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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u> _	For the	e 2016 cale	endar year, or tax year be	ginning	January 1	, 2016, a	nd endir	g Dece	mber 31	, 20 16	
В	Check	f applicable	C Name of organization North	thwest S	HARE				D Employ	yer identification r	umber
	Address	change	Doing business as Kalak	setra					1	91-1918588	
$\overline{\Box}$	Name c	-	Number and street (or P O		I is not delivered to street	address)	Room/su	nte	E Telepho	one number	
$\ddot{\Box}$	Initial re	•	11828 NE 41st LN								
Η				nce count	n/ and ZIP or foreign nos	tat code	<u>. </u>			425 499 6408	
7		ım/terminated		ioo, count	ry, and zir or loroign pos	tal code					
님		ed return	Kirkland, WA 98033						G Gross r		
نــا	Applicat	tion pending	Į.		•			1		r subordinates? 🔲 Ye r	
			12040, Avondale Place, I		d, WA 98052					es included? 🔲 Ye :	
1	Tax-exe	mpt status	✓ 501(c)(3)	501(c) () ◀ (insert no) 🔲	4947(a)(1) or	<u> </u>	if "i	No," attach	a list. (see instruction	ons)
J	Website	e: 🕨 http	o://nwshare.org		·		 	H(c) Grou	p exemption	n number 🕨	
K	Form of	organization	☐ Corporation ✓ Trust ☐	Associati	on ☐ Other ▶	L Yea	ar of forma	tion 200 0	M State	e of legal domicile	WA
P	art I	Summ	nary		-		<u>-</u>				
	1	Briefly d	escribe the organization	's missi	on or most significar	nt activities:	Provid	e education	to genera	al public based	on
ě	İ		lues. Provide free food vi								
Activities & Governance]		le animal shelter and sus					.c.:::::::::::::::::::::::::::::::::::			
Ĕ	2		nis box ▶☐ if the organi					of more tha	n 25% of	ite net accete	•••••
Š	3		of voting members of th				-		1 -		7
<u>ن</u>	4		of independent voting in	_		•				 	
Se	5		mber of individuals empl							 	7
Ě				-	-					 	10
늉	6		mber of volunteers (estir		• •				. 6	 	20
⋖	7a		related business revenue						. <u>7a</u>	ļ	
	<u> </u>	Net unre	lated business taxable ii	ncome t	rom Form 990-1, lin	ie 34	 ;		. 7b	 	
							1	Prior \	ear	Current Y	ear
Revenue	8	Contribu	itions and grants (Part V	III, line 1	h)		[\$4	49,196.36	\$3	355 <u>,</u> 617.64
	9	Program	service revenue (Part V	III, line 2	!g)		[\$3	98,378.50	\$4	24,758.25
Š	10	Investme	ent income (Part VIII, col	umn (A)	, lines 3, 4, and 7d)		[\$2.83		\$35.50
Œ	11	Other re	venue (Part VIII, column	(A), line:	s 5, 6d, 8c, 9c, 10c,	and 11e) .	[
	12	Total rev	enue-add lines 8 throug	gh 11 (m	ust equal Part VIII, co	olumn (A), lır	ne 12)	\$8	47,577.69	\$7	/80,411.39
	13		ind similar amounts paid						59,396.50		25,248.00
	14		paid to or for members	•	• • •	•					
u)	15		other compensation, emp	-				\$3	55,020.91	\$ 1	377,974.05
Šė	16a		onal fundraising fees (Pa	-		• •	· · · · · ·		33,020.31	† * <u>`</u>	777,077.00
Expenses	Ь		ndraising expenses (Part		· · · · · · · · · · · · · · · · · · ·		[30 J. Carlott		1300, in
X	17		penses (Part IX, column							<u> </u>	
	18		penses. Add lines 13-17				· · · ·		75,460.98		111,027.43
	1	Devenue	Jenses, Aud lines 13-17	(inust e	fuen line 10	(A), ([[] 25	" . !		89,878.39		<u>314,249.48</u>
	19	neveriue	e less expenses. Subtrac	i iine 42		7 9			57,699.30		33,838.09)
at Assets or		.	. (5 .) (7	8		<u> </u>	-	Beginning of C		 	
Sset	20		sets (Part X, line 16)	.]	OGDEN, L	127		\$3	85,882.26		<u>352,044.17</u>
A P	21		oilities (Part X, line 26) .	٠ ــــــ		<u> </u>	$\cdot \cdot \cdot$		\$2,379.37	'	\$2,379.37
	22		ets or fund balances. Sui	btract lii	ne 21 from line 20		لنن	\$3	83,502.89	\$:	349,664.80
	art II		ture Block								
Ur	ider pena	alties of perj	dy I declare that I have exami	ned this re	tum, including accompar	nying schedule:	s and state	ments, and to	the best of	my knowledge an	d belief, it is
tru	e, correc	ci, and comp	lete. Declaration of preparer (o	the than o	officer) is based on all into	ormation of whi	cn prepare	r nas any knov	vieage.		
			AMU W		wan			1	9-1	13-20	13-
Sig	gn	Sığı	nature of officer	-	٠, ١	-		Ċ	ate		
He	ere		Harry	1-4	Chanlai	4					
		Тур	e or print name and title								
P	aid	Print/T	ype preparer's name		Preparer's signature		D	ate	Check	T # PTIN	
				!						inployed)	
	epare		name ▶						m's EIN ▶	· · · · · · · · · · · · · · · · · · ·	
US	se On	''y	address ▶								
Ms	v the l		ss this return with the pro	eparer s	hown above? (see ii	nstructions)			ione no.		es No
_			ection Act Notice see the				· · ·	11000	· · · ·		990 (2016)

	00 (2016) Page 2								
Part									
	Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly describe the organization's mission:								
	Northwest SHARE provides services in the areas of Health (vegetarian food), Arts (dances and Drama), Relationships (mentoring) &								
	finally formal Education. As a charity we have helped many people with free food (My Sweet Lord Restaurant) for 13 years & through								
	free burrito distribution on the streets. As a formal school we are taking care of educating students regardless of their ability to pay. We also procured a food truck to give out free food in 2015 and started a animal shelter & organic farming showcase Vedic Museum.								
2	Did the organization undertake any significant program services during the year which were not listed on the								
	prior Form 990 or 990-EZ?								
	If "Yes." describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program								
_	services?								
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by								
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.								
4a	(Code: 001) (Expenses \$ 709,173.80 including grants of \$ 25,248.00) (Revenue \$ \$588,312.91)								
Ta	The Synergy Learning Academy a part of NW SHARE provides elementary education and primary education to those who need.								
	A seed of 70 hide being the invalue of single bonder on a company of a large seed								
	A total of 70 kids being trained reducing burden on overcrowded classrooms								
4b	(Code:) (Expenses \$ 74,424.76 including grants of \$ 0) (Revenue \$ \$192,098.48)								
	The Health part of Northwest SHARE provides free food at My Sweet Lord Restaurant in Seattle's University district in operation for								
	13 years. Recently NWSHARE acquired a food truck to give free food in the greater Seattle area.								
	Also the volunteers distribute free burritos on the street to those who need them								
	Over 120 burritos distributed on Saturdays at the University Way, Seattle. The Vedic Museum health showcase for Ahimsa cows.								
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
4d	Other program services (Describe in Schedule O.)								
	(Expenses \$ including grants of \$) (Revenue \$)								
4e	Total program service expenses ▶								

Form 99			- 1	Page 3
Part	V 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,"		Yes	No
	complete Schedule A	1	√	<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		✓
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		
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		1
	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		1
	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	√	Ļ_
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? <i>If "Yes," complete Schedule G, Part I</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		/
		For	m 990	0 (2016)

Part	Checklist of Required Schedules (continued)			
•			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>✓</u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b 21	1	
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		
d 25a	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	28a 28b		√
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		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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? If "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, Part VI	37		/
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	1	
		For	m 99 0	(2016)

Part					_
`	Check if Schedule O contains a response or note to any line in this Part V	· • • • •	· · · ·	Yes	
1a	Enter the number reported in Box 2 of Form 1006. Enter 0, if not employed	. 5	13% o	res	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	lore and	1, 9.		
С	reportable gaming (gambling) with backup with blackup with backup	iors and p		·	*11
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1c		- W
2a					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined in the control of the control	 	2b	✓	6. 7 4 8
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	i) · ·]		ĽĽ.	التكياث
3a		• • • -	3a		<u>√</u>
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		}		
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financial	l	}	,
	account)?		4a		✓
b	If "Yes," enter the name of the foreign country		. 2	X 3	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts			
	(FBAR).	12		\$ \$	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	did the			_
	organization solicit any contributions that were not tax deductible as charitable contributions?]	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	utions or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods 🏻	النساء		id II
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	:h it was			
	required to file Form 8282?	[7с		✓
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 of)	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	⊢	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by the)(* 4. \$ 1. us must
	sponsoring organization have excess business holdings at any time during the year?]	8		
9	Sponsoring organizations maintaining donor advised funds.	Ľ	Ma		
а	Did the sponsoring organization make any taxable distributions under section 4966?]	9a		
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			37	Vá.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b				3.54
11	Section 501(c)(12) organizations. Enter	7		٧.	ا تولايا
a	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources	ľ			
	against amounts due or received from them.)		2024		
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 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		4		1 1
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.	ľ			
b	Enter the amount of reserves the organization is required to maintain by the states in which	Į.		激光	
	the organization is licensed to issue qualified health plans		3 7		
С	<u> </u>]	\$,70,7	V.X.	P. S.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	\dots	14a		1
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eo [14h		i

