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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Department of the Treasury

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

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

Open to Public

Inte	rnal Revenu	e Service	Go to www.irs.g	gov/Form990 for instr	uctions and the lat	est information.		Inspection
Α	For the 2	2017 cale	ndar year, or tax year beginning	07/01	, 2017, and e	nding 12	2/31	, 20 17
В	Check if a	pplicable	C Name of organization Surf For L	ife			D Employ	er identification number
	Address c		Doing business as Hope Corps	· - · · - · · · · · · · · · · · · · · ·				26-2527261
	Name cha		Number and street (or P O box if m	nail is not delivered to stre	et address) Roor	m/suite	E Telepho	ne number
$\overline{\Box}$	Initial retui	-	PO Box 591837					888-773-4543
$\overline{\Box}$	Final return		City or town, state or province, cou	ntry, and ZIP or foreign po	ostal code		-	000 770 4040
\Box	Amended		San Francisco, CA, 94159-183	,. J.			G Gross re	eceipts \$ 181,767
\Box			F Name and address of principal office			11/-3 1- 45		subordinates? Yes No
ш	Applicatio	in pending	PO BOX 591837, San Francisc	•		₽		
					7	 		s included? L. Yes L. No ee instructions)
<u> </u>	Tax-exem		✓ 501(c)(3) 501(c)	() ◄ (insert no) L		-	•	•
<u>1</u>	Website:		w surfforlife.org Corporation Trust Associates			H(c) Group		
	art I			ation Other ▶	L Year of fo	ormation 2008	M State	of legal domicile CA
	_	Summ						
d)	1		escribe the organization's miss					ational and community
Activities & Governance	-		velopment projects in coastal o			e teams of 'volur	1-tourists	to travel to various
3			ites where they serve as hands-				0=0/	
Š	1		is box ▶ ☐ if the organization			ed of more than	1 . 1	its net assets
Ğ			of voting members of the gove				3	4
ە 9			of independent voting membe			1b) .	4	3
Iţie	l .		nber of individuals employed i		7 (Part V, line 2a)		5	4
흕	6 7	Fotal nun	nber of volunteers (estimate if	necessary)			6	60
ĕ	I .		elated business revenue from				7a	0
	b N	Net unrel	ated business taxable income	from Form 990-T, I	ne 34		7b	0
						Prior Ye	ar	Current Year
<u>o</u>	8 (Contribut	tions and grants (Part VIII, line	1h)			521,196	181,767
e E			service revenue (Part VIII, line		0	0		
Revenue	10 li	nvestme		0	0			
-	11 (Other rev	enue (Part VIII, column (A), lin		0	0		
	12 T	otal reve	enue-add lines 8 through 11 (r	nust equal Part VIII,	column (A), line 12)	521,196	181,767
	13 (Grants ar	nd similar amounts paid (Part I	X, column (A), lines	1–3)		0	0
	14 E	3enefits p	oald to or for members (Part I)	K, column (A), line 4)			0	0
S			other compensation, employee		194,370	23,944		
Expenses	16a F	Professio	nal fundraising fees (Part IX, o	olumn (A), Jine 11e)			0	0
ğ	b T	otal fund	draising expenses (Part IX, col	umn (D), line 25)	VED 5,204	, <u> </u>	22	
W	17 (Other exp	oenses (Part IX, column (A), lin	es 11a-11d, 11f-24	e) <u> </u>		420,224	146,583
	18 T	otal exp	enses Add lines 13-17 (must	edual Pan XCcolum	nny(A),dine		614,594	170,527
	19 F	Revenue	less expenses. Subtract line 1	8 fforh line 12 .	2010		-93,398	11,240
e s				0000		Beginning of Cu	rrent Year	End of Year
sets or alances	20 T	otal asse	ets (Part X, line 16) .	LQGDER	v, UT j		60,207	70,542
Net Ass Fund Ba	21 T	otal liabi	ilities (Part X, line 26)				2,007	1,102
울근	22 N	Vet asset	s or fund balances Subtract I	ine 21 from line 20			58,200	69,440
Pa	art II		ure Block			<u> </u>		
Un	der penalti	es of perjur	y, I declare that I have examined this	return, including accompa	anying schedules and s	statements, and to the	ne best of n	ny knowledge and belief, it is
tru	e, correct, a	and comple	ete. Declaration of preparer (other than	officer) is based on all in	formation of which prep	parer has any knowle	edge	,
		4					8.2.0	2018
Sig	ın	Signic	tere of othicer			Da	<u> </u>	
He	re	Alex	kander Fang, Executive Director	r				
			or print name and title					
Pa	id	Print/Typ	pe preparer's name	Preparer's signature		Date	C	PTIN
	eparer						Check L	if ployed
	e Only	Firm's na	arne ▶	<u> </u>		Firm	n's EIN ▶	<u> </u>
US	e Offiny	Firm's ac					ne no	
Ma	y the IRS		this return with the preparer	shown above? (see	instructions) .			Yes No
			tion Act Notice, see the separa			at No 11282Y		Form 990 (2017)





_	0 (2017)
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to channel the interest and energy of individuals into teams that travel to various project sites where they serve as hands-on volun-tourists and goodwill advocates Execution of community-identified projects that provide access to healthcare and
	education to disadvantaged children and their communities in the developing world.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(0.1)
4a	(Code:) (Expenses \$
	Surf For Live volunteers worked with local leaders to construct primary school rooms, elementary schools, computer lab and
	community water project in five Central American countries providing education, computer training and clean water to hundreds of students and community residents. Utungake Preschool Vava'u (Tonga), Las Salinas School Renovation (Nicaragua), Sabalo
4b	(Code) (Expenses \$ 15,000 including grants of \$) (Revenue \$ 15,000)
-	Surf For Life volunteers worked with local leaders to construct a 12th Grade School in Phom Penh in Cambodia, providing
	education to children who are infected with HIV
4c	(Code) (Expenses \$ 55,960 including grants of \$) (Revenue \$ 55,960)
	Our mission is to channel the interest and energy of individuals into teams that travel to various project sites where they serve as
	hands-on volun-tourists and goodwill advocates Execution of community-identified projects that provide access to health an
	education to disadvantaged children and their communities in the developing world
	·
A el	Other program convec (Day 1 - Other La C)
40	Other program services (Describe in Schedule O)
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses ▶ 160 919
70	Total program service expenses 160,919



Part	Checklist of Required Schedules			r
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
^	complete Schedule A	2	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	-		
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	, i	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		✓
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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	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		✓_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	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		✓
14 a	The state of the s	14a		✓
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		√
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		✓
		Eor	~ 99 0	(2017)

Part	V Checklist of Required Schedules (continued)			
	District the second of the sec	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		\
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	27		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	37	1	

Form **990** (2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			Г
	Officer II Schedule & Contains a response of flote to any line III this Fall V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 4	A Note:	** **.	2.7
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	* **:	W.J.	ا » ا ، د
	reportable gaming (gambling) winnings to prize winners?	Ĩ1c	7 1	· ** 8** }
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	~ ~	#.A	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4		48. E.	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	7	3 /
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7 D Z	Literatur	- 13
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	abbara bib co	√
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶		8, 2	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	. %	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	√
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ı ğ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	^, w	* * * .	Ĺ
	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	. //	
d	If "Yes," indicate the number of Forms 8282 filed during the year		\$ \$	á.
e	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	× - 24	***
0				Ÿ
9	sponsoring organization have excess business holdings at any time during the year?	8	* \$: * :
a	Did the sponsoring organization make any taxable distributions under section 4966?	் 9a	28) ;
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-		75 %
а	Initiation fees and capital contributions included on Part VIII, line 12		â .	* ;
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ŽŹ		< 3 Q
11	Section 501(c)(12) organizations. Enter	` *		
а	Gross income from members or shareholders	ķζ,	13	
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	ļ .	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	(§ §	1 3 3	**
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\$ \$	(3)	<u> </u>
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		:	7 .
b	Enter the amount of reserves the organization is required to maintain by the states in which	 	ļ:	() ()
	the organization is licensed to issue qualified health plans	(Í	
	Enter the amount of reserves on hand	# 3	-	
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	14h]	I

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"Alo"
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	anu Laa ins	iui a strict	IODE
	Check if Schedule O contains a response or note to any line in this Part VI			
Conti	on A. Governing Body and Management	• •		<u> </u>
Secu	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year . 1a 4		. %	
1a	Enter the number of voting members of the governing body at the end of the tax year. 14 4 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	100	,	35.4
	committee, explain in Schedule O	4000	* 🛊 :	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3		*	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 2,	*	2
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct		-	<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		* :	
	the year by the following.	.2	_	, ;
a	The governing body?	8a	√	<u> </u>
р	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> .	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u> </u>	ode l	
<u>occii</u>	on b. Tolled (This decitor b requests information about policies not required by the internal never	<i>ac c</i>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		 `
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1.3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	√	13
15	Did the process for determining compensation of the following persons include a review and approval by		**	3 3 3
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	,	1 1
a b	The organization's CEO, Executive Director, or top management official	15a	/	-
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	K1 - 38	 • ;
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	Š		1
	with a taxable entity during the year?	16a	*	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		,->	7 81, 1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	ŠŢ.	ŽĚ.	å".i
	organization's exempt status with respect to such arrangements?	16b	(2/) 2000 c	
Secti	on C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
, .	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	. ▶	
	Alex Fang. (415)664-2050			

Page	. 7

Form 990 (2017	7١

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 notbor the organization no	r any ralata	d ora	0017	otio			noo	tod any ourror	t officer director	r or truetee
Check this box if neither the organization no	r any relate T	a orga	arıız	.a.110		этре	IISa	Ted any curren	it officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos ieck ss pe	ition more	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	ndıvıdua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
John Fox	40									
Director	<u>.</u>	1	<u> </u>		<u> </u>		ļ	3,750	0	
Noah Borerro	2									_
Director		/			ļ			0	0	
Jonathan Sofer	4	ļ		,				_		
Treasurer, Secretary		-		1	ļ		ļ	0	0	
Alex Fang	40	ł		/				0	0	į (
Executive Director				•						
	+						_			
	<u> </u>									
	1									
	T									
			ļ							

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (continu	ed)		
	(B) Average hours per officer and a dir					ıs both	an	(D) Reportable compensation	(E) Reportable compensation		Estir	(F) mated ount of		
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		other compensation		
										-				
								-				-		
		<u> </u>												
		<u> </u>						-						
1b c	Sub-total . Total from continuation sheets to Part	VII, Section	 on A		· •	 		>	3,750		0			0
d 2	Total (add lines 1b and 1c) Total number of individuals (including bur reportable compensation from the organic			nose	e list		above	e) w	3,750 tho received m	ore than \$1	0 00,000) of		0
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations											7	*,	, m,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5	Individual									zation or inc	dividua 	1 5		✓
	on B. Independent Contractors										A 1.5			
1	Complete this table for your five highest compensation from the organization. Repyear.													3X
	(A) Name and business add	dress							(B) Description of s	ervices		(C) Compens	ation	
None														
				_	_			<u> </u>						
2	Total number of independent contractor received more than \$100,000 of compens							l — o th	nose listed ab	ove) who	\$\$C.\$		7 \$	

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note			<u> </u>	
	,		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
, ^ :			Total Postolide	exempt function revenue	business revenue	excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a	0 2 2	1. \$		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	o * *, *, * * * *			
S, E	C	Fundraising events 1c	<u>o</u>	(1) E (2)	* * * * * * * * * * * * * * * * * * *	
ig ig	d	Related organizations 1d	<u>o</u>			
in,	е	Government grants (contributions) 1e	<u>o</u>			
tio r	f	All other contributions, gifts, grants,				
혈		and similar amounts not included above 1f 181,76	7			
d tr	g		<u>o</u>	Ĭ.	3 43	
	h	Total. Add lines 1a–1f ▶	181,767	^.	3,0	
Program Service Revenue		Business Code	` . ` ₩	1 %	1 ×	
eve	2a					
ě	b		-			
<u>Ş</u>	С					
Se	d					
ra I	e					
rog	Ţ	All other program service revenue .		1.6 1.6		
	g	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest		***	. <u>(%)</u>	* * * * *
	•	and other similar amounts)	'			
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties		-		
	•	(i) Real (ii) Personal	* 3		* `````	\$\$. !
	6a	Gross rents				
	b	Less. rental expenses			·)	
	c		0			
	d	Net rental income or (loss) ▶		3 · · · · · · · · · · · · · · · · · · ·		1 **** * * * * * * * * * * * * * * * *
	7a	Gross amount from sales of (i) Securities (ii) Other	18 18 A.		7.00	# 1 3 t 3 k
		assets other than inventory				
	b	Less. cost or other basis		X To		
		and sales expenses .		Night y State		
	С		<u>o</u>		Y	
	d	Net gain or (loss)	, , , , , , , , , , , , , , , , , , , ,		<u></u>	
o o	_		1.			
Ĭ.	8a	Gross income from fundraising				
e e		events (not including \$ 0				
Ę.		of contributions reported on line 1c). See Part IV, line 18 a				
Other Rev	.	Less. direct expenses b				
ō	b	Net income or (loss) from fundraising events .				
		Gross income from gaming activities.		**************************************	* . 	TENENT S. J.
		See Part IV, line 19 a				
	b	Less direct expenses b			4 78	
	c	Net income or (loss) from gaming activities .			* ** · · ` **	Same of an experience
	_	Gross sales of inventory, less	ξ , ₃ #	W ** : 4	37 1 128	
		returns and allowances . a				
	b	Less: cost of goods sold . b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code) (() () () () () () () () ()	lei i iki	`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	11a					
	b					
ļ	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d .		<u> </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	\$ 4 2 3 3 4 4 5 Y
	12	Total revenue. See instructions	181,767	<u>'</u>	0	0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 0 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 Benefits paid to or for members 0 0 Compensation of current officers, directors, 5 trustees, and key employees . 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages 1,370 584 7 . . 16,749 14,795 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 0 0 Other employee benefits . 5,149 477 203 9 5,829 Pavroll taxes 1,206 112 48 10 1,366 Fees for services (non-employees) 11 Management 0 b Legal . 517 517 0 Accounting . . . 732 0 0 C 732 Lobbying . . . d Professional fundraising services. See Part IV, line 17 Investment management fees . . . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 300 12 Advertising and promotion . . 634 133 1,067 13 Office expenses . 2,985 1,495 2,091 6,571 Information technology . 14 Royalties 15 16 Occupancy . 10 497 918 411 17 Travel . 46.794 75 1,481 48,350 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest . . . 21 Payments to affiliates . . 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered 24 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.) 0 Program Expenses 87,349 87,349 b Website Development 1,079 1,079 0 0 C d All other expenses е Total functional expenses. Add lines 1 through 24e 25 170,527 160.919 4,404 5,204 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash-non-interest-bearing . 1 16,820 22,730 2 2 Savings and temporary cash investments . . . 3 3 Pledges and grants receivable, net . . . 4 Accounts receivable, net . . . 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 * 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 à sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions), Complete Part II of Schedule L . . . Assets 7 Notes and loans receivable, net . . 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 43,387 37,407 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 Investments-other securities See Part IV, line 11 12 12 Investments-program-related See Part IV, line 11. 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 10,405 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 60,207 16 70,542 17 17 Accounts payable and accrued expenses . . . 2,007 1,102 18 18 Grants payable. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . 2,007 26 1,102 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . 27 69,440 58,200 28 Temporarily restricted net assets . 0 0 29 29 0 Permanently restricted net assets. 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and Ž complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . 32 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 33 58,200 69,440 34 Total liabilities and net assets/fund balances . 70,542 60,207 Form **990** (2017)

orm 99	• 90 (2017)			Pa	ge 12
	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)	1		18	1,767
2	Total expenses (must equal Part IX, column (A), line 25)	2		170	0,527
3	Revenue less expenses Subtract line 2 from line 1	3		1	1,240
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		5	B,200
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6	9,440
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
				Yes	No
1	Accounting method used to prepare the Form 990. 🖸 Cash 🔲 Accrual 🔲 Other			4 	, , , , , , , , , , , , , , , , , , ,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain in		×* 1	
	Schedule O.			y	,
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 com-	piled or		1 1 1 1 1 1 1 1 1	- 2,3%
	reviewed on a separate basis, consolidated basis, or both				aži x
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			\$ \$	
b	Were the organization's financial statements audited by an independent accountant?		2b		\
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	3. 3		
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		100	\$ 1.	*
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that as the committee that a committee that are committee that a committee that a committee that a committee	-			
	of the audit, review, or compilation of its financial statements and selection of an independent acco	untant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın in	8 %	**	, we

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Form **990** (2017)

the Single Audit Act and OMB Circular A-133? .

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 20**17**

Open to Public Inspection Employer identification number

26-2527261 **Surf For Life** Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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) 6 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: 10 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 331/3% 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) 11 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) d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f	Enter the number of supported	d organizations					
g	Provide the following informat	on about the sup	ported organization(s)				
	i) Name of supported organization (ii) E		(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)						,	
(B)							
(C)							
(D)							
(E)					•		
Tota		8.47 \$ 8.77		The state of	*		
For P	aperwork Reduction Act Notice, s		for Form 990 or 990-EZ	. Cat	No 11285	F Schedule A (Fo	rm 990 or 990-EZ) 2017

Page	2
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Part	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to gua	
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III,)"	
	on A. Public Support				,		
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016_	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		Sign.		//		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	** * *		. /	\$ %	(()	
	on B. Total Support			//			
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 201/5	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			//			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			7			
11	Total support. Add lines 7 through 10	à. 'Z		***	8 8 (3/6)	*	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the		n's first, sécon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c) (3)
04	organization, check this box and stop he		· · //-			•	
	on C. Computation of Public Suppo			1 ookuma (A)		14	%
14 15	Public support percentage for 2017 (line Public support percentage from 2016 Sc		<i>// -</i>	r, column (t))		15	
16a	33 ¹ / ₃ % support test—2017. If the organ			 con line 13 a	 nd line 14 ાલ ઉ		
. 54	box and stop here. The organization qua						, , ▶ □
b	331/3% support test—2016. If the organ this box and stop here. The organization	ization did not	t check a box o	on line 13 or 10		ıs 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization metal Part VI how the organization meets the organization.	eets the "facts	s-/and-circumst	ances" test, c	heck this box	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets [#] tl	he "facts-and-	circumstances	" test, check	this box and s	top he re .
18	Private foundation. If the organization d instructions	id not check a	box on line 13	, 16a, 16b, 17	a, or 17b, ched	ck this box and	see
					Sc	hedule A (Form 99	or 990-EZ) 2017

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	524,180	925,669	607,859	521,196	181,767	2,760,671
2	Gross receipts from admissions, merchandise		· · · · · ·				<u> </u>
	sold or services performed, or facilities furnished in any activity that is related to the	-					
	organization's tax-exempt purpose	o	o	o	o	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	o	o	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to	1			:		
	or expended on its behalf	0	o	o	o	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	o	o	0	0
6	Total. Add lines 1 through 5 .	524,180	925,669	607,859	521,196	181,767	2,760,671
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o	0	o	О	0	0
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	0	0	o	o	0	0
С	Add lines 7a and 7b	0	. 0	0	0	0	0
8	Public support. (Subtract line 7c from		· 🐐 🗸 🦻	*		* ` ~	
	line 6)						2,760,671
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	524,180	925,669	607,859	521,196	181,767	2,760,671
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	0	142	0	0	0	142
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С			142	0	0	0	142
11	Add lines 10a and 10b	0	142				
	Net income from unrelated business	0	142				
	Net income from unrelated business activities not included in line 10b, whether		142				
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or			0	0	0	
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0	0				0
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			0	0	0	
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	0 0 524,180	0 0 925,811	0 607,859	0 521,196	0 181,767	0 2,760,813
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the	0 0 524,180 ne organization	0 0 925,811 's first, second	0 607,859 d, third, fourth,	0 521,196 or fifth tax ye	0 181,767	0 2,760,813
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13 14 Section	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support or not the property of the property of the support of Public Support of the property of	0 524,180 ne organization re t Percentage	0 925,811 's first, second	607,859 d, third, fourth,	0 521,196 or fifth tax ye	0 181,767 ear as a sectio	0
13 14 Section 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (line 8)	0 524,180 ne organization re t Percentage 3, column (f) div	0 925,811 's first, second	607,859 d, third, fourth,	0 521,196 or fifth tax ye	181,767 ear as a sectio	0 2,760,813 n 501(c)(3) . ► □
13 14 Section 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (line 8 Public support percentage from 2016 Sci	0 524,180 ne organization re t Percentage 3, column (f) div	0 925,811 's first, second rided by line 13	607,859 d, third, fourth,	0 521,196 or fifth tax ye	0 181,767 ear as a sectio	0
13 14 Section 15 16 Section 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (line 8 Public support percentage from 2016 Scton D. Computation of Investment In	0 524,180 ne organization re t Percentage 3, column (f) divinedule A, Part I come Percer	0 925,811 's first, second rided by line 13 II, line 15	607,859 d, third, fourth,	521,196 or fifth tax ye	181,767 ear as a sectio	0 2,760,813 n 501(c)(3) P 100 % 100 %
13 14 Section 15 16 Section 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (line of Public support percentage from 2016 Scton D. Computation of Investment Income percentage for 2017 (0 524,180 ne organization re 1 Percentage 3, column (f) divinedule A, Part I come Percer line 10c, colum	925,811 Is first, second rided by line 13 Il, line 15 Itage In (f) divided by	607,859 d, third, fourth, 3, column (f))	0 521,196 , or fifth tax ye 	181,767 ear as a sectio	0 2,760,813 n 501(c)(3)
13 14 Section 15 16 Section 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2017 (line 8 Public support percentage from 2016 Scton D. Computation of Investment Income percentage from 2016 (investment income percentage from 2016 (investment income percentage from 2016)	0 524,180 ne organization re 1 Percentage 3, column (f) divinedule A, Part I come Percer line 10c, colum 6 Schedule A, F	925,811 Is first, second rided by line 13 II, line 15 . Intage In (f) divided by Part III, line 17	607,859 d, third, fourth,	521,196 For fifth tax years	181,767 ear as a sectio	0 2,760,813 n 501(c)(3) 100 % 100 % 0 % 0 %
13 14 Section 15 16 Section 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2017 (line 8 Public support percentage from 2016 Scton D. Computation of Investment Income percentage from 2016 (investment income percentage from 2016 331/3% support tests—2017. If the organization of Investment income percentage from 2016 331/3% support tests—2017. If the organization of Investment income percentage from 2016	524,180 ne organization re rt Percentage 3, column (f) div nedule A, Part I come Percer line 10c, colum 6 Schedule A, F ization did not	925,811 Is first, second rided by line 13 II, line 15 . Itage In (f) divided by lart III, line 17 check the box	607,859 d, third, fourth, 3, column (f)) / line 13, colum	521,196 for fifth tax year	181,767 ear as a sectio	0 2,760,813 n 501(c)(3)
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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.)

CCII	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	*	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	i.	, in
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 Part VI when and how the organization made the determination.	3b_	***	,
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	,	40°
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	, pri-	,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	,,	ž
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 Part VI.	. 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	*	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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).	·	â.	* * * * * * * * * * * * * * * * * * * *
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1	
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	/_w.`	
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	-2.	
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.)	10b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	*	ľ 🐔	ľ ′. '
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		n "
h	A family member of a person described in (a) above?	11b	 	
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_	
Secti	ion B. Type I Supporting Organizations	1		<u>'</u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		* , *
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	ž.	Âú
Secti	ion D. All Type III 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ž. 3.	
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		, w
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		** ***********************************
Secti	ion 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.		01.0.2	_,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((s ee in	struct	ions).
_				
2	Activities Test. Answer (a) and (b) below.	1 g A	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		************
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	* 2b		
3 a —-	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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 Part VI the role played by the organization in this regard.	3b	7.3	1, 1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nizat	st on Nov 20, 1970 (explai tions must complete Section	ns 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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	,		*
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u></u>
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		4. 	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	ㅗ_	400.00 3000 3797 10.00 03	organization (see
instructions)	., .,,	tog. a.toa 17 po in oapporting	,gar.n.ca.no (000

Part		s) Suppo	rting C	rgan	zatio	ns (C	ontinu	ea)		
	on D - Distributions								Currei	nt Year
1_	Amounts paid to supported organizations to accomplish e								<u> </u>	
2										
	organizations, in excess of income from activity								 	
3_	Administrative expenses paid to accomplish exempt purp	oses of s	upporte	d orga	ınızatı	ons_				
4	Amounts paid to acquire exempt-use assets							_		
5	Qualified set-aside amounts (prior IRS approval required)					_				
6_	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.							-		
8	Distributions to attentive supported organizations to which	h the orga	anizatioi	n is res	sponsi	ve				
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10_	Line 8 amount divided by line 9 amount	T				<i>(</i> ::				
S	ection E - Distribution Allocations (see instructions)	Excess	(i) Distribu	ıtions	Und	ii) lerdist Pre-2	ributio	ons	Distrib	iii) outable : for 2017
1	Distributable amount for 2017 from Section C, line 6	1. 4s -si	Mark 🗸	" R 9		à	#. ₁₆			
2	Underdistributions, if any, for years prior to 2017	~ ><							Šássas s	
	(reasonable cause required - explain in Part VI) See			112						` %
	instructions.		(A)							
3	Excess distributions carryover, if any, to 2017	: , , 3	38.3	427			199		11.80 W	
a			19964	4 1/2 1/2	* .	n y. y				<u> </u>
b	From 2013	3	2000			r, Y. ş	V		* * *	
с	From 2014	,	<u>```</u> `. '.	,	ì				* *	
d	From 2015	3 345 1			, *	. e k			**	À j,
<u>e</u>	From 2016	- 88.0%.	2000	÷			. 44	* 4	3	\$ # %
f	Total of lines 3a through e				11.3		,		. T	<u></u>
g	Applied to underdistributions of prior years		<u> </u>	A 235					- X2- - X2-	- 11
<u>h</u>	Applied to 2017 distributable amount			;₩,	<i>i/</i> 3		(4)			
i_	Carryover from 2012 not applied (see instructions)			,				1, 17		7 x i 13 1
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.					3 3		. %		<u> </u>
4	Distributions for 2017 from		*		,			1	1 13	
	Section D, line 7:		ê	9.8	* 3				× 94	7 N/N 3 N
a	Applied to underdistributions of prior years		s (3)						<i>y</i>	
b	Applied to 2017 distributable amount	an i	<u> </u>		4. ;					
C	Remainder. Subtract lines 4a and 4b from 4.				ž	13	X & *	₹ú¢		<u> </u>
5	Remaining underdistributions for years prior to 2017, if		ž,	. 3 % <					1 9 X	
	any Subtract lines 3g and 4a from line 2. For result									1.31.
	greater than zero, explain in Part VI. See instructions	X	×	•		7.11 11M 1			7-38/8	
6	Remaining underdistributions for 2017. Subtