  Bection 601(c)(12) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Section 601(c)(12) organizations. Enter:  Bection 601(c)(12) organizations. Enter:  Bection 601(c)(12) organizations. Enter:  Bection 601(c)(12) organizations included on Form 930, Part VIII, line 12, for public use of club facilities  Bection 601(c)(12) organizations included on Form 930. Part VIII, line 12, for public use of club facilities  Bection 601(c)(12	b	and the state of the Children		i giits	6h	$_{\rm x}$	
a 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  7t	7				- 05		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms \$282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make any taxable distributions under section 4966?  9c Section 501(c)(12) organizations. Enter:  a 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  f Told  Gross income from members or shareholders  b Gross income from members or shareholders  c Gross income from members or shareholders  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11a  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a  b Enter the amount of reserves the organization is required to maintain by the states in whic			vices p	rovided to the payor?	7a		Х
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c					_		
d If "Yes," indicate the number of Forms 8282 filed during the year							
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7t   7t   7t   7t   7t   7t   7t   7t		to file Form 8282?			7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a 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  10 Section 501(c)(12) organizations. Enter:  a Gross income from embers 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14a Did t	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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 Sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a 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  10 Gross income from members or shareholders  b 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," 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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a 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  10 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," enter the amount of reserves the organization is nore than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		
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?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a 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 11 Section 501(c)(12) organizations. Enter: a 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.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.				·	7g		
sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a 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 Section 501(c)(12) organizations. Enter: a 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.) 11a	h				7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8		by th	е			
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Initiation fees and capital contributions included on Part VIII, line 12	_				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a 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  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a  X  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		, , , , , , , , , , , , , , , , , , , ,					
a Initiation fees and capital contributions included on Part VIII, line 12					90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		· · · · · ·	102				
a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
a 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.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		·	.55				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			11a				
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  13b  The interpolation is licensed to issue qualified health plans	12a		10411	>	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13b  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13						
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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand	b						
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					44		v
						-	Λ
	а	ii res, has it filed a Form /∠∪ to report these payments? II No, " provide an explanation in Schedule	∍ U			990	(2016

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	4				
	If there are material differences in voting rights among members of the governing body, or 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	<u> </u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the direct 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		X		
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?	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD				
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
	Tell DI College (This decident & requeste innormation about policios not required by the internal revenue decide)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100				
-	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 filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1.0				
12a	Did the appropriation have a written and it of interest as line 0 /f "No " on to line 12	12a	Х			
b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X			
·	in Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	X			
15	Did the process for determining compensation of the following persons include a review and approval by independent	17				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
2	The organization's CEO, Executive Director, or top management official	15a		Х		
	Other officers or key employees of the organization	15b		X		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
104		16a		X		
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100				
D	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				
Sec	tion C. Disclosure	100				
17	List the states with which a copy of this Form 990 is required to be filed ▶DC , VA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ı <b>l</b> e			
.5	for public inspection. Indicate how you made these available. Check all that apply.	uvanal				
	Own website Another's website I Upon request Other (explain in Schedule O)					
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial			
19		u IIIIali	cial			
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:					
20	MARIA WOJCIECHOWSKI - 832-236-3994					
	P.O. BOX 710993. HERNDON. VA 20171					

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization r	or any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer, o	director, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	person is both an director/trustee)		h an	compensation	compensation	amount of	
	week	$\vdash$	Cerai	iu a u	recto	Ji/trus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for re <b>l</b> ated	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	nstee	trust		99	neu		(VV-2/1099-WISC)		organization and re <b>l</b> ated	
	below	nal tr	tiona		oldı	t con				organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations	
(1) BRIAN O. WALSH	10.00	┢			×	1 0	<u> </u>				
CHAIRMAN/PRESIDENT (THRU 9/13/16)		Х		Х				0.	0.	0.	
(2) BRIAN BAKER	10.00										
CHAIRMAN/PRESIDENT (AS OF 9/14/16)		Х		Х				0.	0.	0.	
(3) SARA FAGEN	4.00										
DIRECTOR		Х						0.	0.	0.	
(4) RANDY SCHEUNEMANN	4.00							_	_	_	
DIRECTOR (THRU 9/15/16)		Х						0.	0.	0.	
(5) ROB COLLINS	4.00										
DIRECTOR		Х						0.	0.	0.	
(6) MATT WELL	4.00										
SECRETARY		X		Х				0.	0.	0.	
(7) MARIA WOJCIECHOWSKI	4.00										
TREASURER				Х				0.	0.	0.	
		-									
		1									
		$\mathbf{I}$									
					<u> </u>		L				
			_				lacksquare				
		-									

