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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	016 calen	dar y	ear, or ta	x year	r begi	nning				, 20	16, and	d endi	ng			,		
В	Check if app	licable	C	Name of orga	nızatıon	GE	E HOW C	AK	TIN F	'OUN	DATI	ON			D Emplo	yer iden	tification nu	mber	
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	Name o	hange		Number and s	treet (or	PO bo	ox if mail is not	deliver	ed to street	addres	s)		Room	/suite	E Teleph	one num	ber		
	Initial re	eturn	519	9 7TH 2	AVE	S									(20	6) 9	48-90	L3	
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code																			
	Amended return SEATTLE WA 98104-2971 G Gross red											eceipts	\$ 262	,521					
Application pending F Name and address of principal officer H(a) Is this a group return											urn for subordinates? Yes X N		X No						
	1 5 5								H(b) Are a	ll subordinates ' attach a list	included	(?	Yes	No					
_	Tax-exen	npt status		501(c)(3)	$\overline{}$	1(c) (}<		rt no)		47(a)(1		527	T II NO.	attach a list	see mst	ructions)		
J	Websit				1 1		,	<u> </u>	· · · · · ·	1_1_	<u> </u>	<u></u>		H(c) Group	exemption ni	ımber I	-		
K		rganization		Corporation	Tru	ust	Association	\Box	Other -			L Year	of format	on 198	9 M	State of I	egal domicile	· WA	
Pa		Summar	~		•														
1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LOW INCOME HOUSE													DUSING						
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Activities &				,			Part VIII, col									7a	 		, 958.
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	8 Coi	ntributions	and	grants (Pa	art VIII	line 1	ih)							L	i iioi i oui	•			
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ACI		•		•			_g,), lines 3, 4,									016.			,318.
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900														19 <i>6</i> 1:	ing of Curre			d of Ye	
aber	20 Tot	tal assets (Part	X, line 16)				·	. M0	V. 2	0. 20	17 · ·	[위	2,269,		2	<u>,204</u>	<u>,772.</u>
Fed B	21 Tot	tal liabilitie	s (Pa	art X, line 2	26)					. :					660,	569.	-	672	,749.
žŽ	22 Ne	t assets or	fund	balances	Subtr	ract lır	ne 21 from I	ıne 20) { . !!-	, 					1,608,	983.	1	,532	,023.
Pa	rt II	Signatu	re B	lock					1	OC		M.	<u> </u>						
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May	the IRS	discuss th	ıs ret				shown abov	e? (s	ee instru								X Y		No

	1990 (2016) GEE HOW OAK TIN FOUNDATION	94-31	J858Z		1 0	ye z
Par	Statement of Program Service Accomplishments					
	Check if Schedule O contains a response or note to any line in this Part III			· · · ·		
1	Briefly describe the organization's mission					
	TO PROVIDE LOW INCOME HOUSING					
2	Did the organization undertake any significant program services during the year which were not listed on the price	or		_		
	Form 990 or 990-EZ?		- []	Yes	X I	No
	If 'Yes,' describe these new services on Schedule O			•	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?.		$\cdot \sqcap$	Yes	x i	No
	If 'Yes,' describe these changes on Schedule O.		ш		_	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other and revenue, if any, for each program service reported	measurers, the t	ed by ex otal exp	(penses enses,		
	(Code) (Expenses \$ 180,818. including grants of \$ 2,109.) (Rev	enue	S	110	035	7)
→ a	THE FOUNDATION WAS ORGANIZED TO: 1) TO OPERATE EXCLUSIVELY FOR CHAR					
	LITERARY AND EDUCATIONAL PURPOSES; 2) TO DEVELOP, OWN, MAINTAIN, A	הוה_ –		-		
	MANAGE A RESIDENT HOUSING FACILITY FOR LOW INCOME TENANTS.					
4 b	(Code:) (Expenses \$ including grants of \$) (Rev	/enue	s			
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						-
						
4 c	: (Code:) (Expenses \$ including grants of \$) (Rev	/enue	\$			}
-			· —			—′
						
			·			
	~					
4 d	Other program services (Describe in Schedule O)					_
	(Expenses \$ including grants of \$) (Revenue \$)		_
4 e	Total program service expenses 180,818.					

