	•		•
	Ų.	ш	
Form	3	~	u

## **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 2017

Dep	artment of t	he Treasury e Service		<ul> <li>▶ Do not enter social security numbers on this form as it may be made public.</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>								
A			ndar year, or tax year begins			and end			, 20			
В			C Name of organization Plast Co		, ,		<del>.</del>	D Employ	er Identification number			
	Address o		Doing business as	<del></del> .					06-1416006			
	Name cha	Ť	Number and street (or P O. box	if mail is not delivered to stre	et address)	Room/	suite	E Telepho				
$\bar{\Box}$	Initial retu	_	297 Clarksville Road		ŕ	:		<b>l</b> '	609-750-9899			
		/terminated	City or town, state or province,	country, and ZIP or foreign po	ostal code	1						
	Amended	return	West Windsor, New Jersey 08	8550				G Gross receipts \$				
	Applicatio	n pending	F Name and address of principal	officer: Bohdan S Sawyo	cky, 297 Clarks	sville Ro	ad Manisthisa		subordinates? Yes Vo			
	• •	-	West Windsor, New Jersey 08		•	_	- I		s included? Yes No			
$\overline{}$	Tax-exem	pt status:	✓ 501(c)(3) ☐ 501	(c) ( ) ◀ (Insert no.)	4947(a)(1) or	527			list. (see instructions)			
J	Website:		v.plast.org	191 / / /	(-7(.7		<del></del>	exemption				
K	Form of or	ganızatıon:	✓ Corporation Trust Ass	sociation ☐ Other ►	LYe	ar of form			of legal domicile: NY			
P	art I	Summa	ary		0							
	1 8	Briefly de	scribe the organization's m	nission or most signification	ant activities:	: To as	sist the develo	pment and	growth of the worldwide			
8			Scouting Organizations. Fund									
ш	-		e also publish periodicals and									
Activities & Governance	2 (	Check the	s box ▶☐ if the organizati	on discontinued its op	erations or d	isposed	of more that	n 25% of	its net assets.			
ĝ			of voting members of the g					.   3	11			
ø	4 1	Number o	of independent voting mem	bers of the governing l	body (Part VI	, line 1t	o)	. 4	11			
ţį			nber of individuals employe					. 5	0			
₹	1		nber of volunteers (estimate	-				. 6	0			
Ą	7a 1	Total unre	elated business revenue fro	om Part VIII, column (C)	), line 12 .			. 7a	0			
	b N	Net unrela	ated business taxable inco	me from Form 990-T, I	ine 34			. 7b	0			
				ear	Current Year							
•	8 (	Contribut	96,796	61,559								
nue	9 F	rogram :	service revenue (Part VIII, I	ine 2g)			"	30,978	24,890			
Revenue	10 li	nvestmer	nt income (Part VIII, columi	n (A), lines 3, 4, and 7d	)			7,390	9,291			
Œ	11 (	Other reve	enue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10d	c, and 11e) .			0	0			
	12 7	otal reve	nue-add lines 8 through 1	1 (must equal Part VIII,	column (A), li	ne 12)		135,164	95,740			
	13 (	Grants an	nd similar amounts paid (Pa	art IX, column (A), lines	1–3)			37,255	45,000			
	14 E	Benefits p	oaid to or for members (Pa	rt IX, column (A), line 4)				0	0			
98	15 5	Salaries, o	other compensation, employ	ee benefits (Part IX, colu	ımn (A), lines	510)		0	0			
Expenses	16a F	Profession	nal fundraising fees (Part I)	K, column (A), line 11e)	)			0	0			
χĎ	ЬТ	otal fund	draising expenses (Part IX,	column (D), line 25)								
Ŵ	17 (	Other exp	enses (Part IX, column (A),	, lines 11a-11d, 11f-24	e)		·	73,961	59,620			
	18 T	Total expe	enses. Add lines 13–17 (mi	ist equal Part IX, colun	п <del>д (A), Im</del> e 25	5) .		111,216	104,620			
	19 F	Revenue I	less expenses. Subtract lin	e 18 from the 12 VC	<u>:</u>			23,948	(8,880)			
Net Assets or Fund Balances				~	000		Beginning of C	urrent Year	End of Year			
sets	20 T		ets (Part X, line 16)	图 MAR 27 201	8 9			526,381	517,501			
A P	21 7		lities (Part X, line 26)	-	.  S			0	0			
			s or fund balances. Subtra	ct line, 21, from, line, 20,				526,381	517,501			
	art II	<del></del>	ure Block	L GONEIN, C	J							
Un	der penalti	es of perjur	y, I declare that I have examined t	his return, including accompa	anying schedule	s and sta	tements, and to	the best of n	ny knowledge and belief, rt is			
-tru	e, correct,	and comple	ete. Declaration of preparer (other	than officer) is based on all in	formation of whi	ich prepai	rer has any know	rledge.				
٥.			1	$\mathcal{A}$								
Sign   Signature of officer   Date												
не	re		7 4 Co	<u> </u>			20	> MAX	1CH 2018			
		<del></del>	or print name and title		TREAS		<b></b>					
Pa	id	Print/Typ	e preparer's name	Preparer's signature	•	F	Date	Check [	rf PTIN			
	parer		<del></del>					self-emp				
	e Only	Firm's na	ame ▶				Fin	n's EIN ▶				
		Firm's ad				_	Ph	one no				
_			this return with the prepar		instructions)				🗌 Yes 🗌 No			
For	Paperwo	rk Reduc	tion Act Notice, see the sep	arate instructions.		Cat.	No 11282Y		Form <b>990</b> (2017)			

