Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 Openito Public

Department of the Treasury Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service 06/30, 20 17 07/01, 2016, and ending A For the 2016 calendar year, or tax year beginning D Employer identification number C Name of organization 26-2599199 B Check if app@cable: MORE THAN ME FOUNDATION, INC. Address egnaño Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 208 (908) 766-2997 150 MORRISTOWN ROAD Initial return City or town, state or province, country, and ZIP or foreign postal code Final return 1,559,094. G Gross receipts \$ BERNARDSVILLE, NJ 07924 Amended return H(a) is this a group return for Yes ΧΝο SCIPIONE BORGHESE Application pending F Name and address of principal officer: 208 BERNARDSVILLE, NJ 07924 Yes H(b) Are all subordinates included? 150 MORRISTOWN ROAD STE. if "No," attach a list. (see instructions) (insert no.) 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) (H(c) Group exemption number 🕨 Website: MORETHANME.ORG L Year of formation: 2009 M State of legal domicile: NJ Association Form of organization: X Corporation Trust Summary Part I Briefly describe the organization's mission or most significant activities: MORE THAN ME FOUNDATION, EDUCATION AS A CATALYST FOR TRANSFORMATIVE SOCIAL CHANGE FOR EVERY Activities & Governance GIRL IN LIBERIA. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 8. Number of voting members of the governing body (Part VI, line 1a) 7. Number of independent voting members of the governing body (Part VI, line 1b) 9. Total number of individuals employed in calendar year 2016 (Part V, line 2a) 8. 6 Total number of volunteers (estimate if necessary) 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 Current Year 1,534,884. 1,917,750 Contributions and grants (Part VIII, line 1h) 0. Revenue 0. 4,393. 3,432. Investment income (Part VIII, column (A), lines 3, 4, and 7d), 10 19,817. 27,862. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 1,559,094. 1,949,044. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 12,821. 112,401. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 800,223. 862,635. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0. 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 972,510. 606,150. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,785,554. 1,581,186. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -226,460.367,858. Revenue less expenses. Subtract line 18 from line 12....... End of Year Beginning of Current Year 1,792,591. 2,887,745. 20 Total assets (Part X, line 16) 15,553. 11,467.Total liabilities (Part X, line 26) 21 2,876,278. 1,777,038. Net assets or fund balances. Subtract line 21 from line 20. 22 Signature Block Partill Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 5 Sign Signature of officer PRESTOENT Here CAVE GARLICK Type or print name and title ature Print/Type preparer's name Preparer's sig Check 1 6 2016 self-employed мач POD2427 John D. Daum Paid Firm's EIN ▶ 13-3628255 Preparer. ▶ CONDON O'MEARA MCGINTY & DONNELLY L Firm's name 212-661-7777 Use Only Phone no. Firm's address NONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405 X Yes

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

For Paperwork Reduction Act Notice, see the separate instructions.

No

Form 990 (2016)

	MORE THAN ME FOUNDATION, INC. 26	-2599199	
For	m 990 (2016)		Page 2
P	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O.		
2	Did the organization undertake any significant program services during the year which were not listed on t	he	
	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 progra	am	V.
	services?, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	X No
	If "Yes," describe these changes on Schedule O.		saurad bu
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as mea	asuled by to othere
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an	J ANDCAROUS	10 01110101
	the total expenses, and revenue, if any, for each program service reported.		
		,	<u> </u>
4a	(Code:) (Expenses \$631,384. including grants of \$) (Revenue \$		_)
	MORE THAN ME PUBLIC SCHOOL NETWORK: MORE THAN ME MANAGED 6 PUBLIC		
	SCHOOLS IN PARTNERSHIP WITH THE MINISTRY OF EDUCATION OF LIBERIA		
	AND ACHIEVED 110% MORE LEARNING AMONG STUDENTS THAN AT PEER PUBLIC		-
	SCHOOLS. IN ADDITION, 3 HEALTH STATIONS WERE LAUNCHED TREATING OVER 500 CHILDREN, INCLUDING 34% VISITORS WITH MALARIA. IN		
	ADDITION, MTM SCHOOLS ENJOYED HIGHEST TEACHER ATTENDANCE RATE IN		
	THE PSL PROGRAM, ALL 6 SCHOOLS RECEIVED INFRASTRUCTURE		
	IMPROVEMENTS AND A TOTAL OF 1,341 CHILDREN WERE EDUCATED DAILY.	, , , , , , , , , , , , , , , , , , ,	
	IMPROVEMENTS AND A TOTAL OF 1,341 CHIEDREN WERE EDUCATED DATEST.		
<u> </u>	(Code:) (Expenses \$ 378,830. including grants of \$ 12,821.) (Revenue \$)
41)	MORE THAN ME ACADEMY: THE TUITION FREE, ALL-GIRLS PRIVATE SCHOOL		- ·
	FOR 184 GIRLS IN CENTRAL MONROVIA HAS BEEN RANKED AMONG THE BEST		
	EDUCATION INSTITUTIONS IN LIBERIA, PROVIDING A FULL COURSE LOAD,		
	TWO MEALS PER DAY, A HEALTH CLINIC, A SOCIAL WORK CENTER AND A		
	LIBRARY. STUDENTS SCORE AMONG THE TOP THREE SCHOOLS IN MONROVIA IN		
	NEARLY ALL LITERACY AND NUMERACY INDICATORS. THERE WERE ZERO		
	PREGNANCIES AMONG STUDENTS DURING THE SCHOOL YEAR.		
4c	(Code:) (Expenses \$252,554. including grants of \$) (Revenue \$		_}
	MORE THAN ME OFFERS HEALTH STATIONS AT ITS PUBLIC SCHOOL NETWORK		
	AND BEGAN THIS PROGRAMMING DURING THIS ACADEMIC YEAR. TO DATE WE		
	HAVE HEALTH STATIONS AT 2 SCHOOLS SERVING NEARLY 500 STUDENTS.		
	THIS INCLUDES ACCESS TO MALARIA MEDICATIONS, A HEALTH MANAGER AND		
	COMMUNITY HEALTH WORKERS. EACH OF OUR HEALTH STATIONS IS		
	DESIGNATED A ROOM IN OUR SCHOOL WITH A MEDICINE CABINET. TEACHERS		
	AND COMMUNITY HEALTH WORKERS BENEFIT FROM TRAININGS BY NURSES AND		
	PHYSICIANS.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶ 1,262,768.	O	90 (2016)

Form 99	00 (2016)		٢	age J
Paril	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,"	1	х	
	complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	X	
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Dow! III	5		
c	Did the experience maintain any donor advised funds or any similar funds of accounts for which donors			
6	boyo the right to provide advice on the distribution or investment of amounts in such funds of accounts in		:	
	West asymptote Schodule 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 gross or historic structures? If "Yes," complete Schedule D, Palt II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets in 165,			Х
Ū	complete Schodule D. Part III	8_		
9	Did the organization report an amount in Part X. line 21, for escrow or custodial account liability, serve as a	1		ĺ
-	evertadion for amounts not listed in Part X: or provide credit counseling, dept management, credit repair, or	9		Х
	debt pagetiation services? If "Ves." complete Schedule D. Part IV	-		
10	bid the organization directly or through a related organization, hold assets in temporarily restricted	10	Х	ĺ
	and suments, normanent endowments, or guasi-endowments? If "Yes," complete Scriedule D, Fait V	94535	WWW.	200
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.			<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	X	
	complete Schedule D, Part VI			
þ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
.1	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			l
	reported in Bort V. line 162 If "Ves." complete Schedule D. Part IX	11d	<u> </u>	X
^	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	Х
f	District a completion of consolidated financial statements for the tax year include a toolidate that addresses			
	the executive liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part A	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete	1		x
	O Light- D. Darle Vi and VII	12a		- <u>^</u>
b	Wee the organization included in consolidated, independent audited financial statements for the tax year in			х
	"Nos " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b 13	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	X	↓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1	-	†
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 fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	X	
	foreign investments valued at \$100,000 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		1	
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	for any foreign organization? If "Yes," complete Schedule F, Falls II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		-	
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
4-	Did the organization report a total of more than \$15,000 of expenses to the professional fundraising services on			
17	Post IV column (A) lines 6 and 11e? If "Yes " complete Schedule G, Part I (see Instructions)	17	<u> </u>	X
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
18	- Do-4 VIII Jings 45 and 852 If "Ves." 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 ear			
เช	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
	, , , , , , , , , , , , , , , , , , ,	For	n 990	(2016)