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	•	····	<u> </u>
	on, a doto, mig pody and memory	\neg	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		V-10	****;j
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			4.24
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	Ži.	
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
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	l _ l		
	one or more members of the governing body?	7a		/
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	_,		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	5.50	∀
•	the year by the following:			1
а	The governing body?	8a	والتشاشية ا	indicar.
b	Each committee with authority to act on behalf of the governing body?	8b	<u>, </u>	
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	<u> </u>	
14	Did the organization have a written document retention and destruction policy?	14	e de la composición	/
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? The organization's CEO, Executive Director, or top management official.	45-		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	13D	المراق شاحي	₹
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	a and the second	√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	18.34	4),5	36.4
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		22	
	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 Washington		-\(0\	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ווטכ וי	c)(3)9	only)
	Own website Another's website Upon request Other (explain in Schedule O)		-	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Visi Daman 11828 NE 41st In Kirkland WA 98033			

Form 990 (201	6) Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Cartion A	Officers Directors Tenders Key Frederick and Highest Community In Tenders

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.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.	
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Harry Terhanian											
President		/	_	<u></u>	_			0	0		0
(2) Ramesh Yerramsetti	ļ										
Director		✓	<u> </u>	<u> </u>	ļ			0	0		0
(3) Viji Raman,	ļ	_									
Vice President		✓.			ļ			0	0		0
(4) Sanjay Gupta,	ļ	_									
Director		✓						0	0		0
(5) Don Porterfield,	ļ	١.		ł							
Secretary	ļ	✓	_	<u>L</u> .	ļ			0	. 0		0
(6) Venkatraghavan Iyer	ļ										
Director	ļ <u> </u>	/	igspace		L	<u> </u>		0	0		0
(7)	ļ					,					
(8)											
(9)	†			_			_				_
(10)											
(11)										_	
(12)	 										
(13)	 				-						
(14)		-			-						

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar	nd H	lighes	st C	ompensated E	mployees (co	ntinu	ed)
•					(C Pos	-						
	(A) Name and title	(B) Average		ot ch	eck	more	than o		(D) Reportable	(E) Reportable		(F) Estimated
	Mario and Mic	hours per week (list any					or/trust	ee)	compensation	compensation fi	om	amount of other
		hours for	Indiv or di	Instr	Officer	Key	emp	Former	the	organizations		compensation
		related organizations	Individual trustee or director	tution	ĕ	Key employee	est c loyee	ner	organization (W-2/1099-MISC)	(W-2/1099-MIS	·C)	from the organization
		below dotted line)	l trus	nal tr		loyee	omp					and related organizations
			ře	Institutional trustee			Highest compensated employee					•
				-			e <u>e</u>					
(15)												
(16)												
(47)									:			
(17)												
(18)												
(4.0)						<u> </u>			7		\perp	
(19)										ļ		
(20)												
(0.4)											_	
(21)			:									
(22)												
(23)			 			-					-	
			<u></u>					<u> </u>				
(24)		 										
(25)								\vdash				
		<u> </u>]					<u> </u>			_	
1b c	Sub-total	 VII Sectio	 n A	•	•	•	•	>	0		0	
d	Total (add lines 1b and 1c)							•	0		0	
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					abov	e) w	ho received m	ore than \$10	0,000	of
												Yes No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i>	ficer, direc	tor, o	or tr	ust	ee,	key (emp	oloyee, or high	nest compen	sated	
4	For any individual listed on line 1a, is the							on a	ond other comi	oensation fro	n the	3 🗸
7	organization and related organizations											
	ındıvidual											4 1
5	Did any person listed on line 1a receive of for services rendered to the organization								-	zation or indi		5 7
Section	on B. Independent Contractors		p.			7001						<u> </u>
1	Complete this table for your five highest											
	compensation from the organization. Re year.	port compe	ensati	on f	or t	he c	alend	lar :	year ending wi	th or within th	ie org	ganization's tax
	(A) Name and business add	dress							(B) Description of	services		(C) Compensation
				-				+				·
							•					
		-						\vdash				
					•		·	+				
2	Total number of independent contractor received more than \$100,000 of compens							o tl	hose listed ab	ove) who		

