

Name of organization

Doinninces

(or P.O. box if mail is not delivered to street address)

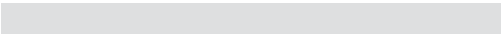
Room/suite

501(c)(3)      501(c) (      )      (insert no.)      4947(a)(1) or      527

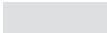
Form of organization:      Corporation      Trust      Association      Other |      Year of formation:      State of legal domicile:

|

|



Net Assets or  
Fund Balances



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.

Signature of officer

Date

Type or print name and title

Print/Type preparer's name      Preparer's signature      Date      PTIN

Firm's name      Firm's EIN  
Firm's address      Phone no.

**1** Briefly describe the organization's mission:

|                                                 |                                                                                                              |     |    |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----|----|
| 3                                               | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | No |
| If "Yes," describe these changes on Schedule O. |                                                                                                              |     |    |

4

[illegible]

|     |                                                                                   | Yes | No |
|-----|-----------------------------------------------------------------------------------|-----|----|
| 1   | If "Yes," complete Schedule A                                                     | 1   |    |
| 2   | Schedule B, Schedule of Contributors                                              | 2   |    |
| 3   | If "Yes," complete Schedule C, Part I                                             | 3   |    |
| 4   | <b>Section 501(c)(3) organizations.</b><br>If "Yes," complete Schedule C, Part II | 4   |    |
| 5   | If "Yes," complete Schedule C, Part III                                           | 5   |    |
| 6   | If "Yes," complete Schedule D, Part I                                             | 6   |    |
| 7   | If "Yes," complete Schedule D, Part II                                            | 7   |    |
| 8   | If "Yes," complete                                                                | 8   |    |
| 9   |                                                                                   | 9   |    |
| 10  |                                                                                   | 10  |    |
| 11  |                                                                                   |     |    |
| a   |                                                                                   | 11a |    |
| b   |                                                                                   | 11b |    |
| c   |                                                                                   | 11c |    |
| d   |                                                                                   | 11d |    |
| e   |                                                                                   | 11e |    |
| f   |                                                                                   | 11f |    |
| 12a |                                                                                   | 12a |    |
| b   |                                                                                   | 12b |    |
| 13  |                                                                                   | 13  |    |
| 14a |                                                                                   | 14a |    |
| b   |                                                                                   | 14b |    |
| 15  |                                                                                   | 15  |    |
| 16  |                                                                                   | 16  |    |
| 17  |                                                                                   | 17  |    |
| 18  |                                                                                   | 18  |    |
| 19  |                                                                                   | 19  |    |

|     | (continued)                                                                                          |     | Yes | No |
|-----|------------------------------------------------------------------------------------------------------|-----|-----|----|
| 20a | If "Yes," complete Schedule H                                                                        | 20a |     |    |
| b   |                                                                                                      | 20b |     |    |
| 21  |                                                                                                      | 21  |     |    |
| 22  | If "Yes," complete Schedule I, Parts I and II                                                        | 22  |     |    |
| 23  | If "Yes," complete Schedule I, Parts I and III                                                       | 23  |     |    |
| 24a | If "Yes," complete<br>Schedule J                                                                     | 24a |     |    |
| b   | If "Yes," answer lines 24b through 24d and complete<br>Schedule K. If "No", go to line 25a           | 24b |     |    |
| c   |                                                                                                      | 24c |     |    |
| d   |                                                                                                      | 24d |     |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.<br>If "Yes," complete Schedule L, Part I | 25a |     |    |
| b   | If "Yes," complete                                                                                   | 25b |     |    |
| 26  | Schedte                                                                                              | 26  |     |    |
| 27  | If "Yes," complete                                                                                   | 27  |     |    |
| 28  | Schedte                                                                                              | 28a |     |    |
| a   |                                                                                                      | 28b |     |    |
| b   |                                                                                                      | 28c |     |    |
| 29  |                                                                                                      | 29  |     |    |
| 30  |                                                                                                      | 30  |     |    |
| 31  |                                                                                                      | 31  |     |    |
| 32  |                                                                                                      | 32  |     |    |
| 33  |                                                                                                      | 33  |     |    |
| 34  |                                                                                                      | 34  |     |    |
| 35a |                                                                                                      | 35a |     |    |
| b   |                                                                                                      | 35b |     |    |
| 36  | Section 501(c)(3) organizations.                                                                     | 36  |     |    |
| 37  |                                                                                                      | 37  |     |    |
| 38  | Note.                                                                                                | 38  |     |    |

\_\_\_\_\_

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\_\_\_\_

[illegible]

(This Section B requests information about policies not required by the Internal Revenue Code.)