Did the organization operate one or more hospital facilities? If "Yes," complete Schedulio H	Form 99	0 (2016)		F	Page 4
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. b I" "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return". 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II. 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on the organization's current and former officers, directors, trustees, key employees, and highest compensated emproyees? If "Yes," complete Schedule I, Parts I and III. 22 X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 so of the last day of the year, that was issued after December 31, 2002 If I "Yes," resware lines 24 fitter or by the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 so of the last day of the year, that was issued after December 31, 2002 If II "Yes," resware lines 24 fitter organization manual properties of bid the organization mixturb proceeds of tox-exempt bonds beyond a temporary period exception?. 24d Did the organization nate as an 'on behalf of 'I issuer for bonds outstanding at any time during the year? 25d Section 901(c)(3), 801(c)(4), and 901(c)(2) organization control of the year of the organization engage in an excess benefit transaction with a disquartified parson in a prior year, and that the transaction has not been reported on any of the organization engage in an excess bore of the supplication and the supplication has not been reported on any of the organization sprior prior any amount on Part X, line 5, 6, or 22 for receivables from or psycholes to any current or former officers, directors, trustees, key employees, highest compensated employees, or disquartion provide a grant or other assistance to an officer, director, trustee, key	Paul	Checklist of Required Schedules (continued)	ı	Vos	Mo.
20a Did the organization operate one or more hospital saudilled financial statements to this return'. 20b	,			163	
Did the organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic government on Part IX, column (A), lime 17 if Yes," complete Schedule I, Parts and II. 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), lime 21 if Yes," complete Schedule I, A, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes," complete Schedule I, Parts I and III. 23 I bit the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002 if If Yes," answer lines 24b through 24d and complete Schedule K. If Yes," go to line 25s. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary parid exception?. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary parid exception?. 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary parid exception?. 24d Did the organization and soft (c)(2), 501(c)(4), and 501(c)(2)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit in a prior year, and that the transaction has not been reported on any of the organization profess. Profess of the through the year? If Yes," complete Schedule I, Part II. 25b Did the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, in glasst compensated employees, or disqualified persons in a prior year, and that the transaction has not been reported on any of the organization profess. Profess of the year of the year in the year of year of the year of year of the year of year of year of year	20 a	The fire organization operate one of more hospital lacinics in 100, complete constant in 1			
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domestic government on Part IX, column (A), line 17 if 17 ex. Countine Schedule I, Parts I and I. 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 27 if "ves," complete Schedule I, Parts I and III. 23 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 Decomber 31, 2002? if "res," answer lines 24b innough 24d and complete Schedule K. If "No," go to line 25a. 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 Decomber 31, 2002? if "res," answer lines 24b innough 24d and complete Schedule K. If "No," go to line 25a. 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 26c Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Saction 501(c)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization angue in an excess benefit transaction with a disqualified person and ring the year? "res," complete Schedule I., Part II. 28d In the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Year (2000) and 18d the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prome spot one spot any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Res," complete Schedule I, Part II. 28d Vas the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV. 29d Did the organization and or any	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		¥
Part IX, column (A), line 27 If "res," complete Schedule I, Parts I and III. 20 Did the organization answer "res" to Part IVI, 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 "res," complete Schedule I, and 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 "res," answer lines 24 through 24d and complete Schedule II. Who," go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? b Is the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? b Is the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? b Is the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payebles to any ourrend or former officers, directors, trustees, every employees, or disqualified persons? If "Yes," complete Schedule L, Part III. Did the organization provide a grant or other assistance to an officer, director, trustee, or key employee? A current of former officers, directors, trustee, o		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
Part IX, column (A), line 27 if "ves," complete Schedule Part IVI, Section A, line 3, 4, or 5 about compensation of the organizations naver "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensated employees? if "ves," complete Schedule J. 4. 23 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 "rows," cambridge Schedule A if "No", go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds after December 31, 2002? if "ros," cambridge Schedule Part IVI by "go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			y
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Nes," complete Schedule I. A. 23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
employees? If "res," complete Schedule J. 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. 34b Did the organization west any proceeds of tax-exempt bonds beyond a temporary period exception?. 34b Did the organization ministal an escrow account other than a refunding escrow at any time during the year? 34d Did the organization amount bonds? 34d Did the organization amount bonds? 35a Section 501(o)(3), 501(o)(4), and 501(o)(29) organizations. Did the organization angage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. 35b 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 apage 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 apage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not person any of the organization provide a grant or other assistance to an officer, director, trustee, key employees, or claqualified persons? If "res," complete Schedule I. Part II. 35b Did the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV. 36c A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV. 37c A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV. 37d Did the organization related to any tax-exempt or exable entity? If	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ļ		
employees? If "res," complete Schedule J. 24 12 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 "res," answer lines 24b through 24d and complete Schedule K. If No," go for line 25a. b Did the organization invest any proceeds of tax-exempt bonds bayond a temporary period exception?. 24b		organization's current and former officers, directors, trustees, key employees, and highest compensated	0.2		x
\$100,000 as of the last day of the year, that was issued after December 31, 20027 If "Yes," answer lines 24b through 24d and complete Schedule K. If No," go Io line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. 24b		employees? If "Yes," complete Schedule J	23		
through 24d and complete Schedule K If "No," go to line 25a. b) bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d c 25a Saction 601(c)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity fighty early if "Yes," complete Schedule L, Part I 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-EZ7 If "Yes," complete Schedule L, Part II is organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, wey 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. 28 Was the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than 255,000 in non-cash contibutions? If "Yes," complete Schedule M. 29 Did the organization receive more than 255,000 in non-cash contibutions? If "Yes," complete Schedule N, Part II. 29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net asset	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24c 24d 25a 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 of the properties of 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 spot or 500-527 if "Yes," complete Schedule L, Part I I. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III. 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 55% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II. Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV. A current or former officer, director, fusulse, or key employee? If "Yes," complete Schedule L, Part IV. A current or former officer, director, fusulse, or key employee? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M, Part II		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240	240		x
bid the organization maintain an escrow account other than a refunding escrow at any time ouring the year to deferease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 24d 25a Section 601(c)(3), 601(c)(4), and 601(c)(29) organizations. Did the organization engage 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 prior Forms 990 or 990-E27 / If "Yes," complete Schedule L, Part I 1 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 1 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, 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. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization soll, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 30 Did the organization soll, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1. 31 Did the organization have a controlled		through 24d and complete Schedule K. If "No," go to line 25a	244		
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transaction with a disqualified person during the year // *Yes," complete Schedule L, *Part // *Yes," complete Schedule L, *Part // *Zes," and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // *Zes," and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // *Zes," and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // *Zes," and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // *Zes, *Zes	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	252		x
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Schedule L, Part IV. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. The organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Nate All Form 990 filers are required to complete Schedule O.	_	A current or former officer, director, trustee, or key employee? If "Yes," complete			
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 192 Note All Form 990 filers are required to complete Schedule O.	d	A family member of a current of former officer, director, trustoc, or key omproved in 1987 compression.	28b		X
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, or IV, and Part V, line 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2 1. 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note. All Form 990 filets are required to complete Schedule O.		Schedule L, Part IV			
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N., Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. The limits of the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 192 Note. All Form 990 filets are required to complete Schedule O.	С	An entity of which a current of former officer, function, tradictor, or key officer of the start director, tradiced owner? If "Yes" complete Schedule L. Part IV.	28c		
Did the organization receive contributions of art, historical treasures, or other similar assets, or quainfed conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.		was an officer, director, trustee, or direct or indirect owners in 1965, complete Schedule M	29	X	
conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, line 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 122 Nate. All Form 990 filers are required to complete Schedule O.		Did the organization receive contributions of art historical treasures or other similar assets, or qualified			
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	Did the digalization receive contributions of air, motorious modules, or summer and air and air	30		X
Part I	24	Did the examination liquidate terminate or dissolve and cease operations? If "Yes," complete Schedule N,			
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	Dorf	31		X
complete Schedule N, Part II	22	Did the organization sell exchange dispose of or transfer more than 25% of its net assets? If "Yes,"			
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32	complete Schedule N Part II	32		X
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	00	sections 301 7701-2 and 301 7701-3? If "Yes." complete Schedule R, Part I	33		X
or IV, and Part V, line 1	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	04	or IV and Part V. line 1			
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
related organization? If "Yes," complete Schedule R, Part V, line 2	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	7.	related organization? If "Yes." complete Schedule R, Part V, line 2			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Part VI		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l u
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note. All Form 990 filers are required to complete Schedule O.		Part VI	37		<u> </u>
19? Note. All Form 990 filers are required to complete Schedule O. 38 X Form 990 (2016)	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
		19? Note. All Form 990 filers are required to complete Schedule O.			(2040)

Page 5

201	Statements Regarding Other IRS Filings and Tax Compilative			
	Check if Schedule O contains a response or note to any line in this Part V	 i	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
t.	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	
	reportable gaming (gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal or Wage and Tax		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Statements, filed for the calendar year ending with or within the year covered by this return Law	2b	X	<u></u> ''
b	It at least one is reported on line 2a, did the organization file all required federal employment tax returns t	411	7 1 1	100
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions),	3a		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	3b		
	It the a like of the find a Form 000 T for this year? If "No" to line 3b, provide an explanation in Schedule O	่อม	-	
4a	At any time during the calendar year did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40	Х	
	account)?	4a	7.75	
b	If "Ves." enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			43.
	(FDAD)	<u>.</u> 5а		X
5a	Wee the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
L	Did any tayable party notify the organization that it was or is a party to a promitted tax sheller transaction	5c		
_	using all to line 5e or 5h, did the organization file Form 8886-T?	- 30		-
6a	Does the organization have applied gross receipts that are normally greater than \$100,000, and did the	6a		Х
	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 of	6b		
	gifts were not tax deductible?		13,4	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	X	
	and services provided to the payor?	7b	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization feceive any funds, directly or indirectly, on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
Ť	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<u> </u>
g	to the appearant of the good and a contribution of cars, hoats, airplanes, or other vehicles, did the organization file a rotal 1030-01	7h		1.000
	Spanning organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	encycling organizations maintaining donor advised funds.	12333		
_	bid the energying organization make any taxable distributions under section 4966%	9a	 	-
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1.75, 1	. (C. /CA.)
10	Section 501(c)(7) organizations, Enter:			
_	2. Wester force and control contributions included on Part VIII. line 12	135	1-32	
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations, Enter:			
2	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	the second of from them	40-		
12a	Section 4947(a)(4) non-exempt charitable trusts. Is the organization filing form 990 in figure form 10417	12a	1	
b	of the the second of tax-exempt interest received or accrued during the year			
12	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	1	1
a	to the organization licensed to issue qualified health plans in more than one state?	isa		1 4 7 1
	Note. See the instructions for additional information the organization must report on schedule of			
b	Enter the amount of reserves the organization is required to maintain by the states in which	HOU		
	the organization is licensed to issue qualified health plans	13		
c		14a		X
4 4 ~	Did the organization receive any payments for indoor tanning services during the tax year?	141		
1.	H "Voe " bas it filed a Form 720 to report these payments? If "No," provide an expranation in Schedule O			

ParitAVI

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.

