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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

A	For the 2	2016 calenda	ar year, or tax year beginning July 1 , 2016	, and ending	Jı	une 30	, 20	17
В	Check if ap	plicable	C Name of organization		D Emple	yer iden	tification numb	er
	Address ch	nange	Backers of Lexington Debate, Inc.			_81-	0672536	
$\overline{}$	Name char	-	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telep	none num	nber	
=	Initial return		251 Waltham Street	<u>.</u>		781-	674-9318	
=		nal return/terminated City or town, state or province, country, and ZIP or foreign postal code  F Grou						
=	Application		Lexington, MA 02421			ber ►		
G	Account	ing Method	✓ Cash Accrual Other (specify) ►	н	Check >	► 🗹 if t	he organization	n is <b>not</b>
	Nebsite:						h Schedule B	
J T	ax-exem	npt status (che	ick only one) -   501(c)(3)   501(c) ( )   (insert no )   4947(a)(1)	or527	(Form 99	90, 990-1	EZ, or 990-PF)	
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if tota	l assets			
(Pa	rt II, colu		v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$		82175
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balan	ces (see the	ınstruc	tions f	or Part I)	
	. ——		the organization used Schedule O to respond to any question	in this Part I		<u> </u>	<u> </u>	<u> </u>
	1		ns, gifts, grants, and similar amounts received		)	1		<u>81,571</u>
	2		ervice revenue including government fees and contracts		ļ	2		
	3		p dues and assessments		ļ	3		
	4	Investment		1		4		29
	5a		unt from sale of assets other than inventory  5a	<del></del>		1		
	1		or other basis and sales expenses 5b	<del></del>				
	6 6		ss) from sale of assets other than inventory (Subtract line 5b from d fundraising events		5c	······································		
e	а	Gross inci \$15,000)	ome from gaming (attach Schedule G if greater than 6a	. 1				
ē	Ь	•		of contribution	ns			
Revenue		from fundr	aising events reported on line 1) (attach Schedule G if the			-		
	l		th gross income and contributions exceeds \$15,000)					
			t expenses from gaming and fundraising events 6			-		
	d		e or (loss) from gaming and fundraising events (add lines 6a a	nd 6b and su	ptract			
	1	line 6c) .		1		6d		
	I .		s of inventory, less returns and allowances					
	b		of goods sold	<u> </u>		70		
	8 8		it or (loss) from sales of inventory (Subtract line 7b from line 7a) nue (describe in Schedule O)		•	7c 8		
	9		,	(الراجي) ( الراجي)		9		575
	10	~	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>uciveu</u>	اريد	10		<u>82,175</u> 60,637
	11		aid to or for members		<b>P</b>	11		30,037
Ø	12	•	ther compensation, and employee benefits	3 8. SOM	[ ']	12		
Expense	13	•	al fees and other payments to independent contractors			13		5,000
per	14		y, rent, utilities, and maintenance	DEN, UT	r [ ]	14		,,
Ä	15		ublications, postage, and shipping			15		
	16	-	enses (describe in Schedule O)			16		974
	17	-	enses. Add lines 10 through 16	-	•	17		66,611
	18		(deficit) for the year (Subtract line 17 from line 9)			18		15,564
set	19		or fund balances at beginning of year (from line 27, column (A	A)) (must agre	e with	3,21.		
As		end-of-yea	r figure reported on prior year's return)			19		71,485
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		<b>&gt;</b>	21		87,049

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2016)

Par	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	y question in this	Part II .		<u> D</u>
				(A) Beginning of year	1 '	(B) End of year
22	Cash, savings, and investments			71,485	22	121,522
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			71,485	25	121,522
26	Total liabilities (describe in Schedule O)			_ 0	26	34,473
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	71,485	27	87,049
Part	Statement of Program Service Accom	<b>plishments</b> (see th	e instructions for	Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III . 🗌	/	Expenses
What	t is the organization's primary exempt purpose?	To fund travel for Le	xington High Schoo	Debate team		uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each o	fits three largest p	orogram services,	organ	nizations, optional for
	neasured by expenses. In a clear and concise m		e services provide	d, the number of	other	s)
	ons benefited, and other relevant information for ea	ach program title	<del></del>		ļ	
28						
						Ì
	(Grants \$ ) If this amount	ıncludes foreign gra	nts, check here	<u> </u>	28a	66,611
29						
						ļ
20	(Grants \$ ) If this amount	includes foreign gra	ints, check here	▶ ∪	29a	<u> </u>
30						
					1	
	(Create \$ ) If the amount	includes foreign are	nto obselvboro		200	
21		includes foreign gra	inis, check here		30a	
Şī	Other program services (describe in Schedule O) (Grants \$ ) If this amount	includes foreign are	enta abaak bara	▶ □	210	
32	Total program service expenses (add lines 28a	includes foreign gra	inis, check here		31a 32	
Par		<del></del>	one even if not con	nnoncated—see the		66,611
·	Check if the organization used Schedule				motrac	
		(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MIS	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(If not paid, enter -0-			ther compensation
Niveo	dita Mehra			<del></del>		
Presi	***	10		0		
	neth Lee					
Treas	Surer	10		0		
Molli	e Garberg					
Secre		5		o		
Sher	yl Kaczmarek					
Direc	tor	2		0		
Robe	ert Collins					
Direc	tor	2		o	_	
Anne	-Marie Dinius					
Direc	tor	2		o		
Betty	r Gau					
Direc	tor	1		0		
Matth	new Schnall					
Direc	ctor	1		0		
Leey	ing Wu					
Direc	:tor	1		0		
Noah	Naufman					
Direc	tor	11		0		
Moni	sha Reginald					
Direc	tor	1		0		
Dary	l Wiesen					-
Direc	ctor	1		0		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ган	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	. 55	✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<b>√</b>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>✓</b>
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶  Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	4		
ь 40а	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		<u> </u>	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Kenneth Lee  Located at ► 25 Butterfield Road, Lexington, MA  ZIP + 4 ►	781) 6	74-93 420	18
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		1	<b>▶</b> ⊔
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Γ	Yes	No
	completed instead of Form 990-EZ .	44a		1
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<del> </del>	1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>▼</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<b> </b>	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	<b>↓ ✓</b>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

							•
orm 99	90-EZ (2016)					P	age 4
46	Did the ergonization appear directly or in	advently up political o	ampoign activities on	hohalf of or in apposit		Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of			benan or or in opposit	46		7
Part			····	<del></del>			
	All section 501(c)(3) organization 50 and 51	·			e tables f	or line	es _
	Check if the organization used Sc	nedule O to respond	to any question in the	nis Part VI .	·	V	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election	n in effect during the	tax 47	Yes	No
48	ls the organization a school as described i		)? If "Yes," complete \$	Schedule E	48		1
49a	Did the organization make any transfers t				49a		<b>✓</b>
b	If "Yes," was the related organization a se				49b	L	✓
50	Complete this table for the organization's employees) who each received more than	five highest compens \$100,000 of comper	sated employees (othersation from the organ	ization If there is non	ors, trustee e, enter "N	es, an lone "	d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other corr		
					i		
f	Total number of other employees paid ov	er \$100,000	▶0				
51	Complete this table for the organization \$100,000 of compensation from the organization			contractors who each	received	more	than
	(a) Name and business address of each indepen-	dent contractor	(b) Type of serv	ice (c	) Compensati	on	
 —			-				
							<u>-</u>
d	Total number of other independent contr	actors each receiving	over \$100,000	<b>&gt;</b>	0		
52	Did the organization complete Sched completed Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	nizations must attac	h a ▶☑ Yes	. 🗀	No.

<b>d</b> To	otal number of other independent of	contractors each receiving over \$100,000	<b></b>		0		
	d the organization complete Sompleted Schedule A	chedule A? Note: All section 501(c)(3)	organizations	s must		✓ Yes	□ No
		d this return, including accompanying schedules and her than officer) is based on all information of which pri			of my know	edge and b	pelief, it is
	1//////			91	11/2	017	
Sign	Sonature of officer			Date			
Here	Kenneth Lee, Treasurer						
	Type or print name and title						
Paid Prepare	Print/Type preparer's name	Preparer's signature	Date	_	heck [] if elf-employed	PTIN	
Use On				Firm's El	N <b>&gt;</b>		
030 011	Firm's address ▶			Phone no	0		
May the I	RS discuss this return with the pre	eparer shown above? See instructions			<b>&gt;</b>	☐ Yes	☐ No
						Form <b>990</b>	- <b>EZ</b> (2016)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

2016

Employer identification number

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Backers of Lexington Debate, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331x9% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . Provide the following information about the supported organization(s) (III) Type of organization (v) Amount of monetary (i) Name of supported organization (n) EIN (vi) Amount of (iv) is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Page 2 Schedule A (Form 990 or 990-EZ) 2016 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts. grants, contributions. membership fees received (Do not include any "unusual grants") 72570 56230 63324 59432 81571 333127 2 revenues levied organization's benefit and either paid to or expended on its behalf 12731 10715 0 23446 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 85301 66945 63324 59432 81571 356573 5 The portion of total contributions by than each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 356573 Section B. Total Support (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 85301 66945 63324 59432 81571 356573 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 23 29 23 23 132 34 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) Total support. Add lines 7 through 10 11 356705 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 99.96 15 1 1

5	Public support percentage from 2015 Schedule A, Part II, line 14	15	99.96 %	6
6a	33 <sup>1</sup> / <sub>3</sub> % support test – 2016. If the organization did not check the box on line 13, and line 14 is 33 box and stop here. The organization qualifies as a publicly supported organization	1/3%	or more, check this	<u>√</u>
b	33 <sup>1</sup> / <sub>3</sub> % support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 this box and stop here. The organization qualifies as a publicly supported organization	s 33	¹ß% or more, check ► [	
7a	10%-facts-and-circumstances test — 2016. If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box a Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies organization.	ind s	top here. Explain in	
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 1 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check to Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization	his b	oox and stop here. ualifies as a publicly	
8	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, chec instructions	( this	box and see	
	Sch	edule	A (Form 990 or 990-EZ) 20	16

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

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

<del></del>	if the organization fails to qualify	under the te	ests listed bei	ow, please co	ompiete Part	n. <u>)</u>	
	on A. Public Support			T	T	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees				ļ		
2	received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise		ļ	ļ	·		
2	sold or services performed, or facilities				}		
	furnished in any activity that is related to the			•	}		
	organization's tax-exempt purpose	L		l			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u> </u>	]	L	i	
4	Tax revenues levied for the						
	organization's benefit and either paid				1	[	l
	to or expended on its behalf		l		,	ļ	{
5	The value of services or facilities						
	furnished by a governmental unit to the			)			
	organization without charge		}	1		}	
6	Total. Add lines 1 through 5		<del>                                     </del>		<u> </u>		
7a	Amounts included on lines 1, 2, and 3			<del> </del>			
	received from disqualified persons						İ
ь	Amounts included on lines 2 and 3		<del> </del>	<del> </del>			
U	received from other than disqualified			1		1	1
	persons that exceed the greater of \$5,000					ļ	
	or 1% of the amount on line 13 for the year						i
С	Add lines 7a and 7b		<del> </del>	<del> </del>	<del> </del>		<del>                                     </del>
8	Public support. (Subtract line 7c from	<del></del>	<del> </del>	<del> </del>	<del> </del>	<u> </u>	
·	line 6)		1		ļ	ļ	
Secti	on B. Total Support	L	<del></del>	<del>!</del>	<del></del>	L	<u></u>
	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	(a) 2012	(0) 2013	(0) 2014	(4) 2013	(e) 2010	(i) iolai
10a	Gross income from interest, dividends,		<del> </del>		<del> </del>	<del>                                     </del>	<del> </del>
IVa	payments received on securities loans, rents,		1	l .			ļ
	royalties and income from similar sources						
L	•		+	<del> </del>	<del> </del>	<del> </del>	<del> </del>
b	Unrelated business taxable income (less section 511 taxes) from businesses		1		Ì	1	
	acquired after June 30, 1975			1			
		ļ	<del> </del>	<del> </del>	<b>_</b>	<del> </del>	<del> </del>
C	Add lines 10a and 10b		<del> </del>	ļ	<del> </del>	<del> </del>	
11	Net income from unrelated business		İ				
	activities not included in line 10b, whether				1		
	or not the business is regularly carried on		<del> </del>	ļ	ļ	<b></b>	<del> </del>
12	Other income Do not include gain or	{	1		1		
	loss from the sale of capital assets					1	
	(Explain in Part VI).	ļ	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
13	Total support. (Add lines 9, 10c, 11,	}			1		
	and 12)	L	<del></del>	<u> </u>		<u> </u>	
14	First five years. If the Form 990 is for the	_	n's first, secor	nd, third, fourtl	n, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop he			·			<u> </u>
Secti	on C. Computation of Public Suppor		<del> </del>				
15	Public support percentage for 2016 (line	. , ,	,	13, column (f))		15	%
16	Public support percentage from 2015 Scl			<u> </u>		16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2016 (	(line 10c, colu	mn (f) divided t	y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2015	<b>5</b> Schedule A,	Part III, line 17	•		18	%
19a	331/3% support tests - 2016. If the organ	ization did no	t check the bo	x on line 14, a	and line 15 is r	nore than 331/2	%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organiza	tion ▶ 🗌
b	331/3% support tests - 2015. If the organiz	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3%, and
	line 18 is not more than 331/3%, check this	box and stop	<b>here.</b> The orgar	nization qualifie	s as a publicly s	supported orga	nization 🕨 🗌
20	Private foundation. If the organization de	id not check a	box on line 14	1, 19a, or 19b,	check this box	and see instri	uctions 🕨 🗌

## 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.)

C4:	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part A II Section A and D, and complete Part A II Section A and D, and complete Part A II Section A and D, and complete Part A II Section A and D, and complete Part II Section A and D, and C and D	art V	.)	
Secti	on A. All Supporting Organizations		Vac	TNO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain.		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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI</b> .	9b	-	<del> </del>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c	-	1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

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

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			j
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	 11a		نـــ ـــ
b	A family member of a person described in (a) above?	11b		
	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		
Section	on 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 <b>Part VI</b> 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	- 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
22061			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	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 <b>Part VI</b> how 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 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	1 0	1	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)
a	The organization satisfied the Activities Test Complete line 2 below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01.011	٥).
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	'see ın	struct	ions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 the activities.			
	that these activities constituted substantially all of its activities.	2a	<u> </u>	-
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2h		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b	<del> </del>	<del>                                     </del>
а	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? <i>Provide details in Part VI.</i>	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 <b>Part VI</b> the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	trus Izati	st on Nov 20, 1970 (expons must complete Sec	lain in Part VI) <b>See</b> tions A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	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)
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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III suppor	ting organization (see

Part	Y Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe 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	<del></del>		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions	h the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI) See instructions		ĺ	
3	Excess distributions carryover, if any, to 2016			
a				
b	<u> </u>			
с	From 2013			
d	From 2014			<u> </u>
е	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount		<del></del>	<del></del>
_ <u>i</u>	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$	<del> </del>		<del></del>
	Applied to underdistributions of prior years	<u></u>		
	Applied to 2016 distributable amount	ļ		
	Remainder Subtract lines 4a and 4b from 4	<del></del>	<u> </u>	
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 3 <sub>j</sub> and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
<u>e</u>	Excess from 2016			L

P	ac	ıe	8

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 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
2016

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

Open to Public Inspection

Name of the organization	Employer identification number
Backers of Lexington Debate, Inc.	810672536
Other Revenue, Line 8: Credit Card Rewards: \$575	
Grants Paid, Line 10: Travel Expenses for Debate Tournaments. \$60,637	
Other Expenses, Line 16: General and Administrative Expenses, Bank Fees, Office	Supplies, Marketing Expenses, Misc. Fees: \$974
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