Form 990 (2016)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average		Position (do not check more than one		Reportable	Reportable	<b>I</b>					
	hours per week					is bot or/trus		compensation	compensation		amount	
	(list any	tor						from the	from related organization		other compensa	
	hours for	direc				pg .		organization	(W-2/1099-MI		from th	
	related	tee or	ustee			ensatı		(W-2/1099-MISC)		´	organizat	tion
	organizations	al trus	nal tr		oyee	co mp					and relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ions
	1110)	Ĕ	<u>su</u>	₽	, Ke	Hić em Hi	Fo			<del></del>		
		1										
										_		
		1										
				_								
		1										
										-+		
		1										
										_		
		1										
		1										
1b Sub-total							<b></b>	0.		0.		0.
c Total from continuation sheets to Part V	I, Section A						<b>&gt;</b>	0.		0.		0.
d Total (add lines 1b and 1c)								0.		0.		0.
2 Total number of individuals (including but n	ot <b>l</b> imited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$10	0,000 of reportab	ole		^
compensation from the organization											Yes	0 No
2 Did the annualisation list and forman officers	-lit	4			1-			h:-ht			res	INO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	·			•	•	•			. ,		3	X
4 For any individual listed on line 1a, is the su								her compensation from			3	-25
and related organizations greater than \$15	•								the organization		4	Х
5 Did any person listed on line 1a receive or a									idual for services			
rendered to the organization? If "Yes," com	•				•						5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rs t	that received more than	\$100,000 of cor	npensat	ion from	
the organization. Report compensation for	the ca <b>l</b> endar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business							_	Description of	services	Cor	mpensatio	n
DEL CIELO MEDIA LLC, 1427 LESLIE AVENUE,							0.0					
STE 102, ALEXANDRIA , VA 22301 MEDIA ADS SERVICES 17,359,500 CONNELL DONATELLI INC							00.					
	P.O.BOX 1877, ALEXANDRIA , VA 22313 MEDIA ADS SERVICES 10,287,258.							5.8				
DDC, 805 15TH ST. NW, ST				T NT	3ጥ/	אר		WEDIN WDS SE	TVATCED	10,	<u> </u>	<u> </u>
DC 20005	_ 500, V	***	J11-	- 11/	٠ ـ ١	O 14	- 1	MEDIA ADS SE	RVICES	6	071.9	76.
DC 20005 MEDIA ADS SERVICES 6,071,976 MENTZER MEDIA SERVICES, INC., 210 W.						<del>, , , ,</del>						
-	PENNSYLVANIA AVE., STE 250, TOWSON, MD MEDIA ADS SERVICES 3,790,320							20.				

Form **990** (2016)

770,700.

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

MEDIA ADS SERVICES

TARGET ENTERPRISES, LLC, 15260 VENTURA

\$100,000 of compensation from the organization

BLVD., STE 1240, SHERMAN OAKS, CA 91403

Га	rt v	/	Check if Schedule O cont		esponse	e or note to any line	e in this Part V <b>III</b>			
			Chisok ii Constant G Sont		, op 01100	or note to any in	(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
Gra		b	Membership dues		1b					
ts,		С	Fundraising events		1c					
<u>ia</u>		d	Related organizations		1d					
ns,			Government grants (contribut		1e					
er S		f	All other contributions, gifts, gran			- 1				
ję K			similar amounts not included above	ve	1f	46,362,986.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines	_		7,986.				
<u>a</u> C		h	Total. Add lines 1a-1f				46,362,986.			
a)	١,	_				Business Code				
Program Service Revenue	2	a b								
Ser		C								
E S		d								
Person		e								
Ŗ		-	All other program service reve	nue						
			Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)			▶ [				
	4		Income from investment of tax	x-exemp	t bond	proceeds 🕨				
	5		Royalties							
				(i) I	Real	(ii) Personal				
	6		Gross rents							
			Less: rental expenses			-				
			Rental income or (loss)							
	_		Net rental income or (loss)							
	′	а	Gross amount from sales of	(I) Sec	curities	(ii) Other				
		h	assets other than inventory Less: cost or other basis			+				
		D	and sales expenses			1 1				
		c	Gain or (loss)			-				
			Net gain or (loss)							
anı	8		Gross income from fundraising	g events	s (not					
Other Revenue			including \$contributions reported on line			1 1				
, a			Part IV, line 18			.				
the the		h	Less: direct expenses		b					
Ó			Net income or (loss) from fund							
	9		Gross income from gaming ac	_						
			Part IV, line 19			.				
		b	Less: direct expenses							
			Net income or (loss) from gam							
	10	а	Gross sales of inventory, less	returns						
			and allowances			·				
		b	Less: cost of goods sold		b					
		С	Net income or (loss) from sale		entory .					
	<u> </u>		Miscellaneous Revenu			Business Code				
	11					<del>                                     </del>				
		b				<del>                                     </del>				
		Ç	All other revenue			<del>                                     </del>				
			All other revenue  Total. Add lines 11a-11d							
	12		Total revenue. See instructions.				46,362,986.	0.	0.	0.
							, , ,	· · · · · · · · · · · · · · · · · · ·	·	

