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1. N. T.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Dep 'otar	artment o	f the Treasury ILE Service	Do not enter social security numbers on this form as it may be ma	-		Inspect	
A			► Information about Form 990 and its instructions is at www.irs.gov. Index year, or tax year beginning January 1 , 2016, and ending			, 20 16	.011
<u>~</u>				Decem		r Identification nu	mber
8		appl.cable	C Name of organization Deep Democracy Institute Doing pusiness as	—{	D Employe		iiiiaei
		cnange		E Telephor	20-5919157		
	Name c	7	Number and street (or PIO look it mail is not belivered to street accress) Room/suite	i i	-		
H	Initial re		625 HIGHWAY 101 179			(503) 395-8694	
		m/laminates	Oity or town, state or province, country, and ZIP or foreign postal code				
Н		ic return	FLORENCE OR 97439		G Gross re		39,504
Ш	Applicat	ion pencing				ves 🗀 Yes	
_						included? Tyes list (see instruction	
<u> </u>		mpt status					131
K	Wobsite	organization	W.DEEPDEMOCRACYINSTITUTE.COM ☐ Corporation ☐ Trust ☑ Association ☐ Other ► ☐ L Year of Jornation	i(c) Group (1997		or legal comicite	OR
	artI	Summ		1997	I WI SIGLE	Or reflat conneits	<u> </u>
L	1			orogu lee	tituto pr	ovidos maddinia	10
۵	1 '	-	scribe the organization's mission or most significant activities Deep Demo	cracy in	sucute pi	Coldes worldwic	16,
Ē	1	diverse a	nd muludimensional training and programs.				
Activilies & Governance	2	Chnok	is box ▶☐ if the organization discontinued its operations or disposed of m		2506.04		•••••
ove	3		of voting members of the governing body (Part VI, line 1a)	ore man	3	its liet assets	,
<u>ح</u>	4		of independent voting members of the governing body (Part VI, line 1b)		4	· · · · · · · · · · · · · · · · · · ·	
98	5		nper of individuals employed in delendar year 2016 (Part V, line 2a)		5		3
Ī	6			• •	6		
Ę	7a		nper of volunteers (estimate if necessary)		7a		
•	b		ated business taxable income from Form 990-T, line 34		7b		
	+ -3	Net di le	atec business taxable income nonir-omi 350-1, line 34	Prior Ye		Current Ye	ar
	8	Contribut	tions and grants (Part VIII, line 1h)		5,220		1,775
ire	9		service revenue (Part VIII, line 2g)		133,778		32,215
Revenue	10	-	nt income (Part VIII), column (A), lines 3, 4, and 7d)		7,338		5,072
æ	11		renue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)		7,330		442
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		146,336		39.504
_	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		3.080		128,961
	14		paig to or for members (Part IX, column (A), line 4)		3.000		120,301
	4-		other compensation, employee penefits (Part (A) portrant(A) nes of 10)		10,000		42,000
186	15a		onal fundraising fees (Part IX, column (A), line 176)		.0,000		12,550
Expenses	b		draising expenses (Par: IX, column (D), line 25), ▶				
Ä	17	Other ex	censes (Par IX, column (A), lines Ta-MAY 17-22eX01/		19,478		14,121
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 23		32,558		185,082
	19		less expenses. Suptract line 18 from me 12 mg. 1 mg.		113,778		-145,578
= 5				ning of Cu		End of Ye	
sets or	20	Total ass	ets (Part X, line 16)		494,432		379,678
Net Assu	21		nilities (Part X, line 26)		7,368		6.117
2	22		ts or fund belances. Subtract line 21 from line 20		487.064		373,561
P	art II	Signa	ture Block				
IJ	ncer pen		ry, I declare that i have examined this return, including accompanying schedules and statement	s, and to tr	ne pest of	my knowledge and	pelief, .: .s
tr	ue. corre	ot and comp	lete. Declaration of preparer (other than omider) is based on all information of which preparer has	any knowle	edge		
			Elle Mun		J	5-14-	7
Si	gn	Sig	ature of enicer	Da	e		
He	ere	1	Ellen Schupbach				
		Typ	e or print name and title				
- D	aid	Print/Ty	pe preparer's name Preparer's significant Date		Cneck	I if PTIN	
	ald repar	Chac S	W. Bogart Inad la lin south 5-	14-19	selt-em		55623
	chai.	f.rm s		Firm	s EIN >	30-06298	59
U	3C UI	F.m's	ccress ► PO Box 2044, Florence, OR 97439	Pho	ne no	541-991-05	63
M	ay the		s this return with the preparer shown above? (see instructions)	<u>. </u>		📝 Ye	s 🗌 No
_			oction Act Notice, see the separate instructions. Car No :	282Y		Form 9	390 (2016)

01111 33	0 (201	10)	rage z
art	Ш	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1		efly describe the organization's mission:	
	Deep	p Democracy Institute provides worldwide diverse, and multidimensional leadership training programs.	_
2	Did	the organization undertake any significant program services during the year which were not listed on the	
		or Form 990 or 990-EZ?	. ✓ No
		Yes," describe these new services on Schedule O	
3	Dıd	the organization cease conducting, or make significant changes in how it conducts, any program	
		vices?	☑ No
_		Yes," describe these changes on Schedule O.	
4		scribe the organization's program service accomplishments for each of its three largest program services, as me	
		penses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations total expenses, and revenue, if any, for each program service reported.	to others,
	LI IC I	total expenses, and revenue, if any, for each program service reported.	
4a	(Cor	de:) (Expenses \$ 107,520.00 including grants of \$) (Revenue \$ 32,2	215 \
74	THE	E ENTITY HAS BEEN PROVIDING LEADERSHIP TRAINING PROGRAMS.	1197
			·
			·
4b	(Coc	ode:) (Expenses \$ 345.63 including grants of \$) (Revenue \$ 7,214	81 \
	THE	E ENTITY HAS PUBLISHED PRINTED MATERIAL FOR DISTRIBUTION.	:51)
			.
			-
			-
4c	(Co	ode:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	(00.	/(/ (/ (/
4d	Oth	ner program services (Describe in Schedule O.)	
74		penses \$ including grants of \$) (Revenue \$)	
4e		ral program service expenses ▶ 107 965 63	

art	Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
^	·	1 2	✓	√
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	√	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> . Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		1
	Schedule D, Parts XI and XII	12a		1
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
b		144		\ <u> </u>
-	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part iX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part I	Checklist of Required Schedules (continued)			
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>▼</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	_	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? <i>If</i> "Yes," complete Schedule R, Part I	33		1
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	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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		1
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,			
38	Part VI	37	./	1
	107 Meter 7 th Forth 500 more are required to complete obligation of		990	(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		İ	ıİ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ĺ	
C	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		J
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ł	,
	account)?	4a		✓
D	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		✓
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i l
a	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		✓
O	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	۳		<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter			
a b	Gross income from members or shareholders			
	against amounts due or received from them)			i i
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .	1.35		Ť
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.]		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
<u>b</u>	ii res, has it lieu a roini 720 to report these payments? II No, provide an explanation in Schedule O.	_	n 99 0	(2016)
		. 0.1		,,

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .			
	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			İ
	committee, explain in Schedule O.	ł		
b	Enter the number of voting members included in line 1a, above, who are independent . [1b]			. 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct		_	
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
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			
	one or more members of the governing body?	7a_		\
p	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b_		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	✓	<u> </u>
ъ	Each committee with authority to act on behalf of the governing body?	8b_	✓	
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 O	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40-	Doubling a service that he as be about a base have a first transfer of the service of the servic	[4 0 -	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		7
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
а	The organization's CEO, Executive Director, or top management official	15a		1
	Other officers or key employees of the organization	15b		√
	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	L		
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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>
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► OR		-1/6	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)	0×0°+	n e l : = :	لدماء ،
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	ei est	holic	, and
20		aarda		
20	State the name, address, and telephone number of the person who possesses the organization's books and re ELLEN SCHUPBACH, Ph D. 525 HIGHWAY 101 #180, FLORENCE, OR 97439	corus	. –	
	ELLEN SCHUPDACH, FILD. 323 HIGHWAT IVI # 100, FLUKENCE, UK 3/433			

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Page	•

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orm	990	(2016	١ì

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

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

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

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

Charle this boy if norther the expenience pay one related expenience compensated any ourrest officer director or trivated