			Yes	<u>No</u>
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		Х
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		Х
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		Х
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_		Х
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
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		Х
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	200	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
1	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b		х
4	c 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	11 c		х
,	d 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	11 d		х
,	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
,	f 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	11f		х
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		х
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	 	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	├—	X
	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		х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
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		х
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		x

Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		х
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		X
24 8	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		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		Х
t	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		х
26		235		
20	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		х
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		х
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	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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		Х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
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		х
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		х
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	х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🏻
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
t	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	- 1 c	x	
2 a	n Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return		-	
t	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	[
t	off 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
k	olf 'Yes,' enter the name of the foreign country.	L I		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			<u>-</u>
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?	6 a		х
ŧ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
æ	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		$-\overline{x}$
Ł	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		х
c	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŧ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		-	
	organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		<u> </u>
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
	Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			
	· · · · · · · · · · · · · · · · · · ·			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	40.5		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes.' enter the amount of tax-exempt interest received or accrued during the year	12a		
	,,,,,,,,,,,,,,			'
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		<u> </u>
ě	Is the organization licensed to issue qualified health plans in more than one state?	134		<u> </u>
	· · · · · · · · · · · · · · · · · · ·			٠
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			'
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		·x
	of Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b	L	
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Forn	n 990 (2016) GEE HOW OAK TIN FOUNDATION 94-3085822		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · ·</u>	<u> </u>	. X
Sec	ction A. Governing Body and Management		Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year		163	NO
	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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6 7 a	Did the organization have members or stockholders?	6 7 a		X
1	hare any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
	a The governing body?	8 a	X	
_	Each committee with authority to act on behalf of the governing body?	8 Ь	X	ļ
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>		
40.	Dud the community of the forest should be seen that the first of		Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	operations are consistent with the organization's exempt purposes?	10 ь		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12 a		x
t	were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Countries or some state of the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	= .	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-
	The organization's CEO, Executive Director, or top management official	15a		X
E	Other officers or key employees of the organization	15 b		X
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			- · -
t	taxable entity during the year?	16a		Х
Soo	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?	16 b	-	
360	List the states with which a copy of this Form 990 is required to be filed Washington			
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) a for public inspection. Indicate how you made these available. Check all that apply	 ıvaılab	– – – le	
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	to e		
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Jeanette R Woodworth, EA 4309 90th Ave E Edgewood WA 98371-2555 (20	<u> </u>	148-S	9013

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization nor any relat	ed organi	zatio	n co	mpe	nsa	ed a	ny c	current officer, dire	ctor, or trustee	
				(C)						
(A) Name and Title	(B) Average hours	Average is hours per			fficer a	k more personand a e)		(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	wook	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MICHAEL CHEN PRESIDENT	0.30	х						0.	0.	0.
(2) JACKSON CHAN VICE PRESIDENT	0.30	х						0.	0.	0.
(3) GILBERT CHIN SECRETARY	0.50	х						0.	0.	_0.
_(4)_WENHUI_LITREASURER	0.30	х						0.	0.	0.
(5) RUIQIAN CHEN SOCIETY	0.15	x						0.	0.	0.
(6) ZENGGUANG CHEN SOCIETY	0.15	х						0.	0.	0.
(7) HUIYA CHEN CULTURE/EDUCATION	_0_15	х						0.	0.	0.
(8) CANRONG CHEN COMMUNICATION	0.15	х						0.	0.	0.
(9) ZHONGHAO CHEN COMMUNICATION	0.51	x						0.	0.	0
(10)										
(11)										
(12)										
<u>(13)</u>										
(14)										

