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Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

2016	
Open to Public Inspection	
	-

A	For t	he 2016 caler	dar year, or tax year beginning and ending		
В	Check	c if applicable	C Name of organization Engine Advocacy	D Empi	oyer identification number
X	Addre	ss change	Doing business as	46-1	064620
ñ	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telep	phone number
Ħ	Initial	return	44 Tehama St	(415	735-6869
Ħ		turn/terminated	City or town, state or province, country, and ZIP or foreign postal code	1, ====	/
H		ded return	San Francisco, CA 94105	G Gross	s receipts \$ 717,502.
H		fion pending			return for subordinates? Yes X No
ш	гуриса	non pending			ordinates included? Yes No
				-	ch a list (see instructions)
		mpt status			option number
		e: ▶engi			
_		forganization)12 M	State of legal domicile CA
ľ		Summa	<u>.*</u>		
	1		ribe the organization's mission or most significant activities	 -	
Se			supports the growth of technology entrepred	neursni	p through
Governance	l		cy on local and national issues.		
Ver	1		box If the organization discontinued its operations or disposed of more than 25% of its	net assets	ı
တိ	3	Number of	oting members of the governing body (Part VI, line 1a)	3	5
Activities &	4	Number of	ndependent voting members of the governing body (Part VI, line 1b)	. 4	3
ţ.	5	Total numb	er of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
ξį	6	Total numb	er of volunteers (estimate if necessary)	6	0
Ac	7a	Total unrela	ted business revenue from Part VIII, column (C), line 12	. 7a	0.
	Ь	Net unrelate	d business taxable income from Form 990-T, line 34	7b	0.
			Prior \	/ear	Current Year
	8	Contribution	s and grants (Part VIII, line 1h)	39,230.	717,502.
ne	9	Program se	rvice revenue (Part VIII, line 2g)		
ē	10	-	income (Part VIII, column (A), lines 3, 4, and 7d)		
Revenue	11		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
_	12			39,230.	717,502.
	13			77,478.	381,866.
	14		d to or for members (Part IX, column (A), line 4)		
	15			59,688.	96,204.
Sesued E	16a		I fundraising fees (Part IX, column (A), line 11e)		
ű,	,		ilising expenses (Part IX, column (D), fine 25) ▶		
8	17			69,772.	264,567.
	18			06,938.	742,637.
65	19	-		32,292.	-25,135.
<u></u>	+	revenue ic.	RECEIVED Beginning of C		
8-5	20	Total ancote	(Part Y June 16)	00,490.	76,271.
S S	21		es (Part X, line 16) NOV 2 0 2017	1,617.	253.
CNetrAssets:	22		10	98,873.	76,018.
	22 art II		ure Block	00,013.	70,018.
			ary, I declare that I have examined this return, including accompanying-schedules and statements, and	to the best of m	ny knowledge and belief it is
_	•		lete Declaration of preparer (other than officer) is based on all information of which preparer has any k		ly knowledge and belief, it is
Ü		ect, and comp	Pedaration of preparet (other than officer) is based on all information of which preparet has any k	T 1. T11	Tit
	ign	Signatur	e of officer	Date	/
	ere	► EV	the state of the s		
rı.	916		PRINT ENGSTRON Executive Director print name and title		
_			nt/Type preparer's name Preparer's signature Date	Cheek	FVI F PTIN
	aid	L_			^ <u>LOL</u> I"
	repa				P01064967
U	se O		n's name Howard Sckolnik CPA		47-5028428
		l'	n's address 8203 E. Sierra Pinta Drive	Phone no	04 0074
_			tsdale, AZ 85255	1(602)5	24-0974
Ma	the I	RS discuss t	his return with the preparer shown above? (see instructions).		. X Yes No

Form 990 (2016)

Form 990 (2016) Engine Advocacy Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
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	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			•
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	Ì		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		}
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	18		'X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		_
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10)	x
11	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable			F
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		}	1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ.—_	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	₹>
42.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	 	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	}		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .	14b	<u></u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ĺ	ľ	1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	 	X
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	 	 ^
. •	If "Yes," complete Schedule G, Part III	19		x
		<u> </u>		

Form 990 (2016) Engine Advocacy
Part IV Checklist of Required Schedules (continued)