Check this box if neither the organization not	r any related	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee
				(0	2)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
rame and mic	hours per					is both or/trust			compensation from	amount of
	week (list any		_	_	_	, —		from	related	other
	hours for related	호	1Stit	Officer	ey	[필출	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	eg E	ut o	<u> </u>	풀	est o	<u> </u>	(W-2/1099-MISC)		organization
	below dotted	악플	nal		Key employee	⁶ 8				and related
	line)	Individual trustee or director	Institutional trustee		e	Pen				organizations
		Õ	tee			Highest compensated employee	ĺ	İ		
	 			_			-			
(1) PIERRE MORIN	1.00									
BOARD MEMNBER	ļ	✓_	<u> </u>	<u> </u>			ļ			
(2) NADAR SHABAHANGI	1.00									
BOARD MEMBER	<u> </u>	✓		L			L.			
(3) JOSEF HELBLING	1 00									
BOARD MEMBER		✓								
(4) MAX SCHUPBACH, Ph D.	2.00				ļ	ľ		ľ		
PRESIDENT	<u> </u>	✓						21,000		
(5) ELLEN SCHUPBACH, Ph D.	2 00				ļ	1		1		
EXECUTIVE DIRECTOR		✓						21,000		
(6)					Į	ļ		ļ		
							<u> </u>			
(7)]					ļ			
							<u> </u>			
(8)							Į			
		<u></u>			<u> </u>	<u> </u>				
(9)										
		İ					_			
(10)										
							l			
(11)										
]								
(12)										
						L	L_	L		
(13)										
]				L_	L.			
(14)										
	T	1		l				1		

Part VII Section A. Officers, Directors, Trustee (A) Name and title			V						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fr related organizations (W-2/1099-MIS		Estin amo or compo from	mated bunt of ther ensation the nization	
		organizations below dotted line)		Institutional trustee		ployee	Highest compensated employee		(W 271033 MIGO)			and	related ization:	
(15)							-=							
(16)						_					\top			
(17)			_					_						
(18)						}	_	-		i				
(19)												 -		
(20)								-						
(21)			_					-						
(22)								-						
(23)								-						
(24)			_			-					_			
(25)						_		_						
1b	Sub-total	<u> </u>	L	<u>. </u>	L_	<u> </u>	<u>. </u>	>	42,000					
C	Total from continuation sheets to Part	-			•			>						
<u>d</u> _	Total (add lines 1b and 1c) Total number of individuals (including but	t not limited				red	ahove	<u>-></u> -> w	42,000	ore than \$100	000 (
	reportable compensation from the organi	zation >							0					
3	Did the organization list any former of							emp	oloyee, or high	est compens	ated		Yes	No
4	employee on line 1a? If "Yes," complete of any individual listed on line 1a, is the							 .n a	 and other comm	· · · · · ·	n tha	3		✓
•	organization and related organizations													
_	Individual			neat	hon	fro	manı				udual	4		✓_
5	for services rendered to the organization											5		1
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	iress		_		_			(B) Description of s	ervices	c	(C) ompens	ation	
								-						
			-		_			<u> </u>	_					
	Total number of independent contractor	ors (includi	ng bi	ıt n	ot	limit	ed to	L_th	nose listed ab	ove) who				
	received more than \$100,000 of compens									.,				