Form 990 (2016) GEE HOW OAK TIN FOUNDAT	ION								94-30858	22	Pag	je 8		
Part VII Section A. Officers, Directors, Tru	istees, (B)	Key 	En		oye C)	es,	and	<u>d Highest Con</u> 	npensated Em	ployee	S (contir	nued)		
(A) Name and title	Average hours per week	box	, unte	Pos heck ss pe	ition more irson i directo	than o is both or/truste	an ee)	(D) Reportable compensation from	(E) Reportable compensation from					
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org ar	ipensation rom the anization d related anizations			
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)									, 1 1 - 1 - 1 - 1					
(22)														
(23)									1000					
(24)														
(25)														
1 b Sub-total	n A						►	0.	0	•		0.		
d Total (add lines 1b and 1c)							► ived	0 . d more than \$100,0	0 000 of reportable o		tion	0.		
from the organization •	-1					····					Yes	No		
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in	or trustee dividual	e, key	em	ploy 	ee,	or hig	hes	st compensated em	ployee	3	_	Х		
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	ortable co nan \$150,	mpe 000?	nsat If 'Y	ion a 'es, '	and com	other oplete	cor Sc.	mpensation from hedule J for		4		- x		
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' co	ompensati omplete S	on fr	om a	any i <i>I for</i>	unre suc	lated h per	org son	anization or individ	lual · · · · · · · · · · · · · · · ·	5		x		
Section B. Independent Contractors 1 Complete this table for your five highest compensate	nd indone	ndon	1 001	troc	torn	that		auad mara than fi	00 000 of					
compensation from the organization Report comper	nsation for	r the	cale	nda	ryea	ar end	ling	with or within the	organization's tax	year				
(A) Name and business addre	ess							Description o		Compe	C) ensation	ı ———		
					_			-						
Total number of independent contractors (including I \$100,000 of compensation from the organization	but not lim	nited	to th	ose	liste	d abo	ove)) who received moi	re than		·····			

	Check if Schedule O contains a response or note to any line	e in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . 1 e f All other contributions, gifts, grants, and similar amounts not included above . 1 f g Noncash contributions included in lines 1a-1f \$				
S E	h Total. Add lines 1a-1f				
Щe	Business Code				
Program Service Revenue	DOW INCOME HOUSING 531110 b LAUNDRY INCOME 531110 c	120,906.	120,906. 1,271.	0.	0.
am Serv	d				
8	f All other program service revenue				
<u>ā</u>	g Total. Add lines 2a-2f · · · · · · · · · · · · ▶	122,177.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds 	1,682.	1,659.	23.	0.
	5 Royalties	-			·
	(i) Real (ii) Personal				
	6a Gross rents 143,662.				
	b Less: rental expenses 140,526.				
	c Rental income or (loss) 3, 136.				
,	d Net rental income or (loss)	3,136.	201.	2,935.	0.
	7 a Gross amount from sales of (i) Securdies (ii) Other				
	assets other than inventory -10,000. b Less: cost or other basis				
	and sales expenses · · ·				
	c Gain or (loss) · · · ·				
	d Net gain or (loss) · · · · · · · · · · · · · · · ►	-10,000.	-10,000.	0.	0.
Revenue	8 a Gross income from fundraising events (not including . \$ of contributions reported on line 1c) See Part IV, line 18				
Other Re	b Less direct expenses b				
Ě	c Net income or (loss) from fundraising events · · · · · •				
Ü	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a MISC INCOME AT STOCKBROKERS 531110	0.	0.		0.
	b insurance reimbursement for casualty loss 531110	5,000.	5,000.	0.	0.
	d All other revenue				
	e Total. Add lines 11a-11d	5,000.			
	12 Total revenue. See instructions	121 005	110 027	2 959	0