			1	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2	0a		X
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	2	0b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		\neg		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}	}		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 1	- }		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		- }		
	employees? If "Yes," complete Schedule J		23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	- {	1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1	j		
	through 24d and complete Schedule K If "No," go to line 25a	<u> </u>	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· -	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		.		
_	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	H	24d		
25 a		<u> </u>	25-		~
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	}	25a		<u> </u>
b	Is this 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?	1	- [
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	· -	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	}	- 1		
	disqualified persons? If "Yes," complete Schedule L, Part II	1	26		x
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	İ			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1		
	Schedule L, Part IV	L	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	}_	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		-		
	conservation contributions? If "Yes," complete Schedule M	· · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	}			
20	Part I	-	31		X
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		x
33	Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	}-	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	-	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	<u> </u>	-		
-	or IV, and Part V, line 1		34	X	ļ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	—	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		7		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	.	35b	_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				<u> </u>
	related organization? If "Yes,", complete Schedule R, Part V, line 2		36		<u></u> _
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,	1	Ì		1
	Part VI	· _	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		}		
	19? Note. All Form 990 filers are required to complete Schedule O		38	<u>X</u>	L

		(2016) Engine Advocacy	46	<u>-10</u>	646	<u> 20</u>	⊃age 5
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Eiter the number of Perms W 2G included in line 1 a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable group within 100 perms with 100 p	Part \						
1 a Enter the number of forms Work 20 cliniculated in the 1 Enter 9-ch in not applicable 1 d 0 2 b Enter the number of forms Work 20 cliniculated in the 1 Enter 9-ch in the applicable 0 3 b Enter the number of forms Work 20 cliniculated in the 1 Enter 9-ch in the applicable 0 4 c 0 5 c 0 0 0 0 0 5 c 0 0 0 0 0 5 c 0 0 0 0 0 0 5 c 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 6 c 0 0 0 0 0 0 7 c 0 0 0 0 0 0 7 c 0 0 0 0 0 0 7 c 0 0 0 0 0 0 8 c 0 0 0 0 0 0 8 c 0 0 0 0 0 8 c 0 0 0 0 0 9 c 0 0 0 0 0 9 c 0 0 0 0 0 9 c 0 0 0 0 0 9 c 0 0 0 0 0 9 c 0 0 0 0 0 9 c 0 0 0 0 0 9 c 0 0 0 0 0 9 c 0 0 0 0 0 0 9 c 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 0 9 c 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V				<u> </u>	┰┷┸
b Eitert the number of Forms W-25 included in the 1a Eiter -01 find applicable in the 1a Eiter -01 find applicable in the 1a Eiter -01 find applicable in the comparison comply with backup withholding rives for irreportable payments to vendors and reportable gaming (gambing) withings to prize withings? 2 a Eitert be number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, field or the calendar year ending with or within the year covered by the roturn 5 it at least one in reported on line 2a, dot the organization file all required feeder all employment tax returns? 8 Note. If the sum of lines 1a and 2 is greater than to within the year required to -8° to (see instructions) 9 10 the organization have unrelated businesses gross income of \$1,000 or more during the year? 10 11 "Yes," have filled a form 900-7 for the year? "I've 10 line 3b, provide an explanation in Schedule O. 2 a At any time during the celenidar year, did the organization have an interest in, or a significant or other authority over, a financial account in a foringe neutrily schedule as a bank account, securities account, or other financial accounts? 10 If "Yes," enter the name of the foreign country (section as a bank account, securities account, or other financial accounts (FBAR) 11 If "Yes," enter the name of the foreign country (section as a bank account, securities accounts and schedule for the present that the section of the financial accounts (FBAR) 12 If "Yes," enter the name of the foreign country (section as a bank account, securities and present that year) 13 If "Yes," in the span of the foreign country (section as a bank account, securities and present that year) 14 If "Yes," in the span of the foreign country (section as a present that year) 15 Dos the organization have enrolled greater than 14 If year than 15 If year (and the organization have enrolled greater) than 14 If year (and the organization should not the organization and party for groods and services prouded to the payor? 16 If "Yes," in			1. 1	~		Yes	No
c Dut the arganization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gainstaining) without provided the provided payment (gainstaining) with several covered by the return of the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calamider year ending with or within the year covered by the return of the statement of the provided of the payment of the statement of the payment of the statement for Find CRIF Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited state electric transaction at any time during the statement of the st				/			
2 a Enter the number of employees reported on Form W.C. Transmittal of Wage and Tex Statements, filed for the calendar year ending with or within the year covered by this return b if at least one in apported on line 2.2, do the organization file all required federal employment tax returns? Note. If the sum of lines it and 2 is greater than 250, our may be required to e-file (see instructions) 3 a D of the organization have unrelated businesses gross second 51,000 or more during the year? 3 a D of the organization have unrelated businesses gross second 51,000 or more during the year? 4 a A sary time during the calendar year, did the organization have an interest in, or a signature or other authority ower, a filenancial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FiRAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 a D od any taxable party octify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b M organization include with every solicitation an express statement that such contributions or gets were not such described. 6 b If Yes, 7 did the organization include with every solicitation an express statement that such contributions or gets were not at selecturities? 7 organizations that many receive deductible contributions under section 170(c). 8 b If Yes, 7 did the organization include with every solicitation an express statement that such contributions or gets were not ax deductibles. 9 c D off the organization selection of the value of the goods or services provided? 10 b did to granization selection of the sale of the goods or services provided? 11 b off the organization neceived a contribution of qualified intellectual property of which it wa		•••	ומון				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14 a	•				<u> </u>	X

46-1064620 Page 6 Form 990 (2016) Engine Advocacy Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a 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 committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7h stockholders, or persons other than the governing body? . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? . . . 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a X 10 a Did the organization have local chapters, branches, or affiliates? . . . b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 X 13 Did the organization have a written whistleblower policy? . . . 14 14 Did the organization have a written document retention and destruction policy? 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? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY**, **CA** 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records (602) 989-9993

Star Financial Management LLC 5109 82nd St. Ste 7, #1111 Lubbock,

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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 definintion of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization r	or any rela	ted o	rgar	nizat	tion	comp	en	sated any curre	ent officer, direct	or, or trustee.
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(A)	(B)	Ì		Posi	tion			(D)	(E)	(F)
Name and Title	Average	(do n	ot ch	eck r	more	than o	ne	Reportable	Reportable	Estimated
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	iiile)	Individual trustee or director	Institutional trustee		ê	npe			Ì	organizations
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Former President	05.00	x	}	x	}			40,666.	69,242.	
(2) Evan Engstrom	13.00		Π		Γ					
Executive Director	27.00	<u> </u>	<u>L</u> .		X			43,604.	80,979.	
(3) Derek Parham	00.50									
Treasurer	00.50	X		X	L					
(4) Michael Petricone	00.50]				
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(5) Marvin Ammori	00.50		1		{			i		
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(6) Josh Mendelson	00.50	}		}	ł					
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(8)]	}			}	,	
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(9)	 	-	1	}	{	[}	{	
40	 	├ -	├	├	-				 	
(10)	 	1	1	ļ	{			}	[
(11)	 	}	-	╁	╁╌	 -		 		
(11)		1	1	}	{			[
(12)	 	 	 	╁	╁╌	 	_			
	1	1		{	1	{				
(13)	1	 	1		 			 		
	1	1			Ĺ				_	
(14)					Γ					
		<u> </u>					L			
										- 000

Part VII Section A. Officers, Directors, Tru	ustees, Key	y Em	ploy	/ees	s, a	nd Hi	ghe	est Compensa	ted Employe	es (continued)
(A) Name and title	(B) Average	(do n	ot ch	Posi eck i	ıtıon	than o	ne	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any		unles	s pe	rson	is both	an	compensation from	compensations from related	amount of other
	hours for	Office			_	or/truste		the	organizations	compensation
	related organizations	ndiv.	Institutional	Officer	Key employee	inghe	Former	organization	(W-2/1099-MISC)	from the
	below dotted	dividual director	tion] =	mp.	st co	1 64	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	2.0		yee	mpe				organizations
		8	trustee			Highest compensated employee				
(15)					-	8				
(16)				_	-		-			
(17)			-	-	-					
(18)	 									-
(19)					-					
(20)			-				-	ı		
(21)										
(22)				-						
(23)				-						
(24)							-	,		+
(25)		-								
1b Sub-total	<u> </u>		L	<u> </u>	<u> </u>	l	•	84,270.	150,221	
c Total from continuation sheets to Pa	art VII, Sec	tion	A				>			
d Total (add lines 1b and 1c) 2 Total number of individuals (including	hud'ngt limi	* a al * a	4100	<u> </u>	liote		. <u>•</u>		150,221	
reportable compensation from the orga					iiste	o and			more than \$10	
3 Did the organization list any former office employee on line 1a? If "Yes," comple								e, or highest c	ompensated	Yes No
For any individual listed on line 1a, is the organization and related organizations g	e sum of re	portal	ble	com	nper	nsatio	n a			the X
individual	reater triari	\$ 100	,00	0,	"	res,	CO	трете эспеат	ne J for Such	. 4 X
5 Did any person listed on line 1a receive for services rendered to the organization							-	-	zation or indiv	· (
Section B. Independent Contractors		<u>-</u>								
Complete this table for your five highest compensation from the organization. Re tax year.										
(A) Name and business address								(B) Description of	services	(C) Compensation
										