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,579,000 3,579,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management 150,630. 6,203. 144,427. Legal 61,694. 61,694. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 444,344. 294,000. 150,344. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 26,975. 26,975. Information technology 14 Royalties 15 16 Occupancy 51,504. 51,504. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 12,484. 12,484. 23 Other expenses. Itemize expenses not covered 24 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.) 20,683,151 20,683,151. POLITICAL ADS AND MEDIA ISSUE ADS AND MEDIA 18,914,352. 18,914,352. 1,379,964. 412,600. 967,364. RESEARCH 250,983. 250,983. **EVENT SPONSORSHIP** 1,253 1,250. 3. e All other expenses 45,556,334. 23,457,138. 22,097,946. 1,250. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

# Form 990 (2016) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,216,511.	1	2,023,163.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	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			
Assets	l _	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	lua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,216,511.	16	2,023,163.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		O.E.	
	26	Schedule D  Total liabilities. Add lines 17 through 25	0.	25 26	0.
	20	Organizations that follow SFAS 117 (ASC 958), check here and		20	3,
ဟ္		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
g B	29	Permanently restricted net assets		29	
ᇤ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓			
<u>P</u>		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	0.
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
let /	32	Retained earnings, endowment, accumulated income, or other funds	1,216,511.	32	2,023,163.
Z	33	Total net assets or fund balances	1,216,511.	33	2,023,163.
	34	Total liabilities and net assets/fund balances	1,216,511.	34	2,023,163.

Form **990** (2016)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,36			
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,55			
3	Revenue less expenses. Subtract line 2 from line 1	3			52.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,21	5, <u>5</u>	<u> 11.</u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2,02	3,1	63.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			x	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ng <b>l</b> e Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			Form	990	(2016)	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

45COMMITTEE, INC. 47-3803487 Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Name of organization

Employer identification number

45COMMITTEE, INC.

47-3803487

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	onal space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	Total contributions  - \$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		_ \$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZIP</b> + 4	(c) Total contributions	(d) Type of contribution
5		\$250,000. 	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
6		_ \$\$	Person X Payroll

Name of organization

45COMMITTEE, INC.

Employer identification number

47-3803487

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, audiess, and Zir + +	\$1,005,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
12		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number 45COMMITTEE, INC. 47-3803487

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
13		\$ 250,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$7,986.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
17		\$ 7,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
18		\$ 7,500,000.	Person X Payroll

Name of organization

Employer identification number

45COMMITTEE, INC.

47-3803487

Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Name, address, and Zir + +	\$ 7,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	. James and coo, and bit 1 1	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

45COMMITTEE, INC.