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns All of	her organizations must d	complete column (A)	
	Check if Schedule O contains a re	sponse or note to any line	e in this Part IX · · · ·		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,109.	2,109.		
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		, 1		
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors, trustees, and key employees				
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	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		,		
	Management				····
	Legal	1.423.	0.	1,423.	0.
	: Accounting	4,218.	1,570.	2,648.	0.
	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.)				
13	Advertising and promotion	770		770.	
14	Information technology	770.	0.	770.	0.
15	Royalties				
16	Occupancy	134,592.	134,592.	0.	0.
17	Travel	134,392.	134,592.		·
	Payments of travel or entertainment expenses for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings	46.	0.	46.	.0.
20	Interest	2,542.	2,542.	0,	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	52,735.	52,735.	0.	0.
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	-		-	
a	BANK_FEES	520.	520.	0.	0.
t	9				
0					
C					
	All other expenses	100 055	704 000	4 005	•
25	Total functional expenses. Add lines 1 through 24e	198,955.	194,068.	4,887.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
	221 22 5 1400 200 150)			<u> </u>	

<u> </u>	ILA	Check if Schedule O contains a response or note to any line in this Part X · · · · ·			X
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	38,156.	2	60,796.
	3	Pledges and grants receivable, net		3	<u> </u>
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	4	42,381.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
ts.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	6,794.	9	7,318.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation	2,224,242.	10 c	2,093,951.
	11	Investments — publicly traded securities	4,221,212.	11	2,000,001.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets	354.	14	330.
	15	Other assets See Part IV, line 11	6.	15	-4.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,269,552.	16	2,204,772.
	17	Accounts payable and accrued expenses.	86,402.	17	102,281.
	18	Grants payable	. 00,402.	18	1021201.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	553,151.	23	549,802.
	24	Unsecured notes and loans payable to unrelated third parties		24	3157002.
	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.	21,016.	25	20,666.
	26	Total liabilities. Add lines 17 through 25	660,569.	26	672,749.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	,		-
	27	Unrestricted net assets	1,607,671.	27	1,530,712.
3a	28	Temporanly restricted net assets	1,312.	28	1,311.
豆	29	Permanently restricted net assets		29	······································
Net Assets or Fund Balan		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>f</u> et	33	Total net assets or fund balances	1,608,983.	33	1,532,023.
~	34	Total liabilities and net assets/fund balances	2,269,552.	34	2,204,772.
BA	A				Form 990 (2016)

Form 990 (2016) GEE HOW OAK TIN FOUNDATION	94 -	3085822	2	Pa	age 12
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI					. \square
1 Total revenue (must equal Part VIII, column (A), line 12)		1	1	21.9	 95.
2 Total expenses (must equal Part IX, column (A), line 25)		2	•		955.
3 Revenue less expenses Subtract line 2 from line 1		3			960.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4			983.
5 Net unrealized gains (losses) on investments		5			
6 Donated services and use of facilities		6			
•		7			
8 Prior period adjustments		8			
, , ,		9			
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X	, line 33,				
	· · · · · · · · · · · · · · · · · · ·	10	1,5	<u>32,0</u>)23 <u>.</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII	 				
				Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual	Other				
If the organization changed its method of accounting from a prior year or checked 'Other'	explain			-	1 :
in Schedule O	OAPIGIT!				Í '
2 a Were the organization's financial statements compiled or reviewed by an independent acc	countant?		2 a	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were of	compiled or reviewed on a	ı			
separate basis, consolidated basis, or both					
					1
• • •			2 Ь		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were a	audited on a separate			-	
	te basis				1
c If Yes' to line 2a or 2b, does the organization have a committee that assumes responsibilities review, or compilation of its financial statements and selection of an independent accounts	ity for oversight of the aud	ıt,	20		x
			1		
2 Total expenses (must equal Part IX, column (A), line 25)			-		
3 a As a result of a federal award, was the organization required to undergo an audit or audits	as set forth in the Single				Ţ,
Net unrealized gains (losses) on investments			X		
	S	·			<u> </u>
BAA			Form	990 (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 charitable 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