Part	VIII	Statement of Reve					D \ ////		
		Check if Schedule C	contains a	resp	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts ots	1a	Federated campaigns	3	1a					
ara Sour	b	Membership dues .	[1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events .	-	1c			İ		
ia ii	d	Related organizations	_	1d					
ns,	e	Government grants (con		1e					
e ti	f	All other contributions, g and similar amounts not inc							
휼				1f	33,990				
E E	g h	Noncash contributions include Total. Add lines 1a–1		пъ_					
	!!	Total. Add lines 1a-1	<u> </u>	· 1	Business Code	33,990		• •	
eur	2a	BOOK PUBLISHING		ŀ	511130	5,972	5,972		5,972
Rev	b	INTERNET PUBLISHIN	G		519130	1,273	1,243		1,243
<u>9</u>	C				313.33	.,270	1,240	·	1,210
èe r	d								
Ē	е						-		
Program Service Revenue	f	All other program ser							
<u> </u>	g	Total. Add lines 2a-2			🕨	7,215			
	3	Investment income			_ 1				
		and other similar amo			▶	5,072	5,072		5,072
	4	Income from investmen		ipt bo	nd proceeds ▶				<u> </u>
	5	Royalties	(ı) Real		(II) Personal				
	60	Gross rents .	(i) ricui		(ii) i cisonai				
	6a b	Less rental expenses							
	C	Rental income or (loss)							
	d	Net rental income or	(loss)		•				· †
	7a	Gross amount from sales of	(i) Securitie	es	(II) Other				
		assets other than inventory		962					
	b	Less. cost or other basis							
		and sales expenses .			-520				
	C	Gain or (loss) .		962	-520				
	d	Net gain or (loss) .			▶	442	442		442
Other Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18		;). a					
돭	b	Less: direct expenses	s	b]		
•	C	Net income or (loss) t			events >				
	9a	Gross income from ga	-						
		,		~					
		Less: direct expense		b					
	_	Net income or (loss) to Gross sales of in			vities ▶				
	Iva	returns and allowance	-	- a					
	ь	Less: cost of goods		b					
	C	Net income or (loss)			entory •				
		Miscellaneous F			Business Code				
	11a							· · · · · · · · · · · · · · · · · · ·	<u> </u>
	b	•••••				1			
	С								
	d	All other revenue							
	е	Total. Add lines 11a-							
	12	Total revenue. See I	nstructions.		▶	39,504	5,514		5,514
									Form 990 (2016)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
<u> </u>	Check if Schedule O contains a respons			<u> </u>	<u> </u>		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,500	2,500				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	126,461	126,461				
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	42,000		42,000			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes		-		·		
11	Fees for services (non-employees). Management	4 000		4.000			
a b	Legal	1,998		1,998			
C	Accounting	240		240			
d	Lobbying	240					
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column		į				
10	(A) amount, list line 11g expenses on Schedule O)				· ·—		
12 13	Advertising and promotion Office expenses	1,533	1,533	500			
14	Office expenses	536 6,989		536 6,989	··		
15	Royalties	605,0					
16	Occupancy						
17	Travel						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .	· · · · · · · · · · · · · · · · · · ·					
23	Insurance						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If]				
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O)						
а	BANK FEES	1,308		1,308			
b	BUSINESS REGISTRATION FEES	149		149			
C	PUBLISHING ADMINISTRATION	1,344	1,344				
d	PRODUCTION MISC	24	24		- ·		
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	185,082	131,862	53.220			
<u>25</u> 26	Joint costs. Complete this line only if the	183,082	131,002	53.220			
	organization reported in column (B) joint costs from a combined educational campaign and						
	fundraising solicitation Check here following SOP 98-2 (ASC 958-720)						

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		🔲
	-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	173,509	1	48,804
	2	Savings and temporary cash investments	6,298	2	26,305
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ø		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	· · · · · · · · · · · · · · · · · · ·		
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	314,625	12	304,569
	13	Investments—program-related. See Part IV, line 11	314,023	13	304,303
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	494,432	16	270 670
_	17	Accounts payable and accrued expenses	7,368	17	379,678 6,117
	18	Grants payable	7,300	18	0,117
	19	Deferred revenue	 	19	
	20	Tour and so the could be like a		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
rA.	22	Loans and other payables to current and former officers, directors,		21	
Ę	22	trustees, key employees, highest compensated employees, and			
ij		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	00	• • •		23	
_	23	Secured mortgages and notes payable to unrelated third parties .			
	24	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		05	
	00	i i		25	
	26	Total liabilities. Add lines 17 through 25	7,368	26	6,117
Ś		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ဦ					
ā	27	Unrestricted net assets	385,059		487,597
Ä	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets .		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ř.	32	Retained earnings, endowment, accumulated income, or other funds	102,525		-114,036
Š	33	Total net assets or fund balances	487,064		373,561
	34	Total liabilities and net assets/fund balances	494,952	34	379,678

Form 99	90 (2016)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	9,504
2	Total expenses (must equal Part IX, column (A), line 25)	2		18	5,082
3	Revenue less expenses. Subtract line 2 from line 1	3		-14	5,578
4					7,064
5	Net unrealized gains (losses) on investments	5		3	4,726
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			3,466
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		37	9,678
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u>. </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			1
	Schedule O		 		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		ļ		لـــــا
b	Were the organization's financial statements audited by an independent accountant?	• • •	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			{
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		ļ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts and selection of an independent accounts.		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	1		
_	Schedule O.	£			<u> </u>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in			,
	the Single Audit Act and OMB Circular A-133?		3a		✓
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits as audits, available where Schooling O and decomb any stops taken to undergo queb.		24		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	n 990	(2016)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number **DEEP DEMOCRACY INSTITUTE** 20-5919157 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. h ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II 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.)