17 \_\_\_\_\_  
 18 \_\_\_\_\_  
 19 (explain in Schedule O)  
 20 \_\_\_\_\_





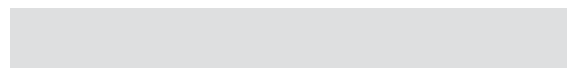
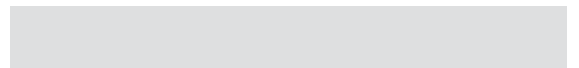
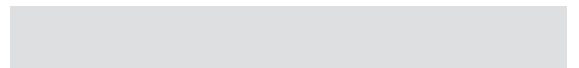
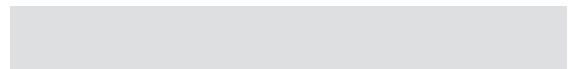
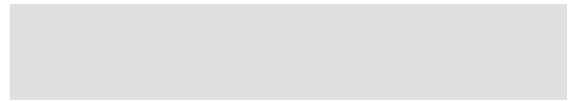
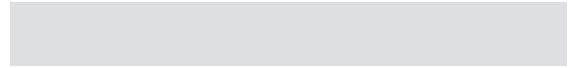


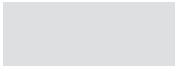
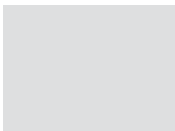
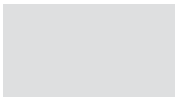
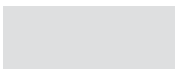
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

[illegible]

[illegible]





**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.**  
**| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

Name of the organization

Employer identification number

(All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
  - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
  - 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 12

section 509(a)(1)      section 509(a)(2)      section 509(a)(3).

**a**      **Type I.**

**You must complete Part IV, Sections A and B.**

**b**            **Type II.**

**You must complete Part IV, Sections A and C.**

**c** Type III functionally integrated.

**You must complete Part IV, Sections A, D, and E.**

**d** Type III non-functionally integrated.

**You must complete Part IV, Sections A and D, and Part V.**

e

**f**

q

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) |     |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-----|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes | No |                                                   |                                                 |
|                                    |          |                                                                               |     |    |                                                   |                                                 |
|                                    |          |                                                                               |     |    |                                                   |                                                 |
|                                    |          |                                                                               |     |    |                                                   |                                                 |
|                                    |          |                                                                               |     |    |                                                   |                                                 |
|                                    |          |                                                                               |     |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |     |    |                                                   |                                                 |

(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.)

| Calendar year (or fiscal year beginning in)                                                                     | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~ |          |          |          |          |          |           |
| <b>2</b>                                                                                                        |          |          |          |          |          |           |
| <b>3</b>                                                                                                        |          |          |          |          |          |           |
| <b>4 Total.</b>                                                                                                 |          |          |          |          |          |           |
| <b>5</b>                                                                                                        |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                           |          |          |          |          |          |           |

| Calendar year (or fiscal year beginning in)     | (a) | (b) | (c) | (d) | (e)       | (f) |
|-------------------------------------------------|-----|-----|-----|-----|-----------|-----|
| <b>7</b>                                        |     |     |     |     |           |     |
| <b>8</b>                                        |     |     |     |     |           |     |
| <b>9</b>                                        |     |     |     |     |           |     |
| <b>10</b>                                       |     |     |     |     |           |     |
| <b>11 Total support.</b> Add lines 7 through 10 |     |     |     |     |           |     |
| <b>12</b>                                       |     |     |     |     | <b>12</b> |     |
| <b>13 First five years.</b>                     |     |     |     |     |           |     |

**stop here**

|           |           |  |
|-----------|-----------|--|
| <b>14</b> | <b>14</b> |  |
| <b>15</b> | <b>15</b> |  |

**16a 33 1/3% support test - 2017.**

**stop here.**

**b 33 1/3% support test - 2016.**

**stop here.**

**17a 10% -facts-and-circumstances test - 2017.**

**stop here.**

**b 10% -facts-and-circumstances test - 2016.**

**stop here.**

**18 Private foundation.**

(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.)