Sect	ion A. Governing Body and Management		Yes	No
	ا م	7 .2	108	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	111.5	y. Jepanie	
	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.	155		
b	Enter the number of voting members included in line 1a, above, who are independent Lab /			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			X
	any other officer director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	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		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			.,
	stockholders, or persons other than the governing body?	7b	15.3	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	12.5		1
•	the year by the following:	43.77		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			.,
-	the organization's mailing address? If "Yes." provide the names and addresses in Schedule U	9	<u> </u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə. <i>)</i>	T
			Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
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	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		,,	
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.,	
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11.5.7	i	ļ!
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
••	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1 (3. 3. 3. 7 (3. 3. 3. 3.		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NEW JERSEY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 (Section	501(c)(3)s	only)
10	available for public inspection. Indicate how you <u>made</u> these available. Check all that apply.	•		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
10	financial statements available to the public during the tax year.		·	
20	State the name, address, and telephone number of the person who possesses the organization's books and record MJ MONK, 150 MORRISTOWN ROAD., STE. 208 BERNARDSVILLE, NJ 07924 415-343-5632	s: ⊳		
20	MJ MONK, 150 MORRISTOWN ROAD., STE. 208 BERNARDSVILLE, NJ 07924 415-343-5632		000	

Part VIII

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......

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

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

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

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

Check this box if neither the organization nor	any related	orgai	niza	tion	cor	npens	sate	d any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any	(do n	ot ch	Posi neck s per lad	ition more rson	than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)SCIPIONE BORGHESE	4.00									_
CHAIR	0.	X		Х				0.	0.	0
(2)MANISH PATEL	2.00									0
BOARD MEMBER	0.	Х					ļ	0.	0.	0
(3)ALEXA CARVER	1.00			l	ĺ				о.	0
BOARD MEMBER	0.	Х					<u> </u>	0.	<u> </u>	
(4)SAM EDWARDS	1.00							0.	0.	0
BOARD MEMBER	0.	X				<u> </u>		0.	0.	
(5)AMANDA KELSO	1.00							0.	0.	0
BOARD MEMBER	0.	X	<u> </u>			<u> </u>	_	ļ	V.	
(6)REBECCA HOLMES	1.00]	ĺ					0.	0.	0
BOARD MEMBER	0.	X	<u> </u>		<u> </u>	 -	<u> </u>	V.		
(7)DALAMUZI MHLANGA	1.00							0.	0.	0
BOARD MEMBER	0.	X	-	<u>L</u> .	<u> </u>	ļ	<u> </u>		<u> </u>	
(8)KELLY KETTERSON	1.00							0.	0.	0
BOARD MEMBER	0.	X		<u> </u>	ļ	<u> </u>	1	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(9)KATIE MEYLER	40.00	-				1		95,000	0.	0
FOUNDER & CEO	0.	↓	<u> </u>	X	├-	ऻ	 —	95,000		-
(10)SAUL GARLICK	40.00			,,				120,000	0.	. 0
PRESIDENT	0.	<u> </u>	<u> </u>	X	_	<u> </u>	╄-	120,000		
(11)										
(12)										
(13)										
(14)					T					

	990 (2016) VIII Section A. Officers, Directors, Tru	stees. Ke	v Em	ola	vee	 es.	and F	ligi	nest Compensat	ed Employ	ees (co	ontinued)	rage o
Par	(A) Name and title	(B) Average hours per week (list any hours for	(do n box, office	ot ch unles	Pos neck s pe lad	c) ition more erson	than o	ne an ee)	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	ble on from i	(F) Estimate amount other compense	of ation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	organizat and rela organizat	tion ted
													•
				_		\vdash							•
C	Sub-total Total from continuation sheets to Part VII, S	ection A .						A A A	215,000		0. 0.		0. 0. 0.
2	Total (add lines 1b and 1c)	limited to	lhose	liste	d a	bov	e) wh	o re			of		
	reportable compensation from the organizatio			1					•			Ye	s No
	Did the organization list any former office employee on line 1a? If "Yes," complete Sched	lule J for su	ch inc	livid	uai							3	X
	For any individual listed on line 1a, is the organization and related organizations grindividual	eater that						»,	· · · · · · · · · · · · · · · · · · ·			4	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co es," comple	mper ete Sc	nsati hedi	ion ule .	froi J fo.	n any <i>r such</i>	ur per	related organizat	on or indiv	idual	5	X
900	tion B. Independent Contractors	neneated	inden	endi	ent	cor	tracto	ors	that received mor	e than \$100	0,000	of	
	complete this table for your live highest com- compensation from the organization. Report of year.	compensat	ion fo	r the	e ca	alen	dar ye	ear	ending with or wit	hin the orga	anizatio I		
	(A) Name and business ad	dress						_	(B) Description of s	ervices	((C) Compensatio	n
NO	NE												
								-					
		i - di - d	ut 20	4 lie	wito	\d +	o tho		listed above) who	received		Fire a feet	
	Total number of independent contractors (i more than \$100,000 in compensation from the	nciuding b ne organiza	ution	». III	inte	u l	0.	- -	motou abovoj wiic			Form 99	0 (2016
JSA 6E10	0238KA M261												GE 10

	Check if Schedule O contain			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>13</u> 40	Federated campaigns	1a					
tuno b	Membership dues						
Amo	Fundraising events						
p ar	Related organizations						
im e	Government grants (contributions	s). <u>1e</u>					
and Other Similar Amounts	All other contributions, gifts, gran and similar amounts not included about	ts,	1,534,884.				
O pu g	Noncash contributions included in line	es 1a-1f: \$	225,000.	1,534,884.			
	Total, Add lines 1a-1f	<u> </u>	Business Code				
Program Service Revenue							
2a Y b							
S C							
Ser a							
E e							
b f	All other program service revenu	e	b.	0.			
<u>g</u>	Total. Add lines 2a-2f	1 1 1 1 1 1	<u>, , , , , , , , , , , , , , , , , , , </u>	0.1			
3	Investment income (includ	ling divider	nds, interest,	4,393.			4,39
	and other similar amounts)	, , , , , , ,		9,333.			
4	Income from investment of tax	exempt bond	proceeds .	4,385.			4,38
5	Royalties	(i) Real	(ii) Personal				
		3,820.	 				
6a	Gross rents	3,0201					
b	Less: rental expenses	3,820.					
C	Rental income or (loss)		<u>.'</u>	3,820.			3,82
d 70	Gross amount from sales of	(i) Securities	(ii) Other				
7a	assets other than inventory						
	Less: cost or other basis						
b	and sales expenses		<u> </u>				
c	0.1 (1)					Hara de en la este en la altre	
d	11 1 1 // \		. <u></u>	0.			
ი 8a	Gross income from fundraising	ng					
on L	events (not including \$						
Ševe	of contributions reported on line		_				
F	See Part IV, line 18		a				
Other Revenue	Less: direct expenses			0.			
c			S				
9a			0				
	See Part IV, line 19 ,		4	기 로 하는 사람들은 사람들이 되었다.			
b	Less: direct expenses	alog activition	9	0.			
c			· · · · · · · · · · · · · · · · · · ·				
10a	Gross sales of inventory returns and allowances		3,550				
	Less: cost of goods sold		b0				
b	Net income or (loss) from sales	of inventory		3,550.	3,550.	1	
	Miscellaneous Revenue		Business Code				
11a	MISCELLANEOUS REVENUE		900099	8,062.	8,062.		+
11a					<u> </u>		
, c							
d	All other revenue		L			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
e	Total. Add lines 11a-11d		▶	8,062.	1	1 1 2 2 2 2 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4	12,5
12	Total revenue. See instructions			1,559,094.	11,612.	<u> </u>	Form 990 (20