orm 99	0 (2017) Pa	ge 2
Part	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	旦
1	Briefly describe the organization's mission:	
	To assist the development and growth of the worldwide Plast Ukrainian Scouting Organizations. Funds are directed at programs to train counselors, develop scout camps, and support organizational efforts. We also publish periodicals and training materials for scouting members.	
	and counselors	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	ers,
4a	(Code:) (Expenses \$ 44,000 including grants of \$ 21,705 ) (Revenue \$ 27,328 )	
	Financial Aid provided to the Plast Ukrainian Scouting Organization in Germany to help offset the expenses associated with the every fifth	
	year worldwide Plast Ukrainian Scouting Organization Jamboree which was held in Mittenwald, Germany during the summer of 2017 Grant	S
	were received from community organizations for the specific purpose of helping to finance the Jamboree.	
	······	
4b	(Code: ) (Expenses \$ 25,125 including grants of \$ ) (Revenue \$ 24,890 )  Publication of periodicals and training materials for Plast scouting members and counselors. Revenues are from member subscription fees	
	rubication of periodicals and training materials for riast scouling members and counselors. Revenues are from member subscription fees	<b></b> -
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	· · · · · · · · · · · · · · · · · · ·	
		<b>-</b> -
	······································	
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 69,125	
70	Total program service expenses	



#### Part IV **Checklist of Required Schedules**

	-		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	.40
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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	•	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>&gt;</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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		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		1
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	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	-	√ √
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
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	<b>~</b>	
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	<b>√</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		For	. 990	(2017

38

Form 990 (2017) Page 4 , Part IV Checklist of Required Schedules (continued) No 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . 20a 7 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 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 24a b 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 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 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 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? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . 1 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 

19? Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

37

38

Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Falsalla a contra constatti Baron e e e e e e e e e e e e e e e e e e e		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1h 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?		,	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	<b>√</b>	
2.0				
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	25		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	70		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Ż
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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 b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	ļ:	<b> </b>
10	Section 501(c)(7) organizations. Enter:	90	-	<u> </u>
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form 99	90 (2017)		1	Page <b>6</b>
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗸
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship wany other officer, director, trustee, or key employee?	11 vith - 2		,
3	Did the organization delegate control over management duties customarily performed by or under the dir supervision of officers, directors, or trustees, or key employees to a management company or other person?	ect 3		<b>/</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoone or more members of the governing body?	. 6	<b>1</b>	<b>√</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?		1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur the year by the following:			
а	The governing body?	. 8a	1	
b	Each committee with authority to act on behalf of the governing body?		1	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<b>/</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re	enue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?			<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form			-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	"   "	+	$\vdash$
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	. 12a	_	<b>√</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye describe in Schedule O how this was done	es,"		
13	Did the organization have a written whistleblower policy?	. 13		<b>V</b>
14 15	Did the organization have a written document retention and destruction policy?	by		<b>✓</b>
а	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	. 15b	·	
16a	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 arrangem with a taxable entity during the year?		1	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard organization's exempt status with respect to such arrangements?	the	-	
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► New York  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se available for public inspection. Indicate how you made these available. Check all that apply.	ction 501	(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	of interes	t polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books ar Bohdan S. Sawycky, 297 Clarksville Road, West Windsor, New Jersey 08550 :: 609-750-9899	id record	s: ►	

_~~	ഹവ	(2017)	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee.
					C)					
(A)	(B)	(40.5	ot of		ition	, than	200	(D)	(E)	(F)
Name and Title	Average hours per week (list any	omoor and a director addice;						-l from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Volodymyr Bazarko Director	1									_
		<b>-</b>	<u> </u>			ļ		0	0	0
(2) Roman Hryciw Director	1									
	05	<b>_</b>		<u> </u>			ļ	0	0	0
(3) Marta Kuzmowycz President	25			١,		İ				
(4) Myron Spolsky	5		<u> </u>	✓		ļ	<u> </u>	0	0	0
Vice Prersident				/					0	0
(5) Bohdan S Sawycky	5			<del>  •</del>	-		$\vdash$	0		
Treasurer	<del> </del>			/				0	o	0
(6) Lesya Fedorenko	5			H	-		$\vdash$	-		
Secretary	<b>†</b>			<b>/</b>				0	l o	o
(7)										
(8)										
(9)										
(10)	<u> </u>									
(11)				-			_			
(12)										
(13)										
(14)	<del></del>						-			<u> </u>

	Form 990 (2017) Page <b>8</b>													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (C)														
	(A) Name and title		(B) Position (do not check more that box, unless person is bo officer and a director/fri					n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated rom amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/10 <del>99-N</del>		comp fro orga and	ensation the nization related in its annual	n H
(15)						-								
(16)														
(17)														
(18)														
(19)								-					-	
(20)														
(21)														
(22)	- Walter Maria Walter			-								• •		
(23)														
(24)										- " -			••	
(25)														
1b c	Sub-total	-		•	•	• •		<b>&gt;</b>	0		0			0
2	Total number of individuals (including but reportable compensation from the organic	t not limited			e list	ed	abov	e) w	<u></u>			of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc							oloyee, or high	est compe		3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg	portal an \$1	ble ( 150,	con	npei	nsatio	on a s,"	ind other comp	ensation fr	om the			
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompe	nsat	tion	fro	m any	/ un	related organiz	ation or inc		5		1
Section	on B. Independent Contractors		· · · · · · · ·							<u></u>	<u> </u>		<u></u>	1 *
1	Complete this table for your five highest compensation from the organization. Repyear.													tax
	(A) Name and business add	iress							(B) Description of s	ervices	(	(C) Compens		
								$\vdash$						
		<del></del>						$\vdash$	<del></del>					
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abo	ove) who	· · · · ·			

Cart VIII   Statement of Revenue   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if Schedule O contains a response or note to any line in this Part VIII   Check if		990 (201	<u></u>						Page 9
Total friversion   Production   Productio	Par	t VIII							
2   1   2   2   2   2   2   2   2   2			Check if Schedule C	) contains a res	ponse or note to		(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under sections
2   1   2   2   2   2   2   2   2   2	ate Tts	1a	Federated campaigns	s <b>1a</b>				-	-
2   1   2   2   2   2   2   2   2   2	3ra our	Ь			27,328.00				
Subscription Revenue	AT A	l _			ļ				
Subscription Revenue	홅		_						
Subscription Revenue	Sig.	_							
Subscription Revenue	黄	'	and similar amounts not included above 1f		24 221 51				
Subscription Revenue	草豆				34,23131				
Subscription Revenue	S E	I .		· · · · · · ·	•	61,559.51			
Society   Soci				<u></u>	Business Code				
Society   Soci	Ven	2a	Subscription Revenue		511120	24,890.00	24,890.00		•
Society   Soci	8	b							
Society   Soci	Ğ.	С							
Society   Soci	S	d							
Society   Soci	ᇤ								
Society   Soci	<u>g</u>	_				24 900 00			
and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6 Gross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7 Bassets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  c Net income or (loss) from fundraising events from fundraising events (not including \$ or contributions reported on line 1c). See Part IV, line 18  a Less: direct expenses  b Less: direct expenses  c Net income or (loss) from gaming activities  See Part IV, line 19  a Less: direct expenses  b Less: direct expenses  b Less: cors of goods sold  b Less: cost of goods sold  b Less: cost of goods sold  b Less: cost of goods sold  c All other revenue  Business Code  11a  b Lestal All other revenue  Total. Add lines 11a-11d  D Total. Add lines 11a-11d		<del></del>				24,690 00			
Income from investment of tax-exempt bond proceeds   Society   Royalties   Society   Royalties   Roy						9.290 58			9.290 58
Ba Gross income from fundraising events (noss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b. Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cirrect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b b. C. Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b b. C. Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b. C. Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b. C. Net income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b. C. Net Income or (loss) from gaming activities. See Part IV, line 19 a b. Less: cortect expenses b. Less:		4	Income from investmen	t of tax-exempt b	ond proceeds▶				
Ga Gross rents		5	Royalties		•				
B Less: rental expenses c Rental income or (loss)				(i) Real					
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss) d Net gain or (loss)  Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		6a							
d Net rental income or (loss)		t	•						
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses. c Gain or (loss) d Net gain or (loss)  Net gain or (loss)  See Part IV, line 18  Less: direct expenses . b c Net income or (loss) from fundraising events . b c Net income or (loss) from fundraising events . b c Net income or (loss) from fundraising events . b c Net income or (loss) from gaming activites. See Part IV, line 19 . a b Less: direct expenses . b c Net income or (loss) from gaming activites . b  10a Gross sales of inventory, less returns and allowances . a b Less: cost of goods sold . b c Net income or (loss) from sales of inventory . ▶ 0  Miscellaneous Revenue Business Code  11a b c d All other revenue . e Total. Add lines 11a-11d . ▶ 0				(1)	L				
assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss) .  b Net gain or (loss) .  c Net including \$ of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events				<u> </u>					
b Less: cost or other basis and sales expenses .  c Gain or (loss)		'-		(,,000	(1,702.0	1			
C Gain or (loss) .		ь	•			l			
d Net gain or (loss) ▶ 0  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			and sales expenses .						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		C	Gain or (loss)						
events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events > 0 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from garning activities > 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory > 0  Miscellaneous Revenue Business Code  11a b		d	Net gain or (loss) .		<u></u> ▶	0			
c Net income or (loss) from fundraising events . ▶ 0  9a Gross income from gaming activities. See Part IV, line 19	venue	8a		ındraising					
c Net income or (loss) from fundraising events . ▶ 0  9a Gross income from gaming activities. See Part IV, line 19	ier Re			•					
9a 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 a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ 0  Miscellaneous Revenue Business Code  11a b c d All other revenue	₹		-						
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 a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory . ▶ 0  Miscellaneous Revenue Business Code  11a  b  c  d All other revenue					events . >	0		<del></del>	
b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory		98							
c Net income or (loss) from gaming activities . ▶  10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ 0  Miscellaneous Revenue Business Code  11a b c d All other revenue		h		<del></del>		-	j		
10a Gross sales of inventory, less returns and allowances a  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory . ▶ 0  Miscellaneous Revenue Business Code  11a  b  c All other revenue									,
C Net income or (loss) from sales of inventory .    Miscellaneous Revenue Business Code  11a  b  C All other revenue		10a	Gross sales of in	ventory, less					
C Net income or (loss) from sales of inventory .    Miscellaneous Revenue Business Code  11a  b  C All other revenue		ь	Less: cost of goods s	_					
11a			Net income or (loss) f	rom sales of inv		0			
b			Miscellaneous R	levenue	Business Code				
c									
d All other revenue									
e Total. Add lines 11a-11d ▶ 0		l _	All other revenue		<del></del>			······································	
						<del></del>			
	!						24,890.00		9.290.58

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Do no	t include amounts reported on lines 6b, 7b,	se or note to any iir							
	, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses				
•	and domestic governments. See Part IV, line 21		į						
2	Grants and other assistance to domestic				· · · · · · · · · · · · · · · · · · ·				
2	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								
	· .	45,000 00	45,000.00						
4	Benefits paid to or for members				<del> </del>				
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):								
а	Management								
b	Legal								
C	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	1,001.70		1,001.70					
12	Advertising and promotion	2,752.14	2,752.14						
13	Office expenses	1,512.55		1,512 55					
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	16,553.28	16,553.28						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .				<del></del>				
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance								
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)				<del></del>				
a	Printing and Publishing	25,125 00	25,125 00		<del></del>				
b	Dues and Subscriptions	350 00		350.00	<del> </del>				
C	Closure of Head Scout Account	12,325.76		12,325.76	·				
d	All alban and a second				<del> </del>				
e	All other expenses	1 1 1 1 1 - 12 1 1 1							
25	Total functional expenses. Add lines 1 through 24e	1040-10.9	)		<del></del>				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs		ļ						
	from a combined educational campaign and		1						
	fundraising solicitation. Check here Fig. 1 of following SOP 98-2 (ASC 958-720)	404 000 40	00 100 15	45 466 51					
	following SOP 98-2 (ASC 958-720)	104,620.43	89,430.42	15,190.01					

Part X	Balance S	heet

		Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	41,065	1	14,847.60
	2	Savings and temporary cash investments	475,316	2	502,653.47
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	10,000	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	1	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			
<b>~</b>		organizations (see instructions). Complete Part II of Schedule L			
Assets	,			<u>6</u>	
188	7   8	Notes and loans receivable, net		7	
•	9	Prepaid expenses and deferred charges		8	
	10a	Land, buildings, and equipment: cost or		9	
		other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	526,381	16	517,501 07
	17	Accounts payable and accrued expenses		17	· · · · · · · · · · · · · · · · · · ·
	18	Grants payable		18	-
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
98	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	İ		
		of Schedule D			
	26	Total liabilities Add lines 17 through 05	0	25 26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	<u> </u>	20	
8		complete lines 27 through 29, and lines 33 and 34.	i		
auc	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	<del></del>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	- 526,381	30	517,501 07
98	31	Paid-in or capital surplus, or land, building, or equipment fund		31	3.1,33.131
AS	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>8</u>	33	Total net assets or fund balances	526,381	33	517,501 07
	34	Total liabilities and net assets/fund balances	526,381	34	517,501.07
					Earn <b>990</b> (2017)

) (2017)	Page 12
(4011)	Paqe I∠

Form 9	<del>3</del> 0 (2017)		Pa	ge 12
Par	XI Reconciliation of Net Assets		_	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		9	5,740
2	Total expenses (must equal Part IX, column (A), line 25)		104,620	
3	Revenue less expenses. Subtract line 2 from line 1	(8,880)		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		52	6,381
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior penod adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		51	7,501
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 Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	İ		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	i		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	-		-
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			١ '
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1	1	
	the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Fon	n <b>99</b> 0	(2017)

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

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

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

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

	of the organization						Employer identification	number
	Conference, Inc							16006
Par	•		·	organizations must	<del></del>	<del></del>	<del>'</del>	ns
	<u></u>	•		s: (For lines 1 through	-	-	•	
1				ion of churches descr				() '
2				(Attach Schedule E (F			• •	•
3 4				ganization described i				(iii) Enter the
·	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		-	_	mental unit described				
7		ration that normally in <b>section 170(b)(1</b> )		stantial part of its sup te Part II.)	port from	a gover	nmental unit or from	n the general public
8	☐ A commur	nty trust described i	in <b>section 170(b</b> )	)(1)(A)(vi). (Complete	Part II.)			
9	or universi university:	ty or a non-land-gra	ant college of agr	d in section 170(b)(1) riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	receipts fro support fro	om activities related om gross investmen	to its exempt fu t income and un	e than 331/a% of its sinctions—subject to crelated business taxa 75. See section 509(a	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11				sively to test for public		•	· ·	
12				sively for the benefit o				
				ns described in secti				
	_			scribes the type of sur		_		_
а	the sur	ported organization	n(s) the power to	l, supervised, or conti regularly appoint or e ete Part IV, Sections	lect a ma	jority of t		
b				sed or controlled in co			supported organizati	on(s), by having
	control	or management of	the supporting of	organization vested in IV, Sections A and C	the same			
С	•	• •	•	ting organization oper		onnectio	n with, and functions	ally integrated with,
	its sup	ported organization	(s) (see instructio	ons). <b>You must comp</b>	lete Part	IV, Secti	ions A, D, and E.	
d	that is	not functionally inte	grated. The orga	ipporting organization inization generally mu complete Part IV, Sec	st satisfy	a distribu	tion requirement an	
е	_		-	a written determination				e II. Type III
	functio	nally integrated, or	Type III non-fund	tionally integrated su	pporting	organizat	ion.	·, · , p ·
f	Enter the nu	mber of supported	organizations .					
<u>g</u>	Provide the	following informatio	n about the supp	oorted organization(s)				
	(i) Name of suppo	orted organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	1
(A)		<del></del>						
(B)								
(C)		, -11-1						
(D)								
(E)				<u>.                                    </u>				
Total	1							