| Calendar year (or fiscal year beginning in)                                                                                                                                       | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~                                                                   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 ~ ~ ~ ~                                                                     |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~                                                                  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ~                                                                |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 ~ ~ ~                                                                                                                                       |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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 ~ ~ ~ ~ ~ |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b ~ ~ ~ ~ ~                                                                                                                                            |          |          |          |          |          |           |
| <b>8 Public support.</b>                                                                                                                                                          |          |          |          |          |          |           |

| Calendar year (or fiscal year beginning in)                                                                      | (a) | (b) | (c) | (d) | (e) | (f) |
|------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| <b>9</b>                                                                                                         |     |     |     |     |     |     |
| <b>10a</b>                                                                                                       |     |     |     |     |     |     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 |     |     |     |     |     |     |
| <b>c</b>                                                                                                         |     |     |     |     |     |     |
| <b>11</b>                                                                                                        |     |     |     |     |     |     |
| <b>12</b>                                                                                                        |     |     |     |     |     |     |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                         |     |     |     |     |     |     |
| <b>14 First five years.</b>                                                                                      |     |     |     |     |     |     |

**stop here**

|           |             |           |  |
|-----------|-------------|-----------|--|
| <b>15</b> |             | <b>15</b> |  |
| <b>16</b> |             | <b>16</b> |  |
| <b>17</b> | <b>2017</b> | <b>17</b> |  |
| <b>18</b> | <b>2016</b> | <b>18</b> |  |

**19a 33 1/3% support tests - 2017.**

**stop here.**

**b 33 1/3% support tests - 2016.**

**stop here.**

**20 Private foundation.**





|    |         |     | Yes | No |
|----|---------|-----|-----|----|
| 1  | Part VI |     |     |    |
|    |         | 1   |     |    |
| 2  | Part VI |     |     |    |
|    |         | 2   |     |    |
| 3a |         | 3a  |     |    |
| b  |         |     |     |    |
|    |         | 3b  |     |    |
| c  |         |     |     |    |
|    |         | 3c  |     |    |
| 4a |         | 4a  |     |    |
| b  |         |     |     |    |
|    |         | 4b  |     |    |
| c  |         |     |     |    |
|    |         | 4c  |     |    |
| 5a |         |     |     |    |
|    |         | 5a  |     |    |
| b  |         |     |     |    |
|    |         | 5b  |     |    |
| c  |         | 5c  |     |    |
| 6  |         |     |     |    |
|    |         | 6   |     |    |
| 7  |         |     |     |    |
|    |         | 7   |     |    |
| 8  |         | 8   |     |    |
| 9a |         |     |     |    |
|    |         | 9a  |     |    |
| b  |         |     |     |    |
|    |         | 9b  |     |    |
| c  |         |     |     |    |
|    |         | 9c  |     |    |
| 10 |         |     |     |    |
|    |         | 10a |     |    |
|    |         |     |     |    |
|    |         | 10b |     |    |



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

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

| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                            |          | (A) Prior Year | (B) Current Year (optional) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain                                                                                                                                                                              | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)                                                                                                                                                                    | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3                                                                                                                                                                                    | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion                                                                                                                                                                               | <b>5</b> |                |                             |
| <b>6</b> 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) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)                                                                                                                                                                        | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                             | <b>8</b> |                |                             |

| <b>Section B - Minimum Asset Amount</b>                                                                                                  |           | (A) Prior Year | (B) Current Year (optional) |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities                                                                                             | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances                                                                                                   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets                                                                                | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)                                                                                                | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                          |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets                                                                    | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d                                                                                                    | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035                                                                                                         | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions                                                                                          | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                     | <b>8</b>  |                |                             |

| <b>Section C - Distributable Amount</b>                                                                                                                                            |          |  | Current Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                     | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1                                                                                                                                                       | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                    | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3                                                                                                                                         | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year                                                                                                                                          | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                     | <b>6</b> |  |              |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |          |  |              |