ParitiX Statement of Functional Expenses

Sect	iteX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organization		1 0 1
	Check if Schedule O contains a respond include amounts reported on lines 6b, 7b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations	0.			-
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	12,821.	12,821.		
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors, trustees, and key employees	215,000.	147,598.	42,905.	24,497.
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	489,887.	336,308.	97,760.	55,819.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.		10 805	£ 41.C
9	Other employee benefits	80,875.	64,664.	10,795.	5,416. 954.
10	Payroll taxes	14,461.	9,927.	3,580.	934.
11	Fees for services (non-employees):				
а	Management	11,806.		11,806.	
b	Legal	50,089.		50,089.	
	Accounting ,	15,000.	15,000.	30,003.	
	Lobbying	0.	13,000.		
	Professional fundraising services. See Part IV, line 17,	0.			
	Investment management fees , . ,				
	Other. (If line 11g amount exceeds 10% of line 25, column	346,549.	250,697.	43,586.	52,266.
	(A) amount, list line 11g expenses on Schedule O.) ATCH 1.	0.	23070371	20/00/	
	Advertising and promotion	54,057.	8,275.	25,096.	20,686.
	Office expenses	9,942.	8,056.	943.	943.
	Information technology, , , ,	0.			
	Royalties	58,044.	20,173.	30,700.	7,171.
	Occupancy	110,953.	83,402.	2,525.	25,026.
	Travel				·
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	25,201.	14,978.	4,784.	5,439.
	i de la companya de	0.			
	Interest	0.			
	Depreciation, depletion, and amortization	21,128.	21,128.		
	Insurance	7,654.	7,654.		
	Other expenses. Itemize expenses not covered	1.			
	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.)	·			
a ⁽	OTHER EXPENSES	262,087.	262,087.		
b					
r.					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,785,554.	1,262,768.	324,569.	198,217.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	0.			
JSA	following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (2016)

Form 990 (2016)

	With the same of t	Balance Sheet			
Pau		Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		X
		Check il Schedule O comanio d response or mario	(A) Beginning of year		End of year
			690,295.	1	568,774.
	1	Cash - non-interest-bearing	0.	2	1,029,912.
		Savings and temporary cash investments	0.	3	0.
Ī	3	Pledges and grants receivable, net	612,500.	4	33,132.
	4	Accounts receivable, net			
- 1	5	Loans and other receivables from current and former officers, directors,		- 1	
		trustees, key employees, and highest compensated employees.	··· 0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6 7	0.
ets	7	Notes and loans receivable, net	2,084.	8	1,154.
Assets	8	Inventories for sale or use	0.		0.
,	9	Prepaid expenses and deferred charges	V.	9	
	10a	Land, buildings, and equipment: cost or			,
1		103 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	204,965.	100	153,138.
- 1	b	Less: accumulated depreciation	1,377,901.	-	6,481.
	11	Investments - publiciv traded securities			0.
	12	Investments - other securities, See Part IV, line 11			0.
	13	Investments - program-related. See Part IV, line 11	0	1.0	0.
	14	Intangible assets		-	0.
1	15	Other assets. See Part IV, line 11	0 007 745	1	1,792,591.
	16	Total assets, Add lines 1 through 15 (must equal line 34)	11 /67		15,553.
	17	Accounts payable and accrued expenses	11/10/		0.
	18	Grants payable	n		0.
	19	Deferred revenue			0.
	20	Tax-exempt bond liabilities			0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		12	
တ္	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and	n	. 22	0.
Ē		disqualified persons. Complete Part II of Schedule L			0.
: "	23	Secured mortgages and notes payable to unrelated third parties	- 0		0.
	24	Unacquired notes and loans payable to unrelated third parties		74	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part A	0	. 25	0.
		of Schedule D	11,467		15,553.
	26	Total Habilities, Add lines 17 through 25	11,407	120	
		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	0.000		1,777,038.
ဋ	27	Unrestricted net assets	2,647,046		0.
<u>a</u>	28	Temporarily restricted net assets	229,232		0.
<u>п</u>	29	Permanently restricted net assets	0	. 29	1:
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	<u> </u>
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	i	32	1 777 020
et	33	Total net assets or fund balances	2,010,210		1,777,038.
_	34	Total liabilities and net assets/fund balances	2,887,745	. 34	1,792,591. Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form **990** (2016)

3a

Х

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization					26-25991						
MORE THAN ME FOUNDATION,	INC.		. 1 . 1 .	H. i							
Part Reason for Public Char	ity Status (All o	rganizations must co	omplete	this pai	rt.) See instructions.						
The organization is not a private foun	dation because it	is: (For lines 1 throug	n 12, cne	eck only o	one dox.)						
1 A church, convention of chur	ches, or associat	ion of churches descri	bed in se	ection 17	/U(D)(1)(A)(I).						
2 A school described in section	n 170(b)(1)(A)(ii).	(Attach Schedule E (Form 99	n or 880-	EZ).)						
A boonital or a cooperative t	nosnital service or	ganization described in	rsection	1 170(13)(1)(A)(III).	(III) Fular tha					
4 A medical research organiza	ation operated in o	conjunction with a hos	pital des	cribed in	section 170(b)(1)(A)	(III). Enter the					
the witally name offer and ofe	ito:										
5 An organization operated for	or the benefit of a	a college or university	owned	l or opei	rated by a governme	ntal unit described iii					
section 170(b)(1)(A)(iv), (Co	omplete Part II.)										
A fodoral state or local nov	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).										
7 X An organization that norma	Ily receives a sub	stantial part of its sup	oport fro	m a gov	ernmental unit or fro	om the general public					
described in section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
a A community trust describer	t in section 170/b)(1)(A)(vi), (Complete	Part II.)								
An agricultural research arm	anization describe	d in section 170(b)(1)	(A)(Ix) <	perated	in conjunction with a	land-grant college					
or university or a non-land-g	rant college of ag	riculture (see instructi	ons). Er	ter the r	name, city, and state of	f the college or					
. 14											
university:	ly receives: (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	nip fees, and gross					
An organization that normall receipts from activities relat support from gross investments.	ed to its exempt f	unctions - subject to c	ertain e	xception	s, and (2) no more tha	n 331/3 % of its					
support from gross investme	ent income and ur	related business taxa	ible inco	me (less	s section 511 tax) from Part III \	Dusinesses					
acquired by the organization An organization organized a											
	no operated excit	isively to test for pack	of to ne	erform th	e functions of or to o	arry out the purposes					
of one or more publicly sup	no operated excit	isively for the benefit	ion EDD	allal or	section 509(a)(2). S	ee section 509(a)(3).					
of one or more publicly sup	ported organizati	ons described in sect	ion obol	a)(i) oi Lorganiz	ation and complete lit	nes 12e, 12f, and 12g,					
Check the box in lines 12a th	rough 12d that de	escribes the type of st	ibborniré	y organiz	ation and complete in	tunically by giving					
a Type I. A supporting orga	nization operated	, supervised, or contro	olled by	its suppo	orted organization(s),	typically by giving					
the supported organization	n(s) the power to	regularly appoint or el	ect a ma	ajority of	the directors or maste	es or the					
augnorting organization V	ou must complet	e Part IV. Sections A	and B.								
b Type II. A supporting orga	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by naving					
control or management of	f the supporting o	rganization vested in	the sam	e person	is that control or man	age the supported					
organization(e) Valumust	complete Part IV.	. Sections A and C.									
Type III functionally integ	rated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	lly integrated with,					
ita aumortad arganizationi	(e) (eee instruction	s) You must complet	te Part l'	V, Sectic	ons A, D, and E.						
J Tune III non-functionally i	integrated, A SUD	portina organization o	perated	in conne	ection with its suppor	ted organization(s)					
that is not functionally inte	orated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness					
roquirement (see instruction	ons) You must co	omplete Part IV, Secti	ions A a	nd D, and	d Part V.						
V of all this havilthoorgo	nization received :	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III					
functionally integrated, or	Type III non-funct	ionally integrated sup	portina d	organizat	ion.						
	organizations	ionany mogrator				,					
g Provide the following information	organizations	orted organization(s).									
(i) Name of supported organization	(ii) EiN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of					
(I) Name of supported organization	(11) 1-111	(described on lines 1-10	listed in yo	ar governing	support (see	other support (see instructions)					
		above (see instructions))	dœu Yes	ment?	instructions)	Illistractions)					
			103	,,,,							
(A)			:								
(B)											
				-							
(C)											
(D)											
\/											
(E)											
(-)			 	ļ ·							
Total			1].							
Total			1	l·]	<u> </u>					