					_					
2 Total number of independent contractors	s (including	but n	ot l	ımit	ed t	o tho	se l	isted above) w	ho	
received more than \$100,000 of comper								•		

and Other Similar Amounts	12				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D)
other Similar Amounts	12				Total revenue	function revenue	business revenue	Revenue excluded from tax under sections 512-514
ther Similar Amoun	1 4	Federated campaigns	. 1	la				
ther Similar Amo	b	Membership dues	. [1	b				
ther Similar	С	Fundraising events		ic				
ther Simil		Related organizations	1	ld	į	}		
ther Si		Government grants (contribut	ions) . 1	le				
the it		All other contributions, gifts, g	~]		\
- ^ 1		and similar amounts not inclu	1	if 717,502.				
<u> </u>	g	Noncash contributions include	ed in lines 1a-1f					ĺ
3 6		Total Add lines 1a-1f .			717,502.	1		
- 1				Business Code				
100	2a					1		
Ze	ь							
8	c			1		T		
5	d							
E	e							
Program Service Revenue		All other program service reve	enue .	-				
•		Total. Add lines 2a-2f .						
	3	Investment income (including						
		and other similar amounts)	, , , , , , , , , , , , , , , , , , ,					
1	4	Income from investment of ta	x-exempt bond p	roceeds .		1		
ì	5	Royalties						
1		,	(ı) Real	(ii) Personal				
}	6a	Gross rents						}
ł	b	Less rental expenses						1
- 1	ĺ	Rental income or (loss)						ļ
}		Net rental income or (loss)		. •				}
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
-		assets other than inventory			}			
1	b	Less cost or other basis			}			1
j		and sales expenses			<u> </u>			}
1	С	Gain or (loss)			<u></u>	<u> </u>		
- 1	d	Net gain or (loss)		▶				
. I		·						
Ĕ	8a	Gross income from fundraisir	ng					}
e e		events (not including \$			į			
Otner Revenu	}	of contributions reported on li	ne 1c)		}	1		
<u> </u>		See Part IV, line 18	•	a		}		
·	ь	Less direct expenses		b]		
	C	Net income or (loss) from fur	draising events	> _				<u> </u>
	9a	Gross income from gaming a	ctivities					
		See Part IV, line 19		a]			
	ь	Less direct expenses		b				
	С	Net income or (loss) from gain	ming activities	·	<u> </u>			
	10 a	Gross sales of inventory, less	S	}				
		returns and allowances	•	a	1			{
	b	Less cost of goods sold		b	ļ			
	_ c	Net income or (loss) from sal	es inventory	<u> </u>		1		<u> </u>
		Miscellaneous Revenu	е	Business Code				
	11 a							<u> </u>
ļ	ь			i				
	С				ļ			
ļ	d	All other revenue .		L	ļ	 		
	e	Total. Add lines 11a-11d			717 502			

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all coll		tions must complete co	olumn (A)	
	Check if Schedule O contains a response or note to an		· · · · · · · · · · · · · · · · · · ·		. X
Do no	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
and 1	0b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		221 222		Ę
	and domestic governments See Part IV, line 21.	381,866.	381,866.		
2	Grants and other assistance to domestic]		
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations,	ļ	·	}	
	foreign governments, and foreign individuals. See Part IV,		'		
	lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,	E0 070	20 220	10 750	
_	and key employees	50,970.	38,220.	12,750.	
6	Compensation not included above, to disqualified persons	ŀ		\	
	(as defined under section 4958(f)(1)) and persons	925.	925.	1	
7	described in section 4958(c)(3)(B)	29,234.	21,925.	7,309.	
7 8	Other salaries and wages	29,234.	21,323.	1,309.	
U	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,244.	2,433.	811.	
9	401(k) and 403(b) employer contributions) . Other employee benefits	4,839.	3,629.	1,210.	
10		6,992.	5,244.	1,748.	
11	Payroll taxes Fees for services (non-employees)	0,002.			
	Management	į	1		
	Legal	5,553.		5,553.	
	Accounting	11,146.		11,146.	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	158,000.	158,000.		
12	Advertising and promotion				
13	Office expenses	6,599.		6,599.	
14	Information technology	2,329.	2,329.		
15	Royalties				
16	Occupancy	18,944.		18,944.	
17	Travel .	5,542.	5,542.		
18	Payments of travel or entertainment expenses for any	Ì	,		
	federal, state, or local public officials				
19	Conferences, conventions, and meetings .	645.	645.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	809.		809.	
24	Other expenses Itemize expenses not covered above	j	j		
	(List miscellaneous expenses in line 24e If line 24e amount]	ļ	Ì	
	exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	}		}	
•	Uncollected Pledges	55,000.		55,000.	
a b	oncorrected riedges			33,000.	
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	742,637.	620,758.	121,879.	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	}	Į	}	
	educational campaign and fundraising solicitation Check	}	4	ł	
	here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 71,748. 40,966. 1 Cash -- non-interest-bearing. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 54,696. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L. Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Complete Part II of Schedule L 7 Notes and loans receivable, net . Inventones for sale or use . 4,828. 9 4,523. Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10c b Less accumulated depreciation 11 Investments — publicly traded securities . 11 12 12 Investments — other securities See Part IV, line 11 Investments -- program-related See Part IV, line 11. 13 13 14 14 Intangible assets . . 15 15 Other assets See Part IV, line 11 100,490. 76,271 16 Total assets. Add lines 1 through 15 (must equal line 34). 16 1,617. 17 17 Accounts payable and accrued expenses . . . 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 25 1,617. 26 253. 26 Total habilities. Add lines 17 through 25 Net Assets or Fund Balances Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. 98,873. 27 27 76,018. Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 98,873. 76,018. 33 33 Total net assets or fund balances 76,271. 100,490. Total liabilities and net assets/fund balances Form **990** (2016) UYA

orm 99	0 (2016) · Engine Advocacy		46-1064	1620	Page 12
	XI Reconciliation of Net Assets				1
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>		. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		717	,502.
2	Total expenses (must equal Part IX, column (A), line 25)	2		742	,637.
3	Revenue less expenses Subtract line 2 from line 1	3		-25	,135.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		98	,873.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		2	,280.
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		76	,018.
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>
			E	Y.	s No
1	Accounting method used to prepare the Form 990 🗶 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)	}		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n a se	parate l	1	
	basis, consolidated basis, or both		Ì	1	
	Separate basis Consolidated basis Both consolidated and separate basis		Į.		
b	Were the organization's financial statements audited by an independent accountant?	-		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate to	oasis,	consolidated	1	
	basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		9	j)	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		Į.		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in		į	ļ	
-	Schedule O		p		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		j		1.
	the Single Audit Act and OMB Circular A-133?	•	}	3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		j	.	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	00
UYA				Form 9	90 (2016)

SCHEDULE 1 (Form 990) Department of the Treasury Name of the organization nternal Revenue Service

Engine Advocacy

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Open to Public OMB No 1545-0047 2016

Employer identification number Inspection

46-1064620

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, esearch and Education ę (h) Purpose of grant × or assistance ☐ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (if applicable) grant cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 381,866 414 Brannon St San Francisco, CA 94107 46-0282084501C3 (2) 3 Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (p) EIN (1) Engine Research Foundation (a) Name and address of organization Part II Part I 3 9 (10) E (12) ල (9) 6 8 (7)

Schedule I (Form 990) (2016)

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

Schedule (Form 990) (2016) Engine Advocacy

46-1064620 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) (2016) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV 7 က 4 S.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public-Inspection

Employer identification number Name of the organization 46-1064620 Engine Advocacy Part VI, Section B , Line 11 Form 990 is provided to the organization's officers/board members for review before filing with the IRS. Part VI Section C Line The Organizations financial statements, conflict of interest policy and governing documents are made available upon request by the public Part VI, Section B, Line 12c The organization enforces compliance with its conflict of interest policy at the annual board of directors meeting and as new transactions that may present a conflict are considered. Part VI, Line 8b The organization does not have any committees with authority to act on behalf of the governing body.