|                                                                                                                                         |  |  |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------|
|                                                                                                                                         |  |  |                     |
| <b>Section D - Distributions</b>                                                                                                        |  |  | <b>Current Year</b> |
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                 |  |  |                     |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |  |                     |
| 3                                                                                                                                       |  |  |                     |
| 4                                                                                                                                       |  |  |                     |
| 5                                                                                                                                       |  |  |                     |
| 6 <b>Part VI</b>                                                                                                                        |  |  |                     |
| 7 <b>Total annual distributions.</b>                                                                                                    |  |  |                     |
| 8                                                                                                                                       |  |  |                     |
| 9 <b>Part VI</b>                                                                                                                        |  |  |                     |
| 10                                                                                                                                      |  |  |                     |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
|---------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1                                                       |                             |                                        |                                           |
| 2                                                       |                             |                                        |                                           |
| 3 <b>Part VI</b>                                        |                             |                                        |                                           |
| 4                                                       |                             |                                        |                                           |
| a                                                       |                             |                                        |                                           |
| b                                                       |                             |                                        |                                           |
| c                                                       |                             |                                        |                                           |
| d                                                       |                             |                                        |                                           |
| e                                                       |                             |                                        |                                           |
| f <b>Total</b>                                          |                             |                                        |                                           |
| g                                                       |                             |                                        |                                           |
| h                                                       |                             |                                        |                                           |
| i                                                       |                             |                                        |                                           |
| j                                                       |                             |                                        |                                           |
| 4                                                       |                             |                                        |                                           |
| a                                                       |                             |                                        |                                           |
| b                                                       |                             |                                        |                                           |
| c                                                       |                             |                                        |                                           |
| 5                                                       |                             |                                        |                                           |
| 6 <b>Part VI.</b>                                       |                             |                                        |                                           |
| 7                                                       |                             |                                        |                                           |
| 8 <b>Part VI</b>                                        |                             |                                        |                                           |
| 7 <b>Excess distributions carryover to 2018.</b>        |                             |                                        |                                           |
| 8                                                       |                             |                                        |                                           |
| a                                                       |                             |                                        |                                           |
| b                                                       |                             |                                        |                                           |
| c                                                       |                             |                                        |                                           |
| d                                                       |                             |                                        |                                           |
| e                                                       |                             |                                        |                                           |



(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

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

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

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

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

- ✖ Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ~ ~ ~ ~ ~ \$ \_\_\_\_\_  
3 Volunteer hours for political campaign activities ~ ~ ~ ~ ~ \_\_\_\_\_

1 Enter the amount of any excise tax incurred by the organization under section 4955 ~ ~ ~ ~ ~ \$ \_\_\_\_\_  
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ~ ~ ~ ~ ~ \$ \_\_\_\_\_  
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ~ ~ ~ ~ ~ Yes No  
4a Was a correction made? ~ ~ ~ ~ ~ Yes No  
b If "Yes," describe in Part IV.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ~ ~ ~ ~ ~ \$ \_\_\_\_\_  
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ~ ~ ~ ~ ~ \$ \_\_\_\_\_  
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ~ ~ ~ ~ ~ \$ \_\_\_\_\_  
4 Did the filing organization file Form 1120-POL for this year? ~ ~ ~ ~ ~ Yes No  
5 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 tttttt656.8(za)17(butiO5t)-(t)-(t)-(t)-(ect p.1(a)) Tc-.0l p.1(ay del p.1(at p.1(av)1.1(xe)) Tc-d-.0( Alsa sepa)) Tcatecam)99(E

| (a) | (b) | (c) | (d) | (e) |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

[illegible]

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? ~ ~ ~ ~ ~                                                                                                                                                                                                         |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ~                                                                                                                                |     |    |        |
| <b>c</b> Media advertisements? ~ ~ ~ ~ ~                                                                                                                                                                                               |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? ~ ~ ~ ~ ~                                                                                                                                                                    |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |     |    |        |
| <b>f</b> ITJ931331                                                                                                                                                                                                                     |     |    |        |
| <b>g</b>                                                                                                                                                                                                                               |     |    |        |
| <b>h</b>                                                                                                                                                                                                                               |     |    |        |
| <b>i</b>                                                                                                                                                                                                                               |     |    |        |
| <b>j</b>                                                                                                                                                                                                                               |     |    |        |
| <b>2a</b>                                                                                                                                                                                                                              |     |    |        |
| <b>b</b>                                                                                                                                                                                                                               |     |    |        |
| <b>c</b>                                                                                                                                                                                                                               |     |    |        |
| <b>d</b>                                                                                                                                                                                                                               |     |    |        |

|          | Yes | No |
|----------|-----|----|
| <b>1</b> |     |    |
| <b>2</b> |     |    |
| <b>3</b> |     |    |

|                                                                                                    |           |  |
|----------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b>                                                                                           | <b>1</b>  |  |
| <b>2</b> (do not include amounts of political expenses for which the section 527(f) tax was paid). |           |  |
| <b>a</b>                                                                                           | <b>2a</b> |  |
| <b>b</b>                                                                                           | <b>2b</b> |  |
| <b>c</b>                                                                                           | <b>2c</b> |  |
| <b>3</b>                                                                                           | <b>3</b>  |  |
| <b>4</b>                                                                                           |           |  |
|                                                                                                    | <b>4</b>  |  |
| <b>5</b>                                                                                           | <b>5</b>  |  |