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Part III. If the organization rail	s to quality an	QO, 1110 10 10 11				
Sect	ion A. Public Support			(-) 2011	(d) 2015	(e) 2016	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(0) 2010	(0) 10 10	- Cr
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	74,483.	811,125.	3,408,756.	1,984,177.	1,534,884.	7,813,425.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge					1,534,884.	0. 7,813,425.
4	Total. Add lines 1 through 3,	74,483.	811,125.	3,408,756.	1,984,177.	1,334,004.	7,010,100
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						3,272,590.
_	shown on line 11, column (f)						4,540,835.
6							
	tion B. Total Support	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	indar year (or fiscal year beginning in)	74,483.	811,125.	3,408,756.	1,984,177.	1,534,884.	7,813,425.
7 8	Amounts from line 4			3,148.	12,327.	12,598.	28,193.
9	Net Income from unrelated business activities, whether or not the business is regularly carried on		600.				600.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1			9,894.	31,367.	8,062.	49,323. 7,891,541.
11	Total support. Add lines 7 through 10					12	30,701.
12	Gross receipts from related activities, etc. ((see instructions)					
13	First five years. If the Form 990 is organization, check this box and stop here	· • • • • • •	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	nd, third, fourth,	or fifth tax ye	ear as a section	▶
Sec	ction C. Computation of Public Sur	port Percenta	ige	44 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		14	57.54%
14	Public support percentage for 2016 (line 6, column (t) divided by line) 11, column (i))		15	53.64%
15	Public support percentage from 2015	Schedule A, Pa	art II, line 14	hav an line 12	and line 14 is		re, check
16a	Public support percentage from 2013 331/3% support test - 2016. If the	organization did	not check the	oox on mie 13 otod organizatio	n, and mic 17 i		▶ X
Ŀ	this box and stop here. The organizate 331/3% support test - 2015. If the check this box and stop here. The org	organization dir	inofcheck a D	១០០០០ ពេក	OF IOA, AND IIII	E 10 10 00 110 10	, 5,,
17a	10%-facts-and-circumstances test -	2016. If the or	ganization did i ote-and-circums	tot check a box stances" fest, cl	heck this box a	and stop here.	Explain in
ţ	Part VI how the organization meets organization	the "facts-and- 2015. If the organization meets the	circumstances	not check a box nd-circumstances mstances" test.	x on line 13, 10s" test, check The organizati	6a, 16b, or 17a this box and s on qualifies as	, and line top here. a publicly
18	supported organization Private foundation. If the organization instructions	in did not check	a box on line 14	2, 108, 100, 110	a, 01 170, 01100		▶ □
	instructions		· · · · · · · · · · · · · · · · · · ·			Schedule A (Form	990 or 990-EZ) 201

Page 3

7000 CONTRACTOR (CONTRACTOR)				~ 1 /1	ra. 11			4.5	PAA1-110	٠.
A CONTRACTOR OF THE	Commence	CARAGUIA	Enr 1	Traditatione.	LIACCPIN	an n	1 30	กการร	MINIMAILA	1
81 S. J.	2211111111111111	acheume	101 (Organizations	PASOLIN	cu II	, 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OVV(U)(E	• •
	eabber.									•

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	i					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	:					
	organization without charge ,						
6	Total, Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			:			
•	line 6.)	,					
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6,						
	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar	· ·					
	SOURCES						,
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			ļ			
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	:					t
	(Explain in Part VI.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,						Ì
	and 12.)	a the second	llania first soci	nd third fourth	or fifth fav u	ear as a senting	501(c)(3)
14	First five years. If the Form 990 is t	or the organiza	tion's tirst, seco	no, uma, rourus	, or tittle tax y	ear as a scottor	001(0)(0)
	organization, check this box and stop here						
	tion C. Computation of Public Sup	port Percenta	d by line 12 colu	mp (f)\		15	%
15	Public support percentage for 2016 (line 8					16	<u>%</u>
16	Public support percentage from 2015 Sche					10	70
	tion D. Computation of Investmen			(2) calumn (6)		17	%
17	Investment income percentage for 2016 (li						
18	Investment income percentage from 2015	schedule A, Part	m, me 1/		d line 4F is mo-	18	
19 a	331/3% support tests - 2016. If the org	janization did no	ot check the box	c on line 14, and	u IIIIE 15 IS IIIOI	e man 20113 70,	ization >
	17 is not more than 331/3 %, check th	is box and stor	nere. The org	anization qualifies	s as a publicly	supported organ	a % and
b	331/3% support tests - 2015. If the orga	inization did not	cneck a box on	ine 14 of line 19	ea, and the 16 K		ization >
	line 18 is not more than 331/3 %, check	this box and st	top here. The or	ganization qualific	es as a publicly	supported organ	ructions b
20	Private foundation. If the organization	aid not check :	a box on line	14, 19a, or 19b	, check this bo	A and see mst	ructions 👂 📗

Partily Supporting Organizations

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

	Sections A, D, and E. if you checked 12d of Part I, complete Sections A and D, and complete Par	(V.)		
Sect	ion A. All Supporting Organizations		Vas	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	INO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	· .	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7_		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	:	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			[:

10b

determine whether the organization had excess business holdings.)

Schedul	e A (Form 990 or 990-EZ) 2016		F	age U
Pariti			Yes	NI.o.
	f	. :	165	180
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		Voo	No
			Yes	NO.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		37	NI -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Socti	on D. All Type III Supporting Organizations			
36011			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3_		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance of the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
C	THE organization supported a governmental chart, bossins are also than year after the		Yes	No
2	Activities Test. Answer (a) and (b) below.	-		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		-
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		:
b	- 1. It is a received a substantial degree of direction over the policies, programs, and activities of each	3b		

chedule A (Form 990 or 990-EZ) 2016	zations	The state of the s	I Ogu V
Party Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	fruet or	Nov 20 1970 (exolai	n in Part VI). See
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	io seu ij ationa n	nust complete Section	ns A through E.
instructions. All other Type III non-functionally integrated supporting organization	11011011		(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		(D) Ownerst Voor
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	:		•
Instructions for short tax year or assets find to part or year,	1a		
a Average monthly value of securities	1b		
b Average monthly cash balances c Fair market value of other non-exempt-use assets	1c		
	1d		
d Total (add lines 1a, 1b, and 1c)			in '
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets	3		
3 Subtract line 2 from line 1d.			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4		
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035.	7		
7 Recoveries of prior-year distributions	8		
8 Minimum Asset Amount (add line 7 to line 6)	-10		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	<u>,</u>	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
to the direction (and instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integi	rated Type III supportii	ng organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2016

The second secon	ule A (Form 990 or 990-EZ) 2016	Comparing Overage	tions (continued)	Page 7
Pan		Supporting Organiza	uons (conunueu)	0
	ion D - Distributions	*	Mary Mary Control of the Control of	Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes or support	ea	
	organizations, in excess of income from activity		liana	
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets		Tanas III.	<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	#		
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	,
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013,			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	:		
h	Applied to 2016 distributable amount		:	
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	; ·		
	Section D, line 7:			
а	Applied to underdistributions of prior years	Ċ.		
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013,			
C	Excess from 2014	· ·		
d	Excess from 2015			
е	Excess from 2016	-		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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

PART II

THE AUDIT OF THE BOOKS AND RECORDS OF THE FOUNDATION IS NOT YET COMPLETE. THE INFORMATION CONTAINED IN SCHEDULE A, PART II MAY CHANGE AS A RESULT OF THE AUDIT. IT IS THE INTENTION OF THE FOUNDATION TO FILE AN AMENDED

FORM 990, AS NECESSAF	RY.				ATTACHMENT	1
SCHEDULE A, PART II	- OTHER INC	OME				
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISC. INCOME			9,894.	31,367.	8,062.	49,323.
TOTALS			9,894.	31,367.	8,062.	49,323.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2016

▶ 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.

Employer identification number

MORE THAN ME FOUNDATION	on, INC.	26-2599199			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation			
	501(c)(3) taxable private foundation				
Check if your organization is cov Note: Only a section 501(c)(7), instructions.	rered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See			
General Rule					
For an organization fil or more (in money or contributor's total con	ing Form 990, 990-EZ, or 990-PF that received, during the year, contrib property) from any one contributor. Complete Parts I and II. See instruct tributions.	utions totaling \$5,000 iions for determining a			
Special Rules					
regulations under sec	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contribution he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	ns of the greater of (1)			
contributor, during the literary, or educations	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that e year, total contributions of more than \$1,000 <i>exclusively</i> for religious, o al purposes, or for the prevention of cruelty to children or animals. Comp	lete Parts I, II, and III.			
For an organization described in section 501(c)(7), (8), or (10) filling 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 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 religious, charitable, etc., contributions totaling \$5,000 or more during the year		ons that were received e parts unless the ole, etc., contributions			
Caution: An organization that is	en't covered by the General Rule and/or the Special Rules doesn't file Sc	hedule B (Form 990, a H of its Form 990-EZ or on its			

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 filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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)

Employer Identification number 26–2599199

Partil	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	
1.	MOONDANCE FOUNDATION C/O KPMG 3 ASSEMBLY SQUARE BRITANNIA QUAY CARDIFF UNITED KINGDOM CF10 4AX	\$605,950.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution	
2	NOVO FOUNDATION 535 5TH AVE NEW YORK, NY 10017	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	EXXONMOBIL CORPORATION 5959 LAS COLINAS BLVD IRVING, TX 75039	\$57,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
No. 4	LIKE A RIVER FUND 221 S FIGUEROA ST #400 LOS ANGELOS, CA 90012	\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	ROBIN D'ALESSANDRO 47 EGERTON CRESCENT LONDON UNITED KINGDOM SW3 2ED	\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	SEGAL FAMILY FOUNDATION 776 MOUNTAIN BLVD, SUITE 202 WATCHUNG, NJ 07069	\$100,650.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Ì	Employer Identification	number
l	26-2599199	

a)	Contributors (See instructions). Use duplicate copies (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	GOOD360 675 N. WASHINGTON STREET, SUITE 330 ALEXANDRIA, VA 22314	\$\$	Person Payroil Noncash (Complete Part II for noncash contributions.)
 (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) 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) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 26-2599199

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Partill (c) (d) (a) No. FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I SCHOOL UNIFORMS 7 225,000. 06/01/2017 (c) (d) (a) No. (b) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I (c) (d) (a) No. (b) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I (c) (d) (a) No. FMV (or estimate) (b) Date received from Description of noncash property given (See instructions) Part I (c) (d) (a) No. FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I (c) (d) (a) No. FMV (or estimate) Date received from Description of noncash property given (See Instructions) Part I

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Employer Identification number 26-2599199

(10) the form	that total more than \$1,000 for the	year from any one contribu- completing Part III, enter the ear. (Enter this information on	described in section 501(c)(7), (8), or utor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc., ce. See instructions.) ▶ \$			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gift				
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of glft	(d) Description of how gift is held			
	Transferee's name, address, and 2	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of glft	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	r of gift Relationship of transferor to transferee			
_						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ. Complete if the organization is described below. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization 26-2599199 MORE THAN ME FOUNDATION, INC. Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ Part B Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ \$ _____ No Yes No Part I-G Complete if the organization is exempt under section 501(c), except section 501(c)(3). b If "Yes," describe in Part IV. Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? ... Land the filing organization file Form 1120-POL for this year? ... Land the filing enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political (d) Amount paid from (c) EIN (b) Address contributions received and (a) Name filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-. (1) (2) (3)(4) (5) (6)Schedule C (Form 990 or 990-EZ) 2016

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

Section 601(11): Section 601(11): Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ▶ if the filing organization checked box A and "limited control" provisions apply. Check ▶ If the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group totals (a) Filing organization checked box A and "limited control" provisions apply. (b) Filing organization checked box A and "limited control" provisions apply. (c) Filing organization the control provisions apply. (d) Cher exempt purpose expenditures to influence a legislative body (direct tobbying). (d) Cher exempt purpose expenditures (add lines 1 and 1b). (d) Cher exempt purpose expenditures (add lines 1 and 1b). (e) Filing organizations totals group totals (f) Chellowing expenditures (add lines 1 and 1b). (f) Columns. If the amount on line 1c, column(a) or (b) is The lobbying neatexable amount is: If the amount on line 1c, column(a) or (b) is The lobbying neatexable amount is: If the amount on line 1c, column(a) or (b) is The lobbying neatexable amount is: If the amount on line 1c, column(a) or (b) is The lobbying neatexable amount is: If the amount on line 1c, column(a) or (b) is The lobbying neatexable amount is: If the amount on line 1c, column(a) or (b) is The lobbying neatexable amount is: If the amount on line 1c, column(a) or (b) is The lobbying neatexable amount is: If the amount on line 1c, column(a) or (b) is The lobbying neatexable amount is: If the filing organization line 1c, if zero or less, enter 0. If the filing organization line 1c, if zero or less, enter 0. If the filing organization line 1c, if zero or less, enter 0. If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 If there		, musai me eo	JINDATION - INC			599199 Page 2
Section 507(III). Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing organization the checked box A and "limited control" provisions apply. (b) Affiliated group totals a Total lobbying expenditures to influence public opinion (grass roots lobbying). b Total lobbying expenditures to influence a legislative body (direct lobbying). c Total lobbying expenditures (add lines 1a and 1b). d Other exempt purpose expenditures (add lines 1a and 1d). c Total lobbying expenditures (add lines 1a and 1d). c Total lobbying purpose expenditures (add lines 1a and 1d). c Total lobbying purpose expenditures (add lines 1a and 1d). columns. If the amount on line 1e, column (a) or (b) is The lobbying nontaxable amount 1s: Rot over \$500,000 but not over \$1,000,000 20% of the amount on line 1e. Over \$5,000,000 but not over \$1,000,000 \$100,000 but 18% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 buts 8% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 buts 8% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 2 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract line 1g from line 1a. If zero or less, enter -0. 1 Subtract li	edule C (Form 990 or 990-EZ) 2016 MORE	ction is evenu	t under section 5	01(c)(3) and file	d Form 5768 (elec	tion under
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(150% of line 2d, column (e))		<u></u>			: '	
F. Grassronts Johnving expenditures	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Pan	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	1 1110	a For	m 97)0		
		(8	1)		(£)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	ount	
	During the year, did the filing organization attempt to influence foreign, national, state or local		s.;;;				
1	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:		X				
a	Volunteers?	X					
b	Paid start of management (include compensation in expenses reported on the days in the		X				
C	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?	-	Х				
f	Grants to other organizations for lobbying purposes?	X				15	,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
į	Other activities?					15	,000
j	Total. Add lines 1c through 1i		X				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		-				
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	/-\/C					
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(b)	, or s	ecuc	H		
	501(c)(6).					Yes	No
					1	163	140
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 fro	m the	prior	year	3		<u> </u>
Fai	Time-1 Complete if the organization is exempt under section 501(c)(4), Section 501	(C)(5	, or a	ecuc	111	. 0 !-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	OR (b) Pa	IFT III	A, 1106) J, 15	
	answered "Yes."						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts	of	1.17			
-	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
a b	Carryover from last year			2b			
	Total			2c			
C	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	n of t	he		l		
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyi	na		l		
	excess does the organization agree to carryover to the reasonable confined or northward	, .		4			
5	and political expenditure next year?	<u> </u>	<u> </u>	5			
	Supplemental Information						
Drov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d gro	up lis	t); Par	t II-A,	lines 1	1 and
~10V	the descriptions required for Fatt 17 time 1, Fatt 1-1 and 1,	•	•				
2 (50	e Histractions), and tale it by the transfer the parties the						
,							

Page 4

Schedule C (Form 990 or 990-EZ) 2016

Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Internal Revenue Service Employer identification number Name of the organization MORE THAN ME FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Partil Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ន Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1............. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1.....

Schedule D (Form 990) 2016

▶ \$

		THAN ME FOON	DATION	11101					Pag	e 2
ched	ale D (Form 990) 2016 Organizations Maintaining	O.11	Auf Hicko	rical Tr	2211128	or Oth	er Similar Asse	ts (cont		
Pail	Organizations Maintaining Using the organization's acquisition,	Collections of	hor record	check	any of the	e followi	ng that are a sig	nificant u	se of	its
3	Using the organization's acquisition,	accession, and ot	Her record	s, Check	arry or a	10 10110111				
	collection items (check all that apply):		d \square	Loanor	r eychano	e progran	ns			
а	Public exhibition		e	Other	CAGITATIS	o p. 05				
b	Scholarly research		e [Offici _						
C	Preservation for future generation Provide a description of the organization of the organization provides a description of the organization of the organization provides a description of the organization of the organization provides a description of the organization	ONS Maria callactions	and avalai	n how th	ev furthe	er the ora	anization's exemp	ot purpos	e in P	art
		ation's collections	anu explai	II HOW U	icy faithe		•	. ,		
	XIII. During the year, did the organization s	allali ar ragolyo de	anations of	art histo	rical freas	sures, or o	ther similar			
5	During the year, did the organization s assets to be sold to raise funds rather	than to be maintai	mad se nar	t of the o	raanizatio	n's collec	tion?	Yes		No
20/10/02/02/02										
201	Escrow and Custodial Arran Complete if the organization	ngementa. Sancwared "Yes"	on Form	990. Pa	rt IV. line	9, or re	ported an amour	nt on For	m	
	Complete if the organization	I allswelled Too	On Com	000,		•	•			
	990, Part X, line 21. Is the organization an agent, trustee,	custodian or othe	r intermedia	ary for co	ontribution	ns or other	assets not			
1a	Is the organization an agent, trustee, included on Form 990, Part X?	Custoulan of other	HICHHOUN	21, 10, 00				Yes		No
	included on Form 990, Part X7,	ort VIII and comp	the follo	wina tab	le:					
b	If "Yes," explain the arrangement in P	alt Alli aliu comp		J111119 1442	Γ		Amount			
					1	c				
C	Beginning balance			, , .	1	d				
d	Additions during the year				1	e				
_	Distributions during the year Ending balance				11	T I				
f		int on Lorna Utill F	ort X HOP	/ : NJ ₩	SULUYY OL	Custouiui	account liability?	Yes		No
2a	If "Yes," explain the arrangement in F	Part XIII Check he	re if the ex	olanation	has been	provided	on Part XIII ,,,		<u>.ll</u>	
		ajezani. Oncox iii		***************************************						
i di	Endowment Funds. Complete if the organization	n answered "Yes	on Form	990, Pa	art IV, line	∍ 10				
	Complete it the organization	(a) Current year	(b) Prior	year	(c) Two y	ears back	(d) Three years back	(e) Four	years b	ack
		54,446.	96	5,525.		9,232.				
1a	Beginning of year balance		14	1,230.	9	4,008.				
b	Contributions									
C	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е		54,446.	5	6,289.	22	26,715.				
_	and programs									
t	Administrative expenses		5-	4,466.	9	6,525.				
g	End of year balanceL Provide the estimated percentage of	the current year	end balance	e (line 1g.	column (a	a)) held as	:			
2	Board designated or quasi-endowmer	nt ▶	%	` .						
h	Permanent endowment	%								
c	Temporarily restricted endowment ▶	%								
	The necessite age on lines 2a, 2h, and	d 2c should equal 1	100%.							
3a	Are there endowment funds not in the	e possession of th	ne organiza	tion that	are held	and admi	nistered for the	1	Yes	No
• •	organization by							3a(i)	103	X
	an amendated argonizations									X
b	If "Yes" on line 3a(ii), are the related	l organizations liste	d as require	a on scr	leanle Kr	• • • • •		. 50		
4	m u · D - t VIII the intended use	ae af the arasnizs	tion's endo	wment tu	nas.					
-	Land, Buildings, and Equip Complete if the organization	ment.	e" on For	n 990 F	Part IV. Ii	ne 11a. S	See Form 990, P	art X, lin	e 10.	
	Complete if the organization of property	on answered 1e	other basis	I (D) COSU	Of Office Dasi			(d) Book v	alue	
		(Inves	tment)	. (0	other)	dep	reciation			
1a	Land									
b	Buildings				61 05	. -			61,2	250
C	Leasehold improvements			 	61,25		37,745		51,9	
d	Equipment				89,69		31,143		39,9	
е	Other			<u> </u>	39,94				.53,1	
Tota	al. Add lines 1a through 1e. (Column ('d) must equal Foп	n 990 <u>,</u> Part	X, colum	n (B), line	10c.)			. 557 -	