47-3803487

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	TRAVEL EXPENSES		
<u> 15</u>			
		\$7,986.	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions)	Date received
Part I		(Occ mat detions)	
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I		(**************************************	
<del></del>			
		\$	
(a)	<b>.</b> .	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions)	Date received
		\$	

Employer identification number

Name of organization

L5COMM	ITTEE, INC.			47-3803487
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or wing line entry. For organization less for the year. (Enter this info. once	(10) that total more than \$1,000 for
	Use duplicate copies of Part III if addition	al space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-  -		(e) Transfer of gif		
-	Transferee's name, address, a			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
·				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I	(a) tarpess of give			
_				
	Transferee's name, address, a	(e) Transfer of gif		nsferor to transferee
-	,,			
-				

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2016

Open to Public Inspection

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

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

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

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

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

Tax	() (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	45COMMI	TTEE, INC.			47-3803487
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	tures			\$ 21,650,515. 0.
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	a Was a correction made?				
k	If "Yes." describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt fund	ction activities	\$ 21,650,515.
	Enter the amount of the filing organ				
	exempt function activities		-		\$
3	Total exempt function expenditures				
	line 17b				21,650,515
4	Did the filing organization file Form	1120-POL for this year?			Yes X No
	Enter the names, addresses and er				
	made payments. For each organiza				
	contributions received that were pr				
	political action committee (PAC). If	additional space is needed, prov	ide information in Part	t IV.	
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
					+

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 4  Part II-A Complete if the organization	5COMMITTE	E, INC. empt under sectio	n 501(c)(3) and fil	47-3 ed Form 5768 (e	8803487 Page 2 lection under
expenses, and share	e of excess lobbying	filiated group (and list ing expenditures).  and "limited control" process.		group member's nan	ne, address, EIN,
Limits	s on Lobbying Exp			(a) Filing organization's totals	(b) Affiliated group totals
<ul> <li>1a Total lobbying expenditures to influe</li> <li>b Total lobbying expenditures to influe</li> <li>c Total lobbying expenditures (add line)</li> </ul>	ence a legislative boses 1a and 1b)	ody (direct lobbying)			
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter					
If the amount on line 1e, column (a) or Not over \$500,000		bbying nontaxable am			
Over \$500,000 but not over \$1,000		f the amount on line 1e 100 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		000 plus 5% of the exce			
Over \$17,000,000	\$1,000		σος σνει ψ1,000,000.		
Over \$17,000,000	γ ψ1,000	,,000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero					
reporting section 4911 tax for this y	ear?			[	Yes No
(Some organizations th	at made a section	veraging Period Under 501(h) election do not rate instructions for li	have to complete all	of the five columns t	pelow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2016

### Schedule C (Form 990 or 990-EZ) 2016 45 COMMITTEE, INC. 47-380348 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	<b>)</b>
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
J	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A   Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	). or se	ction	
	501(c)(6).	551(5)(5	,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
_3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members			t III-A, III	ie 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
_	expenses for which the section 527(f) tax was paid).	Jai			
а			2a		
	Carryover from last year		2b		
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PA.	RT I-A, LINE 1:				
P	OLITICAL ADVERTISING PRODUCTION AND RESEARCH.				
	SELLICIL IDVENTIBLES INODUCTION AND RESEARCH.				

# SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public OMB No. 1545-0047 Inspection

**ջ** □ Employer identification number 47-3803487X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. INC General Information on Grants and Assistance criteria used to award the grants or assistance? 45COMMITTEE, Name of the organization Part I Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part III car	be duplicated if additi	onal space is need	led.			
1 (a) Name and address of organization or government	NI <b>3 (d)</b>	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE JOHN HAY INITIATIVE 801 PENNSYLVANIA AVENUE NW STE 610 WASHINGTON, DC 20004	46-3437207	501(C)(4)	129,000.	.0			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
US CHAMBER OF COMMERCE 1615 H ST. NW WASHINGTON, DC 20062	53-0045720	501(C)(6)	350,000.	0			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
FAITH AND FREEDOM COALITION INC 3700 CRESTWOOD PARKWAY STE 975 DULUTH, GA 30096	27-0182697	501(C)(4)	250,000.	0.			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
SUSAN B. ANTHONY LIST 1200 NEW HAMPSHIRE AVE., STE 750 WASHINGTON, DC 20036	54-1850126	501(C)(4)	275,000.	0.			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
SECURE AMERICA NOW 1800 M STREET NW, STE 450N WASHINGTON, DC 20036	27-3711817	501(C)(4)	2,000,000.	0.			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
JUDICIAL CRISIS NETWORK 3220 N STREET NW, STE 268 WASHINGTON, DC 20005	20-2303252	501(C)(4)	200,000.	,0			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE

632101 11-01-16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

က

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

23

Schedule I (Form 990) (2016)

Page 1

(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ENCORE P.O. BOX 72465 PHOENIX, AZ 85050	26-4683543	501(C)(4)	100,000.	.0			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
INDEPENDENT WOMEN'S VOICE 1875 I STREET NW, STE 500 WASHINGTON, DC 20006	36-4534086	501(C)(4)	50,000.	0			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
SHINING CITY COMMUNITY 45 NORTH HILL DRIVE, STE 100 WARRENTON, VA 20186	47-1867507	501(C)(4)	100,000.	.0			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
NRA INSTITUTE FOR LEGISLATIVE ACTION - 11250 WAPLES MILL RD FAIRFAX, VA 22030	53-0116130	501(C)(4)	70,000.	.0			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
INTERNATIONAL REPUBLICAN INSTITUTE 1225 EYE STREET NW, STE 800 WASHINGTON, DC 20005	52-1340267	501(C)(3)	15,000.	0.			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
FRANKLIN CENTER FOR GOVERNMENT & PUBLIC INTEGRITY - 1229 KING STREET, 3RD FLOOR - ALEXANDRIA, VA 22314	26-4066298	501(C)(3)	15,000.	0.			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
ONE NATION HEALTH COALITION 1747 PENNSYLVAVIA AVE NW, STE 1000 WASHINGTON, DC 20006	81-4729054	501(C)(4)	25,000.	0.			TO FURTHER THE ORGANIZATION'S EXEMPT PURPOSE
							Schedule I (Form 990)

Page 2

Schedule	I (Form 990) (2016)	45COMMITTEE, INC.	
Part Ⅲ	Grants and Other Assi	d Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	22.
	Part III can be dunlicate	the diministrated if additional snacre is needed	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
A GRANT REPORT IS REQUESTED FROM T	THE RECIPIENT	IENT WITHIN	N SIX MONTHS	IS OF	
RECEIVING THE GRANT. THE RECIPIENT	MUST	ALSO ATTEST	THAT THEY	HAVE USED	
THE FUNDS FOR THE PURPOSES OUTLINED	D IN THEIR	IR APPLICATION.	TION.		
равт 1 г.тив 2.					

A GRANT APPLICATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

### **SCHEDULE L**

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	ITTEE,								034	87		
Part I Excess Benefit Trans	sactions (sec	ction 501(c)(	3), sect	ion 501(c)(4), and 50	)1(c)	(29) organizatior	ns on <b>l</b> y	/).				
Complete if the organization	n answered "Ye	es" on Form	990, Pa	art IV, line 25a or 25l	b, or	Form 990-EZ, P	art V,	line 40	b.			
1	(b) Relationsh			lified						(d)	Corre	cted?
(a) Name of disqualified person	person	and organiz	ation	(0	c) De	escription of tran	isactio	n		Ye		No
2 Enter the amount of tax incurred by	the organization	on managers	or disc	qualified persons du	ring	the year under						
section 4958								\$				
3 Enter the amount of tax, if any, on I	ne 2, above, re	imbursed by	the or	ganization				<b>\$</b>				,
Part II Loans to and/or From	n Intereste	d Persons	3.									
Complete if the organization	n answered "Ye	es" on Form	990-EZ	., Part V, line 38a or I	Forn	n 990, Part <b>I</b> V, <b>I</b> ir	ne 26;	or if th	e orga	ınizatio	on	
reported an amount on For	m 990, Part X, I											
(a) Name of (b) Relation		pood   fro	oan to or m the	(e) Original	(f	(f) Balance due		In	( <b>h)</b> Ap <sub>l</sub> by bo	oroved ard or	(i) W	ritten
interested person with organ	zation of lo		nization?	principal amount	ipal amount default?		default?		comm	ittee?	agree	ment?
		То	From				Yes	No	Yes	No	Yes	No
Total				\$								
Part III Grants or Assistance	Benefiting	Intereste	ed Pe	rsons.								
Complete if the organization	n answered "Ye	es" on Form	990, P	art IV, line 27.								
(a) Name of interested person		onship betw		(c) Amount of		<b>(d)</b> Type			(e) Purpose of			:
		ed person ar	nd	assistance	assistance assista				assistance			
	trie o	rganization										

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

Schedule L (Form 990 or 990-EZ) 2016

	ed "Yes" on Form 990, Part IV, line 28a, 28			16\CE	vinc -
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation'
REDPRINT STRATEGY	SEE PART V	30 000	MANAGEMENT	Yes	No X
REDPRINT STRATEGI	SEE PARI V	30,000.	MANAGEMENT		
Part V Supplemental Information					
	sponses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: REDPR	RINT STRATEGY				
(D) DESCRIPTION OF TRANSA	ACTION: MANAGEMENT CON	NSULTING			
` '					
PART IV, COLUMN B					
BRIAN WALSH, WHO SERVED A	AS CHAIRMAN AND PRESII	DENT OF THE	ORGANIZATI	ON	
THRU 9/13/16, IS A PARTNE	R IN REDPRINT STRATEO	GY.			