Part	VIII	Statement of Reve	enue					
		Check if Schedule O	contains a resp	oonse or note t	o any line in this	Part VIII		<i>.</i>
					(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	1a				6.65	
ons, Gifts, Grants Similar Amounts	b	Membership dues .	1b		7.0			
S, C	С	Fundraising events .	1c					
Gifts, ilar Ar	d	Related organizations	1d					
Contributions, Cand Other Simil	е	Government grants (con						
er S	f	All other contributions, gi						
혈통		and similar amounts not inc		\$35 <u>5,617.64</u>				
on the	g	Noncash contributions includ						
<u>3 8</u>	<u>h</u>	Total. Add lines 1a-1	f		\$355,617.64			
ם	_			Business Code				
eve	2a	Tuition Fees		611699	\$424,758.25	\$424,758.25		
ě	b							
Ž.	C							
Š	a				 -	 -		
Iran	e 4	All other program con					-	
Program Service Revenue	g	All other program sen Total. Add lines 2a-2		· · · · •	#700 411 20	Q.7.788 (4.58)		<u> </u>
	3	Investment income			\$760,411.39	2001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 A N 10 L X 10 A M 10	5 vt-20% 546 00000000000000000000000000000000000
		and other similar amo	•		\$35.50		ĺ	
	4	Income from investmen	•	ond proceeds▶	\$33.30			
	5						-	
		,	(ı) Real	(iı) Personal	5g-7553 860		- 1	
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	(loss)	•	The same of the sa			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less. cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss) .		<u> ▶</u>	77 003420000 1 / 1 / 1			The Control was a country of the control
venue	8a	Gross income from fu						
Other Re		of contributions reported See Part IV, line 18 .						
₹	b	Less direct expenses	s b					
_	C	Net income or (loss) t		events . >		the State of the		
	9a	Gross income from ga	-					
		•	····a					
	b	Less direct expense						
	C	Net income or (loss) t		ivities ▶	C. W.C. S. W. C. Control of the Co.	.c Newmant at / trace	Tool Transcriptore Services	San Mark Land Co. 1988 - 19 19
	10a	Gross sales of in returns and allowance						
	b	Less: cost of goods s					22.00	
	<u>c</u>	Net income or (loss)			ļ		24	
		Miscellaneous F	Revenue	Business Code	2.76			
	11a					<u> </u>	ļ	
	b				 	<u> </u>	ļ	
	C			<u> </u>	 	 	<u> </u>	
	d	All other revenue .		<u></u>	 	1 (MARIE 1991	a transfer Statement	100 20 1 100 100 100 100 100 100 100 100
	e	Total. Add lines 11a-		💺				
		LATOL POVABILA SAA!	DETRUCTIONS		1 4700 444 00		• •	•

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon		ne in this Part IX .	<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	\$25,248.00	\$25,248.00		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			经数据的	
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	\$347,358.22	\$347,358.22		
9	Other employee benefits	\$8,765.60	\$8,765.60		
10	Payroll taxes	21,850.23	21,850.23		
11	Fees for services (non-employees):				
а	Management				
b	Legal	\$88.99	· · · · · · · · · · · · · · · · · · ·	\$88.99	
C	Accounting	-177.98		-177.98	
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17			the set to cold to the	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
40		0047.45			
12 13	Advertising and promotion	2,947.15	2,947.15	0.044.70	
14	Office expenses	6,941.73		6,941.73	
15	Royalties	65.00		65.00	
16	Occupancy	122,318.00	122,318.00		
17	Travel	3,035.89	3,035.89	 	
18	Payments of travel or entertainment expenses	3,033.03	3,033.03		
	for any federal, state, or local public officials	!			
19	Conferences, conventions, and meetings .				
20	Interest		H		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	80009.24	80009.24		
23	Insurance	7,193.19	7,193.19		
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	Meals and Entertainment	2,122.24	2,122.24		
b	Teacher Education	1,012.28	1,012.28		
C	Teaching Materials	37,855.06	37,855.06		ļ
d	Veterinary Fees	2,230.58	2,230.58		<u> </u>
e	All other expenses	\$145,386.06	\$145,386.06		
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	\$814,249.48	\$779,136.59	\$6,828.75	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2016) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year \$289,706.55 1 \$268,139.42 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 Assets 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges . 9 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 164,163.99 Less: accumulated depreciation 10b b 10c \$96,175.71 11 Investments -- publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 . 12 Investments-program-related. See Part IV, line 11. 13 13 Intangible assets 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16 \$385.882.26 \$352.044.17 17 Accounts payable and accrued expenses 17 18 18 19 Deferred revenue 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and

Liabili		disqualified persons. Complete Part II of Schedule L	\$2,379.37		\$2,379.37
뿔ㅣ	23	Secured mortgages and notes payable to unrelated third parties	42/0.007	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	\$2,379.37	26	\$2,379.37
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets		27	The second secon
Balan	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8	32	Retained earnings, endowment, accumulated income, or other funds.	\$383,502.89	32	\$349,664.80
Ž	33	Total net assets or fund balances	\$383,502.89		\$349,664.80
-	34	Total liabilities and net assets/fund balances	\$385,882.26		\$352,044.17
_					Form 990 (2016)

	200 (2010)			aye L
Part	XI Reconciliation of Net Assets	<u></u>		
	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		,411.39
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$814	,249.48
3	Revenue less expenses. Subtract line 2 from line 1	3	(\$33,	838.09)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	\$383	,502.89
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	\$349	,664.80
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		(A. j. 1878)	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		
	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 comp	olled or	A 200 F. A	
	reviewed on a separate basis, consolidated basis, or both:			1869
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		12.0	
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 audite	ed on a	250000	100
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			الاتيلا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	1
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın		7,00
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		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 under			1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.	3b	
			Form 99	0 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