		A
Pao	e	•

Part VIII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11b. See Form 990, Part X, line 12.
*****	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests	,	
	Hold oquity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	0, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
THE PERSON NAMED OF THE PE	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.), , , , ,	
PartX	Other Llabilities. Complete if the organization answered line 25.	"Yes" on Form 990	0, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book val	ue
	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	D	
			the organization's financial statements that reports the

MORE THAN ME FOONDALLOW, INC.	Page 4
Schedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	•
Reconciliation of Revenue per Audited Financial Statements Was reconciliation and Province Per Audited Financial Statements Was reconciliated Financial Statements Financial Statements Was reconciliated Financial Statements Financial Financial Statements Financial Statements Financial Financ	
Complete if the organization answered Tes our own oos, sales	1
1 Total revenue, gains, and other support per audited financial statements	
to the first ided on line 1 but not on Form 990, Part VIII, line 12.	
the course alleged going (losses) on investments	
· · · · · · · · · · · · · · · · · · ·	
c Recoveries of prior year grants	80
d Other (Describe in Part XIII.)	2e
and the Arterial Complete Arterial Complete Comp	3
	1
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) c Add lines 4a and 4b	4c
c Add lines 4a and 4b	5
	ırn.
Reconciliation of Expenses per Audited I matter of Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
Complete if the organization and the temperature and the state of the	1
1 Total expenses and losses per audited financial statements	
a containded on line 1 but not on Form 990, Part IA, line 20.]
The state of the state of facilities]
The second disentence of the second s]
	1 1
	3
a Cubtract line 2e from line 1	=
t to todad on Form 000 Part IX line 25, Dut 100 011 1110 1.	
	1
	4c
	
c Add lines 4a and 4b	<u> </u>
Part VIII Supplemental information.	Part V line 4: Part X, line
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F Provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	rmation.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 25, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforced part XII, lines 2d and 4b; and Part XII, lines 2d and 4b.	
PART XI & PART XII	
THE AUDIT OF THE BOOKS AND RECORDS OF THE FOUNDATION IS NOT YET COMPLETE	
THEREFORE NO INFORMATION IS CONTAINED IN SCHEDULE D, PART XI & XII.	
THEREFORE NO INCOMMISSION	
	Schedule D (Form 990) 2016

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Page 5

Pent Sill Supplemental Information (continued)

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990.
 ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 26-2599199 MORE THAN ME FOUNDATION, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) is (f) Total (d) Activities conducted in the (c) Number of (b) Number of (a) Region expenditures for a program service, describe specific type of region (by type) (such as, offices in the employees, and investments agents, and independent fundraising, program services, region service(s) in the region in the region investments, grants to recipients located in the region) contractors in the region 12,821. GRANTMAKING (1) SUB-SAHARAN AFRICA EDUCATIONAL/EBOLA 1,260,816. PROGRAM SERVICES 1. (2) SUB-SAHARAN AFRICA (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)1,273,637. 60.

c Totals (add lines 3a and 3b) 1. 60.

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Sub-total........

Total from continuation sheets to Part I......

1,273,637. Schedule F (Form 990) 2016

MORE THAN ME FOUNDATION, INC.

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 (i) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance (g) Amount of noncash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. AA by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region Enter total number of other organizations or entities. (b) IRS code section and EIN (if applicable) (a) Name of organization (16) 3 (3) 4 <u>Σ</u> 9 12 የን 3 9 6 8 9 ~ 9 4 m

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MORE THAN ME FOUNDATION, INC.

Schedule F (Form 990) 2016

Page 3

Page 4

Page 4

Page 4

Part III can be duplicated if additional space is needed.

(d) Amount of (e) Manner of cash cash grant disbursement assistance disbursement assistance cash disbursement assistance cash cash cash cash cash cash cash cash	12,821.																			
tional space is necessu. (b) Region (c) Number of recipients	SUB-SAHARAN AFRICA													•						
(a) Type of grant or assistance (b) Region (b) Region		(1) GRANIS	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(42)	16	(13)	(14)	(18)	(16)	(17)	

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ρ	an	e	4

Pari	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Part V Supplem

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I - LINE 2

THE FOUNDATION HAD TWO AGENTS IN LIBERIA WHO MONITORED THE SCHOLARSHIP RECIPIENTS TO ENSURE THEY WERE ATTENDING SCHOOL.

THE AUDIT OF THE BOOKS AND RECORDS OF THE FOUNDATION IS NOT YET COMPLETE.

THE INFORMATION CONTAINED WITHIN SCHEDULE F MAY CHANGE UPON COMPLETION OF

THE AUDIT. IT IS THE INTENTION OF THE FOUNDATION TO FILE AN AMENDED FORM

990, AS NECESSARY.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Decomplete 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

dula ! /Form 990 or 990-F7) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public

Internal Revenue Service	> imotination abo	int of lleania r /	LOHIS SO	0 01 99	in-eri ann ie ii	ion uch	7113 13 Lt 1117 11711 0.90	.,,,,,,,,,,,					
Name of the organization								Employer			numbe	r	
MORE THAN ME FOUN								····	2599	199	•••••		
Parial Excess Benef	it Transactions e organization a	(section 501	i(c)(3), es" on l	secti Form	on 501(c)(4) 990, Part I\	, and /, line	501(c)(29) orga 25a or 25b, or Fo	nizations orm 990	only). -EZ, P	art V,	line 40	Ob.	
oomploto ii tii	o organization.	•			disqualified pers								Corrected?
 (a) Name of disqualifi 	ed person	(b) Relation		rganiza		VII allu	(c) D	escription	of trans	action		Υe	s No
(1)													
(2)									,				
(3)													
(4)													
(5)													
(6)													
2 Enter the amount o													
under section 4958									🕨	• \$ _			
3 Enter the amount of	tax, if any, on li	ine 2, above,	reimbu	ırsed	by the organ	nizatio	n		🗈	• \$ _			
			,						<u></u>				
Pan III Loans to and/	or From Interes	sted Persons	3 .								16.0		
Complete if th	e organization a	answered "Y	es" on l	Form	990-EZ, Pa	rt V, li	ine 38a or Form 9	990, Par	t IV, lin	ie 26;	or if ti	1 Ө	
organization re	eported an amo	unt on Form	990, P	an x	, line 5, 6, or	22.							
(a) Name of interested person	(b) Relationship	(c) Purpose of	(d) Loan		(e) Origina		(f) Balance due	(g) in	default?	(h) Ap	proved	(i) W	
	with organization	loan	from to		principal am	ount					oard or inittee?	agreer	nentr
			<u> </u>				:		T		1	:	
			To I	mon=				Yes	No	Yes	No	Yes	No
(1)					,							-	ļ
(2)			!						-		ļ		<u> </u>
(3)			 						 				<u> </u>
(4)									1	<u> </u>	ļ		
(5)			 					_		<u> </u>			
(6)			1										
(7)			 				-		İ		<u> </u>		
(8)		<u> </u>											
(9)			1	-				_					
(10)			<u> </u>					1				<u> </u>	
Total		<u> </u>	· · · · ·			. 🔛	ቅ	<u> </u>	· ·.	<u> </u>			
Part III Grants or Ass	istance Benefit e organization a	ing interest	ea Pers	ions.	QQQ Part IV	line 2	7						
									(0)	Purno	se of as	istance	
(a) Name of interested person	(b) Relationshi person and	p between intere	sted (c)	Amour	nt of assistance		(d) Type of assistance		(0)	Fulpo	50 OI as:	sistante	
(1)							_,.,,						
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)	1		1										

Schedule L (Form 990 or 990-EZ) 2016

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
				Yes	No
(1) SCIPIONE BORGHESE	CHAIR	20,000.	BOOKKEEPING SERVICES & RENT		х
(2)					ļ .
(3)					
(4)					ļ
(5)					ļ
(6)					
(7)				-	\vdash
(8)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(9)					\vdash
10)					

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

Description Complete If the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047
2016
Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

MORE THAN ME FOUNDATION, INC.