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**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

**a** Public exhibition

**d** Loan or exchange programs

**b** Scholarly research

**e** Other \_\_\_\_\_

**c** Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? » » » » » » » » » » **Yes** **No**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ~ ~ ~ ~ ~ **Yes** **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

**c** Beginning balance ~ ~ ~ ~ ~

**d** Additions during the year ~ ~ ~ ~ ~

**e** Distributions during the year ~ ~ ~ ~ ~

**f** Ending balance ~ ~ ~ ~ ~

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

**b**

|           | (a) | (b) | (c) Two years back | (d) Three years back | (e) Four years back |
|-----------|-----|-----|--------------------|----------------------|---------------------|
| <b>1a</b> |     |     |                    |                      |                     |
| <b>b</b>  |     |     |                    |                      |                     |
| <b>c</b>  |     |     |                    |                      |                     |
| <b>d</b>  |     |     |                    |                      |                     |
| <b>e</b>  |     |     |                    |                      |                     |
| <b>f</b>  |     |     |                    |                      |                     |
| <b>g</b>  |     |     |                    |                      |                     |

**2**

**a**

**b**

**c**

**3a**

(i)

(ii)

**b**

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**4**

|               | (a)                                                             | (b) | (c) | (d) |
|---------------|-----------------------------------------------------------------|-----|-----|-----|
| <b>1a</b>     |                                                                 |     |     |     |
| <b>b</b>      |                                                                 |     |     |     |
| <b>c</b>      |                                                                 |     |     |     |
| <b>d</b>      |                                                                 |     |     |     |
| <b>e</b>      |                                                                 |     |     |     |
| <b>Total.</b> | (Column (d) must equal Form 990, Part X, column (B), line 10c.) |     |     |     |

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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                          | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                             | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) THOMAS J. GENTZEL<br>EXECUTIVE DIRECTOR | (i)                                                | 372,648.                            | 30,000.                             | 0.                                             | 10,703.                 | 15,900.                         | 429,251.                                                              |
|                                             | (ii)                                               | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) HEATHER DEAN<br>DEPUTY ED & COO         | (i)                                                | 208,982.                            | 0.                                  | 0.                                             | 8,042.                  | 3,564.                          | 220,588.                                                              |
|                                             | (ii)                                               | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (3) FRANCISCO M. NEGRON, JR.                | (i)                                                |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                             | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                                       |
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|                                             | (ii)                                               |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                             |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |



[illegible]



|                                    |                                |
|------------------------------------|--------------------------------|
| Name of the organization           | Employer identification number |
| NATIONAL SCHOOL BOARDS ASSOCIATION | 36-2210015                     |

CONFLICT, THE EXECUTIVE COMMITTEE WILL RESOLVE SUCH CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY, NSBA USES BENCHMARKS TO DETERMINE APPROPRIATE COMPENSATION.

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DISCUSSED AND DETERMINED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

|                                 |            |
|---------------------------------|------------|
| PROGRAM SERVICE EXPENSES        | 2,164,421. |
| MANAGEMENT AND GENERAL EXPENSES | 652,461.   |
| FUNDRAISING EXPENSES            | 0.         |
| TOTAL EXPENSES                  | 2,816,882. |

TEMPORARY HELP:

|                                                        |            |
|--------------------------------------------------------|------------|
| PROGRAM SERVICE EXPENSES                               | 100,524.   |
| MANAGEMENT AND GENERAL EXPENSES                        | 48,750.    |
| FUNDRAISING EXPENSES                                   | 0.         |
| TOTAL EXPENSES                                         | 149,274.   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 2,966,156. |

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|                                      |            |
|--------------------------------------|------------|
| DEFINED BENEFIT PENSION PLAN CHANGES | 3,695,382. |
|--------------------------------------|------------|

**SCHEDULER**  
**(Form 990)**







Provide additional information for responses to questions on Schedule R. See instructions.