Schedule L (Form 990 or 990-EZ) 2016

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. OMB No. 1545-0047 Inspection

Name of the organization

45COMMITTEE, INC. Employer identification number 47-3803487

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
ISSUE ADVOCACY IN AREAS RELATED TO FOREIGN POLICY, NATIONAL SECURITY,
HEALTHCARE, SIZE OF GOVERNMENT, ROLE AND MAKE-UP OF THE FEDERAL
JUDICIARY, ROLE OF THE INTERNAL REVENUE SERVICE, REDUCING THE TAX
BURDEN, ETHICS ISSUES RELATED TO FEDERAL OFFICIALS, IMPROVING THE
REGULATORY ENVIRONMENT, PROMOTING ENTREPRENEURSHIP, AND GRANTS TO OTHER
501(C)(4) ENTITIES IN LINE WITH THESE ISSUES.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 FORMS WILL BE REVIEWED BY EXTERNAL COUNSEL, PRESIDENT,
AND TREASURER PRIOR TO BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN A STATEMENT WHEN THEY JOIN THE
BOARD THAT THEY HAD REVIEWED THE CONFLICT OF INTEREST POLICY AND WILL
DISCLOSE ANY CONFLICTS IF THEY ARISE. TRANSACTIONS WITH INTERESTED PARTIES
ARE EVALUATED BY INDEPENDENT DIRECTORS USING INFORMATION REGARDING WHAT
SIMILAR ORGANIZATIONS PAY FOR SIMILAR SERVICES.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS REQUIRED BY LAW TO BE DISCLOSED ARE MADE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

Employer identification number 47-3803487 45COMMITTEE, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.		if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 becau	use it had one or r	nore related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code Posection sta	(e) Public charity status (if section	(f) Direct controlling entity	90 512 11 11 11 12 12   12   13   14   15   15   15   15   15   15   15	(b)(13)
FUTURE45 - 47-3479543				((0)(0))		\ \ \	<u>8</u>
P.O. BOX 710993 HERNDON, VA 20171	POLITICAL ORGANIZATION	VIRGINIA	527	N/A	1		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Is for Form 990.				Schedule R (Form 990) 2016	Form 990)	2016

47-3803487

Page 2

INC. Schedule R (Form 990) 2016 4 5 COMMITTEE,

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(K)	General or Percentage managing ownership partner?			ated	(i) Section 512(b)(13) controlled entity?	<sup>2</sup>	
	Perc			ore re		Yes	
9				one or m	(h) Percentage ownership		
(i)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			t because it had	(g) Share of Pend-of-year	doodlo	
(h)	ortionate tions? <b>No</b>			line 34			
_	Disproportionate allocations?  Yes No			Part IV,	(f) Share of total income		
(g)	Share of end-of-year assets			orm 990, I			
	Sh end			ss" on Fc	(e) of entity p, S corp,	usı)	
(£)	Share of total income			rered "Ye	(e) Type of entity (C corp, S corp,	5	
				tion answ	trolling y		
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)			e organizat	(d) Direct controlling entity		
	Predomina (related, I excluded fro sections			mplete if th	(c) Legal domicile (state or foreign	country)	
(p)	Direct controlling entity			<b>oration or Trust.</b> Co year.	(b) Primary activity		
(0)	Legal domicile (state or foreign country)			is a Corpo	Prim		
(q)	Primary activity			ganizations Taxable a rporation or trust durin			
(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization		

(a)	(q)	(c)	(p)	( <del>ə</del> )	(4)	(6)	(h)	(i) (ii)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Sh	Share of end-of-year	age Jip	512(b)(13) controlled	13) ed (9)
		toreign country)		or trust)		assets	•	Yes	Į g
632162 09-06-16		30				Sche	Schedule R (Form 990) 2016	2 (ספפ ר	2016