<u>Secti</u>	on A. Public Support						
Calen	dar 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.")	205,796	207,002	15,000	5,220	1,775	434,793
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	205,796	207,002	15,000	5,220	1,775	434,793
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						
_	shown on line 11, column (f)						17,579
6 Saati	Public support. Subtract line 5 from line 4						417,214
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2012	(h) 0010	(2) 0014	(4) 2015	(a) 2016	/6 Total
Calen	Amounts from line 4	(a) 2012 205,796	(b) 2013 207,002	(c) 2014 15,000	(d) 2015 5,220	(e) 2016_ 1,775	(f) Total 434,793
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,150	3,349	5,991	7,338		27,900
9	Net income from unrelated business activities, whether or not the business is regularly carried on	5,100	5,5 . ,	9,771	,,,,,	0,0.2	2,,,,,,
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				7,215	7,215	
11	Total support. Add lines 7 through 10						469,908
12	Gross receipts from related activities, etc.					12	469,908
13	First five years. If the Form 990 is for the	_			_		
	organization, check this box and stop he			<u> </u>		<u> </u>	<u> </u>
	on C. Computation of Public Suppor			- (0)			22.0/
14	Public support percentage for 2016 (line 6		•	, ,,,		14	93 %
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi					15 1/3% or more	
IVa							
b							
17a	17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 18	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Explain in Part VI how the organization in supported organization in	ation meets the neets the "fact d not check a	e "facts-and-c s-and-circums · · · · · box on line 13,	orcumstances" stances" test. , 16a, 16b, 17a	' test, check : The organizati	this box and son qualifies as	a publicly
	instructions	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support						
Calen	dar 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						
	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 73	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
'a	received from disqualified persons .					<u> </u>	
b	Amounts included on lines 2 and 3	- ·					
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	*					
	line 6.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С			-				
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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th				-		
Socti	organization, check this box and stop her on C. Computation of Public Suppor				<u> </u>	• • • • •	<u> </u>
15	Public support percentage for 2016 (line 8			2 column (fl)		15	
16	Public support percentage from 2015 Sch	edule A. Part	III line 15	o, column (1 <i>))</i>		16	% %
	on D. Computation of Investment Inc	come Perce	ntage	<u> </u>	· · · · ·	101	
17	Investment income percentage for 2016 (I			v line 13. colur	nn (f))	17	%
18	Investment income percentage from 2015					18	
19a	331/3% support tests-2016. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on . ▶ 📋
b	331/3% support tests-2015. If the organization	ation did not c	heck a box on I	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗀

Part IV Supporting Organizations

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

Section :	A. All	Supporting	Organizations
-----------	--------	------------	---------------

			Yes	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		
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		4c		
5a		5a		
þ	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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 .	5c		
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		
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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Page	į

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b	ļ	ļ
	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		<u> </u>
Section	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	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		ļ	
	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.			
Section	on C. Type II Supporting Organizations		I	
			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			1
	the supported organization(s).	1		 -
Section	on D. All Type III Supporting Organizations	 		L
	Je was of the second se		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		<u></u>		
	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			ļ
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		ļ
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	ŀ		
	supported organizations played in this regard.	3	 	
Section	on E. Type III Functionally Integrated Supporting Organizations		L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i			
		nsuu	CUON	S).
a b	The organization is the parent of each of its supported organizations. Complete line 3 helps.			
C	☐ 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 in	struct	lonel
		555 III		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	La		
	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		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	L		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations			
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.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
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				
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):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	10				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI)					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
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				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see		

Part) Supporting Organi	zations (continuea)					
	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exe	rted						
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purp	nizations						
4_	Amounts paid to acquire exempt-use assets							
5_	Qualified set-aside amounts (prior IRS approval required)							
6_	Other distributions (describe in Part VI). See instructions.							
7_	Total annual distributions. Add lines 1 through 6.	·						
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Se	ection 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							
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2016:							
а								
b		i						
С	From 2013							
d	From 2014							
_e	From 2015							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2016 distributable amount			·				
<u>i</u>	Carryover from 2011 not applied (see instructions)							
<u>i</u> _	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							
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							
С	Excess from 2014							
d	Excess from 2015							
е	Excess from 2016							