Employer identification number

26-2599199

LEO	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) f deter tributio	minin on amo	g ounts
1	Art - Works of art							
2	Art - Historical treasures			· · · · · · · · · · · · · · · · · · ·				
3	Art - Fractional interests						•	
4	Books and publications							
5	Clothing and household							
v	goods,	Х		225,000.	FMV			
6	Cars and other vehicles							
7	Boats and planes		,					
8	Intellectual property						•	
9	Securities - Publicly traded			***************************************				
10	Securities - Closely held stock	1,						
11	Securities - Partnership, LLC,						.,	
• •	or trust interests				- Landard Maria			
12	Securities - Miscellaneous							
13	Qualified conservation						-	
	contribution - Historic							
	structures							
14	Qualified conservation							•
• •	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial	•						
17	Real estate - Other							
18	Collectibles, ,							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy	1						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ▶()							,
27	Other ▶(1						
28	Other ►(
29	Other ▶() Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for				
	which the organization completed F	orm 8283, I	Part IV, Donee Acknowledge	ement	29			
	· ·						Yes	No
30a	During the year, did the organizati	on receive	by contribution any proper	ty reported in Part I, lines	3 1 through		1.5	
	28, that it must hold for at least th	ree years fr	om the date of the initial	contribution, and which is	n't required]. !		
	to be used for exempt purposes for	the entire ho	olding period?			30a		X
b	If "Yes," describe the arrangement in	n Part II.						
31	Does the organization have a	gift accept	ance policy that require	s the review of any r	nonstandard			
	contributions?					31		X
32a	Does the organization hire or use							
	contributions?,					32a		X
b	If "Yes," describe in Part II.							₹. + [₹] .
33	If the organization didn't report an a	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,	[]		
	describe in Part II.		• •					

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Partill

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

26-2599199

Department of the Treasury Internal Revenue Service

MORE THAN ME FOUNDATION, INC.

Name of the organization

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

Employer identification number

PART III - LINE 1

THE MORE THAN ME FOUNDATION, INC. (THE FOUNDATION) WAS INCORPORATED IN 2009 AS A NOT-FOR-PROFIT 501(C)(3) ORGANIZATION UNDER THE LAWS OF THE THE FOUNDATION OPERATES IN MONROVIA, LIBERIA TO STATE OF NEW JERSEY. HELP AT-RISK GIRLS TO GET OFF THE STREET AND INTO SCHOOL. IN 2012, THE FOUNDATION BEGAN RENOVATING ONE OF THE GOVERNMENT BUILDINGS AND TURNED IT INTO AN ACADEMY TO PROVIDE HIGH QUALITY EDUCATION FOR GIRLS. THE ACADEMY PROVIDES VOCATIONAL TRAINING, HEALTHCARE, PSYCHOLOGICAL SUPPORT, AND A SAFE PLACE WHERE THE GIRLS CAN STAY IN THE EVENINGS TO REDUCE THE RISK OF ABUSE.

PART III - LINE 2

MORE THAN ME WAS SELECTED BY THE GOVERNMENT OF LIBERIA, MINISTRY OF EDUCATION TO OPERATE SCHOOLS IN THE PUBLIC SCHOOL SYSTEM THROUGH A PROGRAM CALLED PARTNERSHIP SCHOOLS FOR LIBERIA (PSL). MORE THAN ME WAS ASSIGNED THE MANAGEMENT OF 6 SCHOOLS AND SUCCESSFULLY OVERSAW THE IMPLEMENTATION OF BETTER MANAGEMENT PRACTICES, TEACHER TRAINING AND CURRICULUM DELIVERY. IN ADDITION, MORE THAN ME HELPED CONSTRUCT OR IMPROVE CONSTRUCTION AT ALL 6 SCHOOLS.

PART III - LINE 4D

THE FOUNDATION CONTINUES TO OFFER GRADUATES OF OUR ACADEMY SCHOLARSHIPS TO CONTINUE THEIR EDUCATION. CURRENTLY WE HAVE APPROXIMATELY 20 GIRLS ENROLLED.

PART VI, SECTION B. - QUESTION 11B

THE FORM 990 IS EMAILED TO ALL BOARD MEMBERS. THE CHAIR AND TREASURER

COLLECT FEEDBACK FROM BOARD MEMBERS AND APPROVAL PRIOR TO SUBMISSION TO

THE INTERNAL REVENUE SERVICE.

PART VI, SECTION B. - QUESTION 12C

THE FOUNDATION CONDUCTS REGULAR BOARD MEETINGS TO DISCUSS ITEMS OF
IMPORTANCE, INCLUDING POTENTIAL BUSINESS TRANSACTIONS THAT MAY RESULT IN
CONFLICTS OF INTEREST.

PART VI, SECTION B. - QUESTIONS 15A & 15B

COMPENSATION FOR THE FOUNDATION'S EXECUTIVE DIRECTOR WAS DETERMINED BASED

ON COMPARISON WITH OTHER ORGANIZATION'S SALARIES AND DOCUMENTED VIA BOARD

RESOLUTION.

PART VI, SECTION C. - QUESTION 19

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VIII THROUGH PART XII

THE FINANCIAL STATEMENTS OF THE FOUNDATION ARE PRESENTLY BEING AUDITED BY
A CERTIFIED PUBLIC ACCOUNTING FIRM. HOWEVER, THE FINANCIAL INFORMATION

CONTAINED IN THIS FORM 990 HAS BEEN PREPARED EXCLUSIVELY BASED ON

UNAUDITED INFORMATION PROVIDED BY THE FOUNDATION AS THE AUDIT HAS NOT YET
BEEN COMPLETED. TO THE EXTENT THAT THE FINANCIAL INFORMATION PRESENTED

HEREIN IS REVISED BECAUSE OF THE AUDIT OR THE AUDIT RESULTS IN A CHANGE

52,266.

52,266.

Name of the organization
MORE THAN ME FOUNDATION, INC.

Employer Identification number 26–2599199

43,586.

TO ANY PORTION OF THIS FORM 990, IT IS THE INTENTION OF THE FOUNDATION TO FILE AN AMENDED FORM 990, AS NECESSARY.

PART XI

LINE 9 - (\$658,826) CHANGE IN FUND BALANCE RESULTING FROM UNAUDITED

FINANCIAL INFORMATION.

CONSULTING FEES

TOTALS

			ATTACHMENT	1
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES

346,549.

346,549. 250,697. 43,586.

250,697.

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.lrs.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 www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

filing of this	form, visit www.irs.gov/eriie, click on Charitie	es & Non-P	rotits, and click on e-tile	tor Charities and Non-Profits.			
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).		**************************************		
	ions required to file an income tax return other		· · · · · · · · · · · · · · · · · · ·	0-C filers), partnerships, REMIC	s. and trusts		
	orm 7004 to request an extension of time to			77.1	.,		
\$0000000000000000000000000000000000000				Enter filer's identifying number	, see instructions		
Tuna ar	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or			
Type or print							
=	MORE THAN ME FOUNDATION, INC.			26-2599199			
File by the due date for Number, street, and room or suite no. If a P.O.		ox, see instructions.		Social security number (SSN)			
filing your return, Sea	150 MORRISTOWN ROAD 208						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	BERNARDSVILLE, NJ 07924						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	01		
Application		Return	Application		Return		
<u>ls For</u>		Code	Is For		Code		
	Form 990-EZ	01 Form 990-T (corporation)		tion)	07		
Form 990-Bl		02	Form 1041-A		80		
Form 4720		03	Form 4720 (other tha	n individual)	09		
Form 990-PI		04	Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		11		
Form 990-T (trust other than above)		06	Form 8870	Form 8870 1:			
• The book	MJ MONK, s are in the care of ▶ 150 MORRISTOWN	ROAD.,_	STE. 208 BERNAR	DSVILLE NJ 07924			
Tolonbon	e No. ▶ 415 343-5632		Touchla h				
	e No. ►415_343-5632 anization does not have an office or place of t	 ouginoon in	ax No. ▶	de this have	. []		
e If this is fo	or a Group Return, enter the organization's for	ır digit Gra	un Evomption Number /	CEVI)	this is		
for the whole	e group, check this box	it is for na	rt of the aroun chack t	his hov b and	attach		
	names and EINs of all members the extensi		it of the group, check t	and a	attauri		
	st an automatic 6-month extension of time ur		05/15 201	8 to file the exempt organize	etion return		
	organization named above. The extension is t			20 _1 to the the exempt organize	Alon (Clair)		
	- gamanan namaa abata ina akananini la	or the orge					
▶ 🔲	calendar year 20 or						
X	calendar year 20 or tax year beginning 07/0	1 ,2016	. and ending	06/30 . 20 17			
	, , , , , , , , , , , , , , , , , , , ,	,		,,	•		
2 If the ta	x year entered in line 1 is for less than 12 m	onths, chec	k reason: Initial re	eturn Final return			
	nange in accounting period		t				
3a if this a	application is for Forms 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the t	tentative tax, less any			
nonrefu	onrefundable credits. See instructions.						
b If this	application is for Forms 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and	,		
estimated tax payments made. Include any prior year overpayment allowed as a credit.							
	e due. Subtract line 3b from line 3a. Include y		ent with this form, if rec	quired, by using EFTPS			
P.''	nic Federal Tax Payment System). See instruc			3c \$	0.		
Caution. If you	are going to make an electronic funds withdrawal	(direct debit) with this Form 8868, see	e Form 8453-EO and Form 8879-EO	for payment		
instructions.							
For Privacy Ad	Form 886	8 (Rev 1-2017)					