Engine Advocacy Part VI Line 2 Directors Samuels and Mendelsohn are married. Part IX Line 11g	Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Part VI Line 2 Directors Samuels and Mendelsohn are married. Part IX Line 11g Consulting Total expenses \$158000.00 Program service expenses \$158000.00	Name of the organization	Employer identification number
Directors Samuels and Mendelsohn are married. Part IX Line 11g Consulting Total expenses - \$158000.00 Program service expenses - \$158000.00	Engine Advocacy	46-1064620
Part IX Line 11g Consulting Total expenses - \$158000.00 Program service expenses - \$158000.00		
Consulting Total expenses - \$158000.00 Program service expenses - \$158000.00	Directors Samuels and Mendelsohn are married.	
	Part IX Line 11g	
	Consulting Total expenses - \$158000.00 Program service expense	s - \$158000.00
	<u> </u>	
		

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Engine Advocacy

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number 46-1064620

Section 512(b)(13) controlled entity? Direct controlling entity Š Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Yes (f) Direct controlling entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) 501C3 Legal domicile (state or foreign country) Primary activity S 46-2820846hech Policy Research Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (1) Engine Research Foundation San Francisco, CA Part I Part II Ð 2 (2) 9 (3)3 **3** 2 3 3

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

Schedule R (Form 990) 2016

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46-1064620 Page 2

Schedule R (Form 990) 2016 Engine Advocacy

(k) Percentage 0.000.0 0000.0 0000.0 0000.0 0.000 0.0000 0.000.0 ownership Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year (I) General or managing partner? Yes amount in box 20 of Schedule K-1 (i) Code V - UBI (Form 1065) (g) (h)
Share of end-of- Deproportonate year assets allocations? Yes No (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d) Direct controlling (c) Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN of related organization Part III € 2 9 (4) (2) 9

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ations Taxable as a related organizations	Corporation or treated as a co	r Trust. Comple	ete if the organiist during the tax	zation answ < year	ered "Yes" on I	Form 990,	Part IV	
Namı	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (Coop, Soop, ortust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(13)
									Yes	N _O
(1)			,	-	:			0.000.0		
(2)			1	, ,				0.000		
(3)								0.000.0		
(4)				-				0.000.0		
(2)				-				0.000		
(9)								0.000		
(7)								0.000		

Schedule R (Form 990) 2016

ξ

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

				×	Yes	No.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related organi	zations listed in Parts	s II-IV2			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		٠		1a	_	×
b Gift, grant, or capital contribution to related organization(s)	•		٠	1b 2	×	
c Gift, grant, or capital contribution from related organization(s)				10	_	×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)		٠	•	- 1e	-	×
			- 1 440			
f Dividends from related organization(s).	•			16	_	×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				1h	7	×
i Exchange of assets with related organization(s).				11		×
j Lease of facilities, equipment, or other assets to related organization(s)				1,	^	×
so potatos mand atanam souther so tenomentum contributed to accordi				; ;		
R Lease of Jacinies, equipment, of other assets from related organization(s).				≤	7	4
				= ,	7	×
m Performance of services of membership of fundraising solicitations by related organization(s).			•	\dashv	+	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					×	1
o Sharing of paid employees with related organization(s)	:			10 2	×	Ī
n Reimbircement naid to related organization(s) for exhances				12	×	
a Remblireament hald hy related organization(s) for expenses				╀	+	>
				7	4	d
r Other transfer of cash or property to related organization(s)				1-	_	×
s Other transfer of cash or property from related organization(s)				15		×
s for information on who must	complete this line, inclu	ding covered relation	including covered relationships and transaction thresholds	thresh	splo	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	amount ın	volved	•
(1) Engine Research Foundation	B	381,866.	Cash			
(2) Engine Research Foundation	Z	4,150.	Time spent		1	{
(3) Engine Research Foundation	0	130,175.	Time spent			
(4) Engine Research Foundation	Q	808	Time spent			
(5)						1
(9)						
UYA			Schedule	Schedule R (Form 990) 2016	990) 2	016

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

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

or gross revenue) that was not a related organization see instructions regarding exclusion to certain investment partities in page 1870.	organization S	ee instructions	regarding exclus		laili iilvesiilielit	al III el SI II ps			:	
(a)	<u>@</u>	<u>(</u>)		©		(6)	Ē		3	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportonate allocatons?	ate Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes No	T.	Yes No	
(1)										0000.0
(2)										0000
(3)				-						0000
(4)										0 0000
(5)										0.000
(9)				-		:				0.000
(7)										0.000
(8)				_						0.000.0
(6)				-						0.000
(10)	 									0.000.0
(11)				-						0.000
(12)							 			0.000
(13)										0.0000
(14)				-						0.000.0
(15)										0000.0
(16)										0.000
UYA				-		:		S	chedule R (F	Schedule R (Form 990) 2016

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Part VII	Supplemental Information. Provide additional information for responses to question	e en Schadula P. See instructions	
	Provide additional information for responses to question	s of Schedule R. See Instructions	
			