Name	of the c	organization					Employer identification	number
		HARE					91-191	
Par		Reason for Public Cha						ns.
		ration is not a private founda		•		-	•	
1		church, convention of church						
2		school described in section		•			• •	
3 4		hospital or a cooperative hos medical research organizatio						III) Estartha
	ho	spital's name, city, and state	e:					
5	se	organization operated for ection 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6 7		federal, state, or local gover n organization that normally						the general public
•		escribed in section 170(b)(1)			3011 11011	a gover	ancital unit of non	The general public
8		community trust described in						
9	or	n agricultural research organ university or a non-land-gra iiversity:						
10	re su	n organization that normally in ceipts from activities related apport from gross investment aguired by the organization a	to its exempt fui t income and uni	nctions—subject to ce related business taxat	ertain exc ole incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	า 33¹/₃% of its
11		n organization organized and	•	-	-			
12		organization organized and						
		one or more publicly suppo neck the box in lines 12a thro						
а		Type I. A supporting organithe supported organization supporting organization. Yes	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in t	the same			
c		Type III functionally integ						Illy integrated with,
		,,		•		-		
d	L	Type III non-functionally integrated that is not functionally integree requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or						ılı, Type III
f		er the number of supported o						
g	Pro	vide the following information	n about the supp	orted organization(s).	·		,	
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur göverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)						 -		
(C)								
(D)						 		
(E)		····						
Tota			50V3A80-860-3A-1		1.18.2.8.	N 30.8		

Part	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						ality urider
Secti	on A. Public Support	s quamy and	<u> </u>	tod Colon, p	iodos compie	ito i die iii.j	
	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)	(3) = 3 : 3	(7,1033
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	550 1 200					
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)						
6	Public support. Subtract line 5 from line 4	1 - 8 h - 4 k - 4					
	on B. Total Support	1-) 0010	(1) 0040	43,0044	10045	1.0040	70 T
Calen	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	he organization	ons) n's first, secon	d, third, fourth	or fifth tax y	12 ear as a sectio	
Secti	ion C. Computation of Public Suppo			· · · · ·		· · · · ·	
14	Public support percentage for 2016 (line			1. column (fi)		14	%
15 16a	Public support percentage from 2015 Sci 33 ¹ / ₃ % support test—2016. If the organ box and stop here. The organization qua	hedule A, Part iization did not	II, line 14 check the bo	x on line 13, ai	 nd line 14 is 33	15 31/3% or more,	% check this
b	33 ¹ / ₃ % support test—2015. If the organ this box and stop here. The organization	ization did not	check a box of	on line 13 or 16	Sa, and line 15	ıs 33¹/3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization.	eets the "facts	-and-circumst cumstances" te	ances" test, cl	neck this box	and stop here	. Explain ın
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets the meets the	ne "facts-and-	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Schedu	le A (Form 990 or 990-EZ) 2016						Page 3
Parţ	Support Schedule for Organiza (Complete only if you checked the lift the organization fails to qualify	ne box on line	10 of Part I	or if the organ	nization failed mplete Part I	to qualify ur I.)	<u>_</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						
2	received. (Do not include any "unusual grants.") 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	\$33,373 \$197,677	\$267,055.55 \$127,601.00	\$381,671.05 \$153,256.00	\$449,196.36 \$398,378.50		\$1,634,153.60 \$1,347,161.75
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	\$231,050.00	\$394,656.55	\$534,927.05	\$849589.86	\$780,375.89	\$2,981,315.35
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						\$2,981,315.35
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	\$231,050	\$394,657	\$534,927.05	\$849589.86	\$780,375.89	\$2,981,315.35
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	\$5.00	\$30.19	\$20.55	\$2.83	\$35.50	\$96.07
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	\$5.00	\$30.19	\$20.55	\$2.83	\$35.50	\$96.07
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.)	\$231,055.00	\$394,686.74	\$534,947.60	\$849592.69	\$780,411.39	
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth			
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2016 (line					15	63.51 %
_16	Public support percentage from 2015 Sc			<u> </u>	<u></u> .	16	78.79 %
Secti	on D. Computation of Investment In						

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . .

33¹/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33¹/3%, and line 17 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization .
 b 33¹/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization

17

0.0026 %

17

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	Organiz	zations
---------	--------	------------	---------	---------

ecu	ion A. All Supporting Organizations			T
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	Yes	No
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	10 m	Ž
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.	3c	ÑúŹ	
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	ES E	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	ියි. 5b	لأكفاه	17%
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		ر فعا
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	Ľ.	
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		
C	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	270	2 3