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

					₽	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S S	او
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Σ			1a	×	M
<b>b</b> Giff. grant. or capital contribution to related organization(s)				49	×	Ņ
Giff grant or capital contribution from related organization(s)				Ę	×	<u>_</u>
				2 :		
d Loans or loan guarantees to or for related organization(s)				1d	≺	ابر
e Loans or loan guarantees by related organization(s)				1e	×	M
f Dividends from related organization(s)				<b>#</b>	×	Ņ
					×	_
				<u> </u>	1 >	
h Purchase of assets from related organization(s)				4	×	ابر
i Exchange of assets with related organization(s)				1i	×	M
j Lease of facilities, equipment, or other assets to related organization(s)				1j	X	M
k Lease of facilities, equipment, or other assets from related organization(s)				*	×	M
l Performance of services or membership or fundraising solicitations for related organic	related organization(s)			1 X		
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			±	×	<u>, , , , , , , , , , , , , , , , , , , </u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			두	×	M
o Sharing of paid employees with related organization(s)				ę	×	Ņ
<b>p</b> Reimbursement paid to related organization(s) for expenses				<del>0</del>	×	Ņ
				- P	×	M
				5		
r Other transfer of cash or property to related organization(s)				÷	×	м
				15	×	M
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
632163 09-06-16	31		Schedule	Schedule R (Form 990) 2016	90) 201	16

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership								Schedule R (Form 990) 2016
(F Perce owne								(066 u
(j) General or managing partner? Yes NO								(Forn
X 20 % (2)								lue R
Code V-UBI General or Pamanaging of Schedule K-1 partner? of (Form 1065) yes No								Schec
Coc amour of Scl (For								
(h) Disproportionate allocations? Yes No								
(g) Share of end-of-year assets								
Sha Sha end-o ass								
of of								
(f) Share of total income								
(e) Are all And a								
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)								
ut inco int inco in tax u 512-51								
(d) dominan ated, un ded from ctions 51								
Prec (rel excluc sec								
ign l								
(c) gal domic tte or fore country)								
Leg (stat								
ity								
ctiv								
(b) rimary a								
<u> </u>								
<u>z</u>								
(a) Name, address, and EIN of entity								
(a) dress, entity								
ie, adc								
Nam								
ı İ	1 1 1	1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	<b> </b>

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must u	se Form 7004 to request an extension of time to file incom	e tax retu	rns.			
		Enter filer's identifying number				
Туре о	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN) or		
print						
Fi <b>l</b> e by th	45COMMITTEE, INC.				47-38034	37
due date fi <b>l</b> ing you	for Number, street, and room or suite no. If a P.O. box, sor P.O. BOX 710993	ee instruc	tions.	Social se	curity number (SSN	۷)
return. Se instructio		oreign add	lress, see instructions.			
Enter t	he Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL			08		
Form 4	720 (individual)			09		
Form 9	90-PF		10			
Form 9	90-T (sec. 401(a) or 408(a) trust)		11			
Form 9	90-T (trust other than above)	06	Form 8870			12
	MARIA WOJCIECHO					
	books are in the care of P.O. BOX 710993	3 – H.				
	ephone No. ► 832-236-3994		Fax No.			
	e organization does not have an office or place of business					· 🔲
	is is for a Group Return, enter the organization's four digit					
	If it is for part of the group, check this box					
	request an automatic 6-month extension of time until		<b>JARY 15, 2018</b> , to file	the exem	npt organization ret	urn
f	or the organization named above. The extension is for the o	organizati	on's return for:			
	►		мар 21 2017			
	· · · · · · · · · · · · · · · · · · ·		d ending MAR 31, 2017	C:	<u></u> •	
2 l	f the tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	Fina <b>l</b> retur	n	
3a l	L Change in accounting period f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tax. Icea any	1	1	
	nonrefundable credits. See instructions.	, 01 0009,	enter the terriative tax, less any	3a	s	0.
_	f this application is for Forms 990-PF, 990-T, 4720, or 6069	anter an	v refundable credits and	J Sd	Ψ	
	estimated tax payments made. Include any prior year overp			3b	s	0.
_	Balance due. Subtract line 3b from line 3a. Include your pa	•		30	Ψ	
	by using EFTPS (Electronic Federal Tax Payment System). S	•	•	3c	s	0.
	us: If you are going to make an electronic funds withdrawal					

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)