Name o	Name of the organization Employer identification number						tion number	
GEE	Н	OW OAK TIN FOUNDATI					94~308582	
Part	I	Reason for Public Cha	rity Status (All or	ganizations must co	omplete	this p	eart.) See instruction	ns.
The o	gai	nization is not a private foundati	on because it is: (For i	ines 1 through 12, check	k only on	e box)		
1		A church, convention of church	nes, or association of c	hurches described in se	ction 17	0(b)(1)(A)(i).	
2	П	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	or 990-	EZ))		
3	Г	A hospital or a cooperative hos	spital service organizat	ion described in section	170(b)(1)(A)(iii).	
4	Т	A medical research organization						he hospital's
	ш	name, city, and state						,
5		An organization operated for the section 170(b)(1)(A)(iv). (Con	 ne benefit of a college of mplete Part II)	or university owned or o	perated t	y a gov	ernmental unit described	
6		A federal, state, or local govern	nment or governmenta	l unit described in section	on 170(b)(1)(A)(v).	
7		An organization that normally r		part of its support from a	governn	nental ui	nit or from the general p	ublic described
8		A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)				
9	F	An agricultural research organ	zation described in se	ction 170(b)(1)(A)(ix) o	perated i	n conjur	nction with a land-grant of	college
J	Ц	or university or a non-land-grai				-	-	-
		university		(,		,	-	
10	х	,						
	<u></u>	An organization that normally r from activities related to its exe investment income and unrelat June 30, 1975 See section 5	empt functions—subjec ted business taxable ir	t to certain exceptions, a ncome (less section 511	and (2) n	o more t	han 33-1/3% of its supp	ort from gross
11	L	An organization organized and	operated exclusively t	to test for public safety	See sect	ion 509	(a)(4).	
12	L	An organization organized and or more publicly supported org lines 12a through 12d that des	anizations described ir	n section 509(a)(1) or s	ection 5	09(a)(2).	. See section 509(a)(3).	
а		Type I. A supporting organization organization(s) the power to re complete Part IV. Sections A	ion operated, supervis gularly appoint or elec	ed, or controlled by its s	upported	organiz	ation(s), typically by givi	
ь	Г	Type II. A supporting organiza		trolled in connection with	a ite eline	orted or	manization(e), by having	control or
	_	management of the supporting must complete Part IV, Secti	organization vested in	the same persons that	control c	r manag	ge the supported organiz	ration(s) You
C	L	Type III functionally integrate organization(s) (see instruction					functionally integrated v	vith, its supported
d		Type III non-functionally inte	grated. A supporting of ganization generally me	organization operated in ust satisfy a distribution	connect	on with	its supported organization	on(s) that is not ement (see
e		instructions) You must comp Check this box if the organizate integrated, or Type III non-fund	ion received a written	determination from the II	RS that if	: ıs a Typ	pe I, Type II, Type III fun	ctionally
f	E٢	iter the number of supported or						
g		ovide the following information a	•					, , ,
	i) N	ame of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is organizati in your go , docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			4		Yes	No		
					1			
(A)								<u> </u>
(B)						l		<u></u>
								•
(C)_					ļ			
				-	,]		
<u>(D)</u>								
•								
<u>(E)</u>								
<u></u> _					1			
Total			1		1			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III if the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support		_				
Cale begi	ndar year (or fiscal year nning 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	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						
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						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ictions)				
13	First five years. If the Form 990 is organization, check this box and s	top here · · · · ·					▶ 🔲
Sec	tion C. Computation of Pu						
14	Public support percentage for 201						%
15	Public support percentage from 20	115 Schedule A, Pa	art II, line 14 · · ·			15	%
16a	33-1/3% support test—2016. If the and stop here. The organization of						ox ▶ []
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box o cly supported orga	n line 13 or 16a, ai anization • • • • •	nd line 15 is 33-1/3	% or more, check t	his box · · · · · · ▶
17a	10%-facts-and-circumstances te or more, and if the organization method organization meets the facts-a	est—2016. If the or eets the 'facts-and and-circumstances	ganization did not -circumstances' te ' test The organiz	check a box on linest, check this box a ation qualifies as a	e 13, 16a, or 16b, and stop here. Exp publicly supported	and line 14 is 10% blain in Part VI how Lorganization	· - []
	10%-facts-and-circumstances te or more, and if the organization meorganization meets the facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te st. The organization	st, check this box a n qualifies as a put	and stop here. Exp blicly supported org	olain in Part VI how janization	the ▶
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ns · · · · . ▶