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

	e A (FORTH 990 OF 990-EZ) 2016			age 5
Part	Supporting Organizations (continued)			
		18-80-81	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			美
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			أنطينت
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b]	
С	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		
Secti	on B. Type I Supporting Organizations			
		1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	730	. 30	A 7
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		71	\$ X
	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.	23	18.3	1000
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		2000
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 carned out the purposes of the supported organization(s) that operated,			87
	supervised, or controlled the supporting organization.	2		1
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	100 P	V V.	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		شدعا	
Conti	on D. All Type III Supporting Organizations			
Secu	on D. Alt Type III Supporting Organizations		V	
_		1 (2 s. 200)	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	(秦沙)		\$
	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			LW3
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
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		6.5	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3.3	۲۵.	
	significant voice in the organization's investment policies and in directing the use of the organization's	13.84		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		(Mar.)	
	supported organizations played in this regard.	3	250	30 A
Secti	on E. Type III Functionally Integrated Supporting Organizations	1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	เนอกเ	5).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ions).
2	Activation Tool. Angurer (a) and (b) helper	[-	V	NI-
	Activities Test. Answer (a) and (b) below.	(2 (2 harris 2)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	138		Mark 4
	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,	No will		
	how the organization was responsive to those supported organizations, and how the organization determined		A III	1723
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	[多汉]		135
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ಆಚಾಗ್ರೆ .	CANDON AS
3	Parent of Supported Organizations. Answer (a) and (b) below.	T THE PARTY	\$'\\$@	- X-000
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3.7200		
		3a	18.00 M	de Peril
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	The state of the s	NF.	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Schedule	Δ	/Fòrm	gan	OF	aan.	Eフ	2016	

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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	itegrated Type III supporting	g organization (see

Part) Supporting Organi	zations (continued)	
Secti	on D - Distributions	·		Current Year
1_	Amounts paid to supported organizations to accomplish e	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	oses of supported orga	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 which	h the organization is res	ponsive	
-	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	and danied division of anies.		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	,	Excess Distributions	Pre-2016	Amount for 2016
_ _	Distributable amount for 2016 from Section C, line 6			
			7 V	646 3 246 349 45 6 128 8 4
^	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:		A CONTRACTOR OF THE PARTY	
	Excess distributions carryover, if any, to 2010.			
<u>a</u>				
b				
<u>c</u>	From 2013			
<u>d</u> _	From 2014		T WWW	
<u>e</u> _	From 2015			
f	Total of lines 3a through e	4884 - 1880) - 1870' 2 - 1880 - 75au - 22		
<u>g</u>	Applied to underdistributions of prior years		COMMENTANTO LE SELECTE	
<u>h</u> _	Applied to 2016 distributable amount			
_ <u></u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	CONA BONG NO COMMO TO S		
4	Distributions for 2016 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years		71 M	
b	Applied to 2016 distributable amount			
<u>C</u>	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.		84	N. 1985 1985 1985 1985 1
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		dia, bester following	
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c.			
8	Breakdown of line 7:	100 - 100 m		
а	HE ALBOY ALBOY AND AND A SERVICE TO A STATE OF		\$1.000 \ 200 \ 300	years arise (Aressee)
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015	\$1675E1865\$X4		
e	Excess from 2016		的传统,描述"基本	
				A /Form 990 or 990-E71 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

2016

Department of the Treasury Internal Revenue Service

Open to Public

OMB No 1545-0047

Name	of the organization		Employer identification number
North	west SHARE		91-1918588
	rt I Organizations Maintaining Donor Adv		
	Complete if the organization answered '		
		(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		
5	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 beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or fo	or any other purpose
Da	t II Conservation Easements.		· · · · · · · · · · · · · · · · · · ·
Га	Complete if the organization answered '	'Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recreat		a historically important land area
	Protection of natural habitat	·	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	·s	2b
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in historic structure listed in the National Register .	(c) acquired after 8/17/06, and not	
3	Number of conservation easements modified, transtax year ▶		
4	Number of states where property subject to conser	rvation easement is located ▶	
5	Does the organization have a written policy required violations, and enforcement of the conservation ea	garding the periodic monitoring, insp	
6	Staff and volunteer hours devoted to monitoring, inspect		
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme	of the footnote to the organization's fin	
Pai	Organizations Maintaining Collections Complete if the organization answered	s of Art, Historical Treasures, or	Other Similar Assets.
1a	If the organization elected, as permitted under SF, works of art, historical treasures, or other similar	AS 116 (ASC 958), not to report in its assets held for public exhibition, ed	lucation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	cootnote to its financial statements that	describes these items.
b	works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, eding to these items:	lucation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	(ii) Assets included in Form 990, Part XIf the organization received or held works of art,	historical treasures, or other similar	▶ \$assets for financial gain, provide the
а	following amounts required to be reported under S Revenue included on Form 990, Part VIII, line 1 .		
	Assets included in Form 990. Part X		> •