! !	Supplemental Information. Fill, line 12; Part IV, Section A, B, lines 1 and 2; Part IV, Section A, and 3b; Part V, line 1; Part lines 2, 5, and 6. Also comple	lines 1, 2, 3 tion C, line 1 rt V, Section	b, 3c, 4b, ; Part IV, S B, line 1e;	4c, 5a, 6, 9 Section D, I ; Part V, Se	ection D, Irr ection D, Irr	11a, 11b, aı 3; Part IV, 3 ıes 5, 6, and	nd 11c; Part Section E, Irr I 8; and Part	t IV, Section nes 1c, 2a, 2l
	lines 2, 5, and 6. Also comple	ete this part t	for any add	ditional info	ormation. (See instruct	ions.)	
								
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

DEEP	DEMOCRACY INSTITUTE		20-5919157
Pai	- J		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene- conferring impermissible private benefit?		
Dor		<u> </u>	· · · · · · · L Yes L No
Par	Conservation Easements.	"Voo" on Form 000 Bort IV line 7	
_	Complete if the organization answered		•
•	Purpose(s) of conservation easements held by the		of a broken cally the and and area
	Preservation of land for public use (e.g., recrea		
		☐ Preservation C	of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	on in the form of a conservation
_	easement on the last day of the tax year.	eld a qualmed conservation contributi	Held at the End of the Tax Year
а	Total number of conservation easements		<u> </u>
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I		
d	Number of conservation easements included in		
_	historic structure listed in the National Register .		
3	Number of conservation easements modified, tran-		
	tax year ▶		g
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
			· · · · · · · 🔲 Yes 🗌 No
9	In Part XIII, describe how the organization reports		· ·
	balance sheet, and include, if applicable, the text of	-	nancial statements that describes the
_	organization's accounting for conservation easeme		
Par	Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relat		ducation, or research in furtherance of
	•	_	. •
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art	historical traceures or other similar	or assets for financial gain provide th
-	following amounts required to be reported under S		
•	Revenue included on Form 990, Part VIII, line 1 .	· · · · · · · · · · · · · · · · · · ·	
a b	Assets included in Form 990, Part X		· · · · · Ψ
	- According to the control of the co		– v

Page :	2
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	III Organizations Maintaining											
3	Using the organization's acquisition, a collection items (check all that apply)		ssion, and of	ther reco	ds, cr	neck a	any of th	e follov	ving that are a	ı sıgr	nificant (use of its
а	Public exhibition			d	□ Lo	an or	exchang	je prog	rams			
b	Scholarly research			е	Ot	her						••••
_	Preservation for future generations											
4	Provide a description of the organizat XIII.	tion's	collections	and expla	un nov	w the	y further	the org	janization's ex	emp	purpos	se in Part
5	During the year, did the organization	مارم	t or rosous	donation	a af a	⊶ h.a	stariaal tr		0 0r 0th0r 0			
3	assets to be sold to raise funds rather										☐ Yes	s 🗌 No
Part	IV Escrow and Custodial Arra			-				_				
	Complete if the organization 990, Part X, line 21.										unt on	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?									not	☐ Yes	s □ No
b	If "Yes," explain the arrangement in Pa	art XII	I and compl	ete the fo	llowin	g tabl	le·					_
										Amo	ount	
C	Beginning balance							10	:			
d	Additions during the year							10	l			
e	Distributions during the year							16				
f	Ending balance											
2a	Did the organization include an amoun											s No
	If "Yes," explain the arrangement in Part Endowment Funds.	art XII	II. Check her	e if the e	kplana	tion r	nas been	provia	ed on Part XIII	<u>· · · </u>	<u> </u>	
rai	Complete if the organization	anes	wared "Vec	" on For	m 991	n Da	rt IV June	- 10				
	Complete if the organization		Current year		or year		c) Two year		(d) Three years b	ack	(e) Four	ears back
1a	Beginning of year balance	<u> </u>		 		- `				-+	``	
b	Contributions	_				_				\neg		
С	Net investment earnings, gains, and losses				-							
d	Grants or scholarships				_							
e	Other expenditures for facilities and									\neg		
	programs			ļ						l		
f	Administrative expenses					7						
g	End of year balance											
2	Provide the estimated percentage of t				e (line	1g, c	column (a	i)) held	as:			
а	Board designated or quasi-endowmen			%								
b	Permanent endowment >											
C	Temporarily restricted endowment ▶											
0-	The percentages on lines 2a, 2b, and				4	414	لدادها مدد			41		
3a	Are there endowment funds not in the organization by.	e pos	session of the	ne organi	zation	tnat	are neio	and ac	iministered for	me	[/aa Na
	(i) unrelated organizations										3a(i)	res No
	(ii) related organizations									•	3a(ii)	
b	If "Yes" on line 3a(ii), are the related o									•	3b	_
4	Describe in Part XIII the intended uses	_						•			<u> </u>	
Part				_								
	Complete if the organization			on For	m 990	0, Pa	rt IV, line	e 11a.	See Form 99	0, Pa	art X, li	ne 10.
	Description of property		(a) Cost or o (investm		(b) Co	ost or o (othe	other basis er)		Accumulated epreciation		(d) Book	value
1a	Land											
b	Buildings											
c	Leasehold improvements				-							
d	Equipment											
e	Other											
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	90, Part	K, colu	ımn (E	B), line 10	θc.) .	<u></u> ▶			

Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 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) Financial			
	neld equity interests		
· · ·	ARLES SCHWAB INVESTMENTS		
	S TARGETED VALUE		end-of-year market value
	JARD SMALL CAR ETF		end-of-year market value
	JARD MALL CAP ETF		end-of-year market value
(E)	JARD VALUE ETF	52,085 60	end-of-year market value
(F)			
(G)	······································	 	
(H)		 	
	b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments-Program Related.	<u> </u>	<u> </u>
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 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)	b)		
	b) must equal Form 990, Part X, col. (B) line 13) ▶	<u> </u>	<u> </u>
Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 000 Part IV lin	o 11d Soo Form 990 Part V line 15
	(a) Description	mi 990, Fart IV, iii	(b) Book value
(1)	(4) 20-77,211		(4,255), (41,15
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u> ▶ </u>
Part X	Other Liabilities. Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, lın	e 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability (b) Book value		
(1) Federal in			
(2)			
(3)			
(4)			
(5)		-	
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col (B) line 25) ▶		
	uncertain tax positions. In Part XIII, provide the text of the footr		
organization'	s liability for uncertain tax positions under FIN 48 (ASC 740). Chi	eck here if the text of t	he footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 9		ue per Return.	
	Total revenue, gains, and other support per audited financial stateme	osto		
1		ents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10.1]]	
a	Net unrealized gains (losses) on investments			
þ	Donated services and use of facilities			
C	Recoveries of prior year grants			
đ	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Part	Reconciliation of Expenses per Audited Financial Sta	-	nses per Return.	
	Complete if the organization answered "Yes" on Form 9 Total expenses and losses per audited financial statements			
1	·		· · · <u>1</u> 	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	10-1	1 1	
a	Donated services and use of facilities))	
b	Prior year adjustments			
C	Other losses		 -(
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		l l	
a	Investment expenses not included on Form 990, Part VIII, line 7b .			
р	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	1, line 18.)	5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 t XI, lines 2d and 4b. Also complete this			
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Schedule D (Fo		Page 5
	Supplemental Information (continued)	
		
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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.

OMB No 1545-0047

Employer identification number

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

Open to Public Inspection

DEEP DEMOCRACY INSTITUTE	20-5919157					
ORM 990, PART V LINE 3a &3B, ORGANIZATION DID NOT HAVE UNRELATED BUSINESS GROSS INCOME OF \$1,000 OR MORE DURING						
THE YEAR 2016.						
FORM 990, PART VI LINE 11b, A COPY OF FORM 990 IS REVIEWIED BY PRESIDENT. A COPY IS PROVIDED TO BOARD FOR INPUT.						
FORM 990, PART VI, LINE 19, THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AV	AILABLE TO THE PUBLIC BY					
REQUEST VIA EMAIL AND TELEPHONE NUMBERS LISTED ON THE ORGANIZATION'S WEBSITE.						
FORM 990, PART VII, OFFICERS AND DIRECTORS CAN BE CONTACTED AT THE ORGANIZATIONS A	DDRESS.					
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