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

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

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in) 🏲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	157,631.	188,243.	222,933.	230,976.	319,0	3.2	1,118,815.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	127,031.	100,443.	222, 223	230,370.		٠. عد	1,110,013.
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	157,631.	188,243.	222,933.	230,976.	319,0	32.	1,118,815.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		100,213.					
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							
C	Add lines 7a and 7b							_
	Public support. (Subtract line 7c from line 6)						ر. د: در	1,118,815.
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
9	Amounts from line 6 · · · · ·	157,631.	188,243.	222,933.	230,976.	319,0	32.	1,118,815.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,970.	16,322.	44,926.	_ 967.	1,6	82.	132,867.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			1,525.		2.9	35.	4.460.
С	Add tines 10a and 10b	68,970.	16,322.	46,451.	967.	4,6	1 <u>7.</u>	137,327.
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,	226 601	204 565	260 204	221 042	222.6	40	1 256 142
14	First five years. If the Form 990 is organization, check this box and s	s for the organization here	n's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pu							
15	Public support percentage for 201			, column (f)) · ·			15	89.07 %
16	Public support percentage from 20						16	85.68 %
	tion D. Computation of Inv							
17	Investment income percentage for))	1	17	10.93 %
18	Investment income percentage fro				•	4	18	14.32 %
	33-1/3% support tests—2016. If t is not more than 33-1/3%, check the	the organization did	not check the box	on line 14, and lir	ne 15 is more than	33-1/3%, an		
b	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3%, of	the organization did	not check a box of	n line 14 or line 19	a, and line 16 is m	nore than 33-	1/3%,	and
20	Private foundation. If the organiz							

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes,' answer (b) and (c) below.
- 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
- c 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
- 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.
- 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
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 chantable 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.
- 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)
- 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).
- 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
- 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
- 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
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		-
		_	
	2 3a		
	3b	gr.	
	3c		
	4a		
	4b	J. P	
	4c	,	,
		ي د	- ·
	5a	~=	0.2
	5b		
	5c		~
	6		
	7		-2
	8		-
	9a		
	9b		
;	9c		
	10a		
	10b	L	<u></u>

Pa	rt IV Supporting Organizations (continued)			<u> </u>
[1 CH	15 17 Outpoining Organizations (continues)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
1	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		J
i	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		-
Sec	tion 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 or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
	Did the experimental provide to each of its supported experiments by the last day of the fifth month of the	-		!
organization's tax year, (i) a written notice	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			ļ,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If No, 'explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			J
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
;	The organization satisfied the Activities Test. Complete line 2 below			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruct	ons)		
2	Activities Test Answer (a) and (b) below.	····	Yes	No
·	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	•			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		J

				a 1
Sche	edule A (Form 990 or 990-EZ) 2016 GEE HOW OAK TIN FOUNDATION	_	94-30	85822 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in			
Sec	tion 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		
Sec	tion B — Minimum Asset Amount		(A) Pnor 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)			
а	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
C	Total (add lines 1a, 1b, and 1c)	1 d		
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		
Sec	tion 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	A second specific and the larger of the second	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2016

5

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	uons (continuea)	
Sec	tion D – Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	os,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
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 the organization Part VI) See instructions	tion is responsive (provide	e details	
9	Distributable amount for 2016 from Section C, line 6	_		
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a			-	* -
b			-	
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			,
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)	, , , , , , , , , , , , , , , , , , ,	4-	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7:			,
а	Applied to underdistributions of prior years			
Ь	Applied to 2016 distributable amount	L		
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions		-	
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7	-		
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016 · · ·			
	EACESS HUITI 2010 · · ·	<u> </u>	<u> </u>	

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Schedule A (Form 990 or 990-EZ) 2016

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

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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.

OMB No 1545-0047 2016

n990. Open to Public inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	GEE HOW OAK TIN FOUNDATION			194-3085822
Par	Organizations Maintaining Dono		ner Similar Fun	
lact i	Complete if the organization answ	ered 'Yes' on Form 990, f	Part IV, line 6.	
		(a) Donor advised t	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 (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the or	r advisors in writing that the asseganization's exclusive legal conf	ets held in donor adv	vised funds
6	Did the organization inform all grantees, donors for chantable purposes and not for the benefit of impermissible private benefit?	f the donor or donor advisor, or f	for any other purpos	e conferring
Par	Conservation Easements. Complete if the organization answ	vered 'Yes' on Form 990, I	Part IV, line 7.	
1	Purpose(s) of conservation easements held by t			
	Preservation of land for public use (e.g., rec	•		a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	held a qualified conservation co	ontribution in the for	m of a conservation easement on the
	last day of the tax year			Scent Hald who End of the Tory You
_	Total assessment and accompanies			Held at the End of the Tax Yea 2 a
	Total number of conservation easements			
	Total acreage restricted by conservation easem			
	Number of conservation easements on a certifie			20
•	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and r	not on a historic	. 2 d
3	Number of conservation easements modified, trutax year ►			the organization during the
4	Number of states where property subject to con	servation easement is located	•	
5	Does the organization have a written policy regarded enforcement of the conservation easements	arding the periodic monitoring, in	spection, handling o	of violations,
6	Staff and volunteer hours devoted to monitoring			
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, a	nd enforcing conser	vation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requir	rements of section 1	70(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the control of the c	ts conservation easements in its the organization's financial state	s revenue and exper ments that describe	nse statement, and balance sheet, and s the organization's accounting for
Par	Conservation easements Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historical vered 'Yes' on Form 990, I	Treasures, or Part IV, line 8.	Other Similar Assets.
1 8	alf the organization elected, as permitted under Sart, historical treasures, or other similar assets hin Part XIII, the text of the footnote to its financia	neld for public exhibition, educati	ion, or research in fu	tement and balance sheet works of urtherance of public service, provide,
١	b If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items:	SFAS 116 (ASC 958), to report in for public exhibition, education,	n its revenue statem or research in furthe	ent and balance sheet works of art, erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, li			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, amounts required to be reported under SFAS 1	16 (ASC 958) relating to these it	ems	
	a Revenue included on Form 990, Part VIII, line 1			
1	Assets included in Form 990, Part X			▶\$

Schedule D (Form 990) 2016 GEE 1	HOW OAK TIN	FOUNDATION		94-308	35822		Page		
Part III Organizations Mainta			orical Treasures, o			ontine	ued)		
Using the organization's acquisition items (check all that apply)									
a Public exhibition		d Loan	or exchange programs						
b Scholarly research		e Othei	• . •						
c Preservation for future genera	tions	لبا							
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receive in to be maintained	donations of art, hi as part of the orgar	storical treasures, or other	er sımılar assets	Yes	;	No		
Part IV Escrow and Custodia	I Arrangement mount on Form	t s. Complete if t 990, Part X, lin	the organization ans le 21.	wered 'Yes' on Forr	n 990,	Part I	V,		
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian or oth	er intermediary for	contributions or other ass	sets not included	Yes	.	No		
b If 'Yes,' explain the arrangement in	Part XIII and comp	lete the following ta	able [.]		L1	ı	_		
•	·	•			Amoun	t			
c Beginning balance				1c		· · · · · · · · · · · · · · · · · · ·	-		
d Additions during the year				1d					
e Distributions during the year				—					
f Ending balance				—	-	-			
2 a Did the organization include an am					Yes	$\overline{}$	No		
b If 'Yes,' explain the arrangement in				•			'''		
bit res, explain the attailgement if	Trait All Check He	ere ii ure expianauo	iti itas beeti provided ott i	Pall Alli		٠ ا			
Part V Endowment Funds. 0	`amplete if the c	rachization on	word 'Vas' on Fam	m 000 Dort IV line	10				
Part V Endowment Funds. C									
4 a Dagramma of vacan halanca	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) l	Four year	's back		
1 a Beginning of year balance					+-				
b Contributions					+				
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance					\neg				
2 Provide the estimated percentage	of the current year	end balance (line 1	g, column (a)) held as:						
a Board designated or quasi-endowi	ment >	8	•						
b Permanent endowment ▶	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
c Temporarily restricted endowment	•	앙							
The percentages on lines 2a, 2b, a									
3 a Are there endowment funds not in	•		t are held and administer	red for the	!	Yes	No		
organization by (i) unrelated organizations					20/1	169	+ 140		
••					3a(i)	 	+		
(ii) related organizations					3a(ii)	<u> </u>	 		
b If 'Yes' on line 3a(ii), are the relate	-				. 3b	·	<u> </u>		
4 Describe in Part XIII the intended to		ation's endowment	funds	·····					
Part VI Land, Buildings, and Complete if the organization	• •	'Yes' on Form	990, Part IV, line 11	a. See Form 990, F	'art X,∃	line 1(٥.		
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue		
1 a Land		505,600.	201,950.	,	L .	707	,550		
b Buildings		1,042,044.	1,695,187.	1,351,612.	1		,619		
c Leasehold improvements									
d Equipment	<u> </u>		52,032.	51,250.			782		
	<u> </u>		72,032.		r		, 02		

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Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . .

Schedule D (Form 990) 2016 GEE HOW OAK TIN FO	OUNDATION	94 - 308	35822 Page
Part VII Investments - Other Securities.	'Voc' on Form 000	Part IV line 11h See Form 990	Port V. line 12
Complete if the organization answered '	(b) Book value	(c) Method of valuation: Cost or end-o	
(a) Description of security or category (including name of security) (1) Financial derivatives	<u> </u>	(c) Method of Valuation. Cost of end-o	i-year market value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			 "
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12).	<u> </u>	<u> </u>	
Part VIII Investments – Program Related. Complete if the organization answered	Yes' on Form 990,	Part IV, line 11c. See Form 990, I	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-	of-year market value
(1)			
(2)			
(3)		<u> </u>	
(4)			
<u>(5)</u> (6)	<u> </u>		
(7)			-
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).			
Part IX Other Assets. Complete if the organization answered	'Vos' on Form 000	Part IV June 11d, See Form 900	Dart V. lina 15
	escription	Tait IV, line TTd. See Tollii 550,	(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)	· · · · · · · · · · · · · · · · · · ·		-
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) I	ine 15)		
Part X Other Liabilities. Complete if the organization answered 'Yes' on f	Form 990. Part IV. line 1	11e or 11f See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			•
(2) TENANT SECURITY DEPOSITS	20,66	66.	
(3)		-	
<u>(4)</u> (5)		 	
(6)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			hultu for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote			

Schedule D (Form 990) 2016 GEE HOW OAK TIN FOUNDATION	94-3085822	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	_	
c Recoveries of prior year grants	<u></u>	
d Other (Describe in Part XIII)	_	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	<u> </u>	
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)	<u> </u>	
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2 e	
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
C Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule **D** (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016

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

Open to Public Inspection

Name of the organization

GEE HOW OAK TIN FOUNDATION

94-3085822

Pt VI, Line 11b FORM 990 IS REVIEWED BY THE SIGNING OFFICER

ANNUAL FINANCIAL STATMENTS ARE GIVEN TO THE WASHINGTON STATE DEPARTMENT

OF COMMUNITY TRADE AND DEVELOPEMENT, HOUSING DIVISION AND CITY OF

Pt VI, Line 19 SEATTLE OFFICE OF HOUSING
Pt X Line 15 ADJUSTMENT FOR ROUNDING