Part	Organizations Maintaining	Collection	ons of Art,	Historica	I Treasures	, or Ol	her Similar As	sets (cor	ntinued) ¯
3	Using the organization's acquisition, a collection items (check all that apply):	accession,	and other	ecords, ch	eck any of th	ne follov	ving that are a s	ignificant	use of its
а	☐ Public exhibition			d 🗌 Lo	an or exchan	ge prog	rams		
b	☐ Scholarly research			e 🗌 Oti	her				
C	☐ Preservation for future generations	3							
4	Provide a description of the organizat XIII.	ion's colle	ctions and	explain hov	v they further	the org	janızation's exer	npt purpo:	se in Part
5	During the year, did the organization	solicit or i	eceive dona	ations of a	rt, historical t	reasure	s, or other simila	ar	
	assets to be sold to raise funds rather			as part of	the organizat	ion's co	llection?	Yes	s 🗌 No
Part									
	Complete if the organization 990, Part X, line 21.								Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?								s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and	complete ti	ne following	g table:		A	mount	
C	Beginning balance					10			
d	Additions during the year				.	10			
е	Distributions during the year					16			
f	Ending balance								
2a	Did the organization include an amour						•		
	If "Yes," explain the arrangement in Pa	art XIII. Ch	eck here if t	ne explana	tion has been	provid	ed on Part XIII .	<u> </u>	
Par	V Endowment Funds.								
	Complete if the organization								
		(a) Curren	t year (b) Prior year	(c) Two yea	rs back	(d) Three years bac	k (e) Foury	ears back
1a	Beginning of year balance							<u> </u>	
b	Contributions								
C	Net investment earnings, gains, and						1		
	losses	·					<u> </u>		
d	Grants or scholarships								
e	Other expenditures for facilities and							T	
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t		year end ba	lance (line	1g, column (a	a)) held	as		
а	Board designated or quasi-endowmer		%						
b	Permanent endowment ▶								
С	Temporarily restricted endowment ▶		%						
	The percentages on lines 2a, 2b, and 2			•					
3а	Are there endowment funds not in the	e possessi	on of the or	ganızatıon	that are held	and ac	lmınıstered for th	ne _	
	organization by:							'	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations					-		3a(ii)	
b	If "Yes" on line 3a(ii), are the related or					٠		3b	
4	Describe in Part XIII the intended uses		janization's	endowmer	nt funds.				
Pari									
	Complete if the organization	answere	d "Yes" on	Form 990	D, Part IV, lin	e 11a.	See Form 990	Part X, li	ne 10.
	Description of property	(a)	Cost or other b (investment)	asis (b) Co	ost or other basis (other)	d	Accumulated epreciation	(d) Book	value
1a	Land					摩 发	· 数:数:数:7		
b	Buildings								
c	Leasehold improvements		\$76,07	7.88			\$29,642.00		\$29,642.00
d	Equipment	·	\$86,58	6.11			\$50,367.24		\$50,367.24
е	Other	<u></u>		1500		L	250		\$250
Total.	Add lines 1a through 1e. (Column (d) n	nust equal	Form 990, I	Part X, colu	ımn (B), line 1	0c.) .	▶		80,259.24

Part VII	Investments — Other Securit Complete if the organization a		orm 990, Part IV, lii	ne 11b. See Form	n 990. Part X, line 12.
	(a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Met	hod of valuation l-of-year market value
(1) Financia	derivatives			 	
	held equity interests				
(3) Other					
(A)					
(B)				<u> </u>	
(C)				_	
(D)				ļ	
(E)				<u> </u>	
(F)				 	
(G) (H)				 	· · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments — Program Rela				
rart viii	Complete if the organization a		orm 990 Part IV lis	ne 11c See Form	990 Part Y line 13
	(a) Description of investmen		(b) Book value		thod of valuation
	(a) Description of investment	<u>•</u>	(D) DOOK VAIDE		l-of-year market value
(1)			 		
(2)					
(3)					
(4)				<u> </u>	
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		於·德克斯斯斯	
Part IX	Other Assets.	1407 11 5	000 5 1 11 / 11	4410 5	000 5 1 1 1 1 1 1 1 1
	Complete if the organization a	(a) Description	orm 990, Part IV, III	ne 11a. See Form	(b) Book value
14)		(a) Description			(b) BOOK Value
(1)					
(2)					
(4)				· · · · · · · · · · · · · · · · · · ·	
(5)					
(6)					
(7)					<u> </u>
(8)					
(9)					
	mn (b) must equal Form 990, Part)	(, col. (B) line 15) .		. ▶	
Part X	Other Liabilities.				_
	Complete if the organization a	answered "Yes" on Fo	orm 990, Part IV, III	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.	T 43 P 1	Feed writing 7 and	t ser o alka aleman i i i a	SKOLZAN WARRENDE - KANSENZE F IS
(1) Federal II	(a) Description of liability	(b) Book value	——————————————————————————————————————		
(2)	ricome taxes				
(3)		- 			
(4)		- 			
(5)		- 			
(6)				in the second	
(7)		- 			
(8)		- 			
(9)					《多》,"我们不是
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	>			
2. Liability fo	r uncertain tax positions. In Part XIII, p	rovide the text of the foo	tnote to the organization	on's financial statem	ents that reports the
organization	's liability for uncertain tax positions ur	nder FIN 48 (ASC 740). CI	neck here if the text of	the footnote has bee	en provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
		Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements			1	
2	Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net (unrealized gains (losses) on investments	2a			
b	Dona	ated services and use of facilities	2b			
c	Reco	overies of prior year grants	2c			
d	Othe	r (Describe in Part XIII.)	2d			
е	Add	lines 2a through 2d			2e	
3	Subt	ract line 2e from line 1			3	
4	Amo	unts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Othe	r (Describe ın Part XIII.)	4b			
C		lines 4a and 4b			4c	
5	Tota	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII	Reconciliation of Expenses per Audited Financial Statem			r Ret	urn.
		Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1		•			1	
2	Amo	unts included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ated services and use of facilities	2a			
b		year adjustments	2b			
С		r losses	2c			
d		er (Describe in Part XIII.)	2d			
е		lines 2a through 2d			2e	
3		ract line 2e from line 1			3	
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
a		stment expenses not included on Form 990, Part VIII, line 7b	4a			
Ь		r (Describe in Part XIII.)	4b		2.13	
c		lines 4a and 4b			4c	
5 Doct	XIII		9 10.)	· · · · · · · · · · · · · · · · · · · 	5	
	_	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 1. 0	art IV lines 1b and 2b	· Dart	V line 4: Part V line
		nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
_, _				and any accommond in		
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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule E (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

Northwest SHARE 91-1918588 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 2 brochures, catalogues, and other written communications with the public dealing with student admissions, 2 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c 4d 1 Copies of all material used by the organization or on its behalf to solicit contributions? . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Admissions policies? . 5b 5с Employment of faculty or administrative staff? Scholarships or other financial assistance? . 5d Educational policies? . 5e Use of facilities? 5f Athletic programs?. 5g Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Has the organization's right to such aid ever been revoked or suspended? . . . 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4,05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

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OMB No 1545-0047

Open to Public Inspection

%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number ☐ Yes 91-1918588 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Food 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance . . . (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, 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 . . . (d) Amount of cash 25,248.00 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 91-0987890 (D) EIN (1) Vedic Cultural Center 1 (a) Name and address of organization Name of the organization **Northwesat SHARE** Part II Part I N € N ල 0 8 8 **©** 5 £ 12 0 9

Schedule I (Form 990) (2016)

Cat, No 50055P

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

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Name	of the	e organ	ızatıon

Name of	f the organization	· —	-					Emplo	yer ide	ntificat	ion nu	mber			
Northw	vest SHARE									91-	19185	88			
Part	Excess Beneficial Complete if the	fit Transactior le organization	ns (section 501 answered "Yes	(c)(3), s s" on F	section of	501(c)(4), a 0, Part IV, I	nd 501 ine 25a	(c)(29) organız a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part	V, lıne	40b.		
1	(a) Name of disqualified	nerson	(b) Relationship be			person and		(c) Descriptio	n of trai	neartini			(d) Con	rected?	
	(b) rearrie or eloqualities	pordon		organızat	tion			(c) Description					Yes	No	
(1)															
_(2)															
(3)	·									_					
_(4)			· _						_						
_(5)						·			_						
(6)															
2	Enter the amount		-		_		•	ed persons du	ring t	he ye	ar				
	under section 4958								• •	• • •	▶ \$	i			
3	Enter the amount o	f tax, if any, on	line 2, above,	reımbu	irsed by	the organi	zation			!	▶ \$	S			
		 													
Part	Complete if th	e organization	rested Persons answered "Yes ount on Form 9	s" on F	orm 990 art X, line	0-EZ, Part ' e 5, 6, or 2	V, line 2.	38a or Form 9	90, Pa	ırt IV,	line 2	6; or	f the		
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount			(g) In ((g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				То	From				Yes	No	Yes	No	Yes	No	
(4))	/iji Raman	Director	Startup costs	10	11011	6444.7	15.62	£2 270 2	+	1.0	/	140	169	140	
(2)	ијі катап	Director	Startup costs		 	\$141,2	15.63	\$2,379.37	'	 •	. •		 	-	
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Total				• •			.▶ \$	 -	8205		· 754,	der g	7		
Part	Grants or Ass	sistance Bene	fiting Intereste answered "Ye	ed Per	sons.				. l		.				
(a)	Name of interested person		ship between intere and the organization		c) Amount	of assistance	(d	Type of assistan	ce	(е) Purpo	ose of a	ssistan	ce	
(1)															
(2)															
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi reve	ızatıor
[1)				<u> </u>	Yes	No
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rt V	Supplemental Information	<u>l</u>				<u>_</u>
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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

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
Northwest SHARE	911918588
Utilities - \$13,220.98	
Cleaning and Yard - \$14,976.50	
Repair and Maintenance - \$12,173.02	
IRA - \$2,763.65	
Misc - \$5,218.63	
Feed and Cow expenses - \$51,238.94	
School Food - \$1,250.00	
Grocery expenses - \$8,990.55	
Dues & Subscriptions - \$817.49	
Bank Fees, Charges, and Interest - \$8,407.77	
Commissions and Fees - \$4,551.08	
ADP Fees - \$745.72	
City Fees and Taxes+DEL fees - \$1,999.29	
King County Taxes - \$12,050.53	
Licensing - \$114.00	
State Rev Tax - \$6,823.42	
Postage - \$9.40	
All Other expenses - \$145,350.97	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
	Employer identification number
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