	(Complete only if you checked the Part III. If the organization fails to						lify under
Sacti	on A. Public Support	quality under	the tests iis	ted below, pi	ease comple	le Part III.)	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(a) 2013	(0) 2014	(6) 2013	(0) 2010	(6) 2017	(i) TOTAL
•	membership fees received. (Do not include any "unusual grants.")	46,419	47,007	32,893	57,995	61,310	245,624
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	46,419	47,007	32,893	57,995	61,310	245,624
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)						avulat
6	Public support. Subtract line 5 from line 4						24562
Secti	on B. Total Support		•	•			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	46,419	47,007	32,893	57,995	61,310	245,624
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,371	8,460	8,425	7,390	9,291	41,937
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.)	19,312	15,630	20,131	30,978	24.890	110,941
11	Total support. Add lines 7 through 10						398,502
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for th						
<u> </u>	organization, check this box and stop her			· · · · ·		<del></del>	🕨 📋
<u> </u>	on C. Computation of Public Suppor	<u>~_~</u>		4		44	64.64.07
14 15	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch		•			15	61 64 % 68 77 %
16a	331/3% support test—2017. If the organic box and stop here. The organization qual	zation did not d	check the box	on line 13, an	d line 14 is 33	11/3% or more,	check this
b	331/a% support test—2016. If the organization this box and stop here. The organization	zation did not d	check a box or	n line 13 or 16	a, and line 15	is 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the	e "facts-and-c s-and-circums	ircumstances" stances" test. 1	test, check the organization	his box and son qualifies as	t <b>op here.</b> a publicly
18	Private foundation. If the organization did instructions	d not check a b	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	see

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

Part	Support Schedule for Organiz (Complete only if you checked t					t to qualify u	nder Part II
	If the organization fails to qualify						idei Faitii.
Secti	ion A. Public Support	didei die te	osts listed bei	ow, piease co	binpicte i art		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(0) 2010	(5) 2511	(0, 2010	(2) 2010	(0) 2011	(//.y
2	Gross receipts from admissions, merchandise		<del> </del>				
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				:		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			·			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified	}		/			
	persons that exceed the greater of \$5,000	}		/			}
	or 1% of the amount on line 13 for the year		<u> </u>		1.		
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)			l /			
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	-u	<b> </b> /_				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		/	İ			<b>———</b>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon				
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2017 (line						%
16	Public support percentage from 2016, Sc	hedule A, Part	III, line 15 .				%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2017					17	%
18	Investment income percentage from 201	6 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/2%, check this box						
ь	331/3% support tests-2016. If the organia	zation did not d	check a box on	line 14 or line	19a. and line 16	s is more than	331/3%, and

line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## . 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. Ali	Supporting C	)rganizations

			Yes	No_
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <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.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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		
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 <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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	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 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <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		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	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.	46		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b		

T di t	Supporting Organizations (Continued)			
44	Use the executation accepted a cift or contribution from any of the following accepted		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  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		Ì
b	A family member of a person described in (a) above?	11b		
<u>c</u>	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			
	Did the directors to store as marshaubic of one as assessment of assessm		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	ľ		
	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,	İ		
	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.			{
	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,			ļ
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		L	L
			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).	١.		
Section	on D. All Type III Supporting Organizations	1		<u> </u>
0000	or b. All Type in Supporting Organizations		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	l		L
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
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).	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	}		İ
	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		
Section	on 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	instru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	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 its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-	<u> </u>	<del> </del>
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
_	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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>	0-	}	ł
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	<del>                                     </del>	├
-	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4	•				
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c	-				
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-functionally integrated Type III supporting organization (see instructions)						

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	1 Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exe	rted						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	nizations						
4	Amounts paid to acquire exempt-use assets		<del></del>					
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.	<u>-</u>						
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6			<del></del>				
10	Line 8 amount divided by line 9 amount							
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)			<del></del>				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.							
4	Distributions for 2017 from							
	Section D, line 7:							
a_	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>					
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2013							
þ	Excess from 2014							
С								
d	Excess from 2016							
е	Excess from 2017							

Pane	8

Part VI	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.)
••••••	
	······································

### **SCHEDULE F** , (Form 990)

## **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization Employer identification number Plast Conference, Inc. 06-1416006 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the √Yes □No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients (a) Region (c) Number of (e) If activity listed in (d) is (f) Total expenditures for a program service, describe specific type of service(s) in the region employees. agents, and independent and investments in the region contractors in the region located in the region) (1) Eastern Europe 0 Program Services Publications/Manuals 6 (2) Western Europe 0 2 Program Services Summer Camp/Jamboree (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14)(15) (16)(17)Sub-total . . . . 8 **b** Total from continuation sheets to Part I . . .

0

8

c Totals (add lines 3a and 3b)

1	(a) Name of organization	(b) IRS code section and EiN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1)			Ukraine	Publish Periodicals	25,125	check/wire	0		
2)			Germany	Scout Jamboree	44,000	wire	0		<u> </u>
3)	<del></del>								
<b>l</b> )									
5)									
3)									
<u> </u>									
3)									
€)									
10)									
11)									
12)									
13)									
14)									
5)	<del></del>								
16)							<u> </u>		
(14) (15) (16) 2	by the IRS, o	umber of recipie	grantee or counse	isted above that are rec	cognized as chantin 501(c)(3) equivale	es by the foreign cou	intry, recognized as t	ax-exempt ▶	2

Schedule F (Form 990) 2017

Page 3

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.						01 14 mm = 1 = 4	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	<del></del>						
(2)							
(3)							
(4)			-	· · · · · · · · · · · · · · · · · · ·			
(5)			······································				
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							

Schedule F (Form 990) 2017

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

	Form 990) 2017 Page 5
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
1) All recip	ients of the funds are members of the Plast Ukrainian Scouting Organization. Subscription grants are based on an invoice breaking
down ac	ctual printing, handling and postage expenses for each of the quarterly publications. The Jamboree grants were provided as organizational
and pre-	Jamboree expenses (e.g. rental of park, purchase of tents, down payment for catering, etc.) were incurred
2) All overs	seas payments are made via check or bank wire - our financial institution utilizes "Coast to Coast" software to ensure our compliance with
all OFA	C and FINCEN regulations.
***************************************	
***************************************	
	·
	·

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

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number 06-1416006 Plast Conference, Inc. FORM 990: - Part VI: Section A; # 6 = The members of Plast Conference are chosen by the Plast Scouting Organizations located in the United States, Canada, Germany, Ukraine, United Kingdom, Argentina, Poland and Austria. - Part VI: Section A; # 7a = The members meet every three years and elect the members of the governing body. - Part VI Section A; #7b = Modifying the Conference's mission or bylaws would need approval by the members of the Conference. - Part VI: Section B; # 11b = As a result of the geographic dispersion of the governing board, only the President and Treasurer review the 990 and Schedules A, B, F and O prior to filing. Members are notified of the filing and can access the 990's remotely via the internet. The Treasurer makes quarterly reports to the members and submits annual financial statements to the membership during the General Membership meeting - Part VI Section C; # 19 = The Conference's governing documents are made available to the public via online access: www.plast.org, as well as upon request OF NOTE - ALL payments are made via check or bank wire - our financial institution utilizes "Coast to Coast" software to ensure our compliance with all OFAC and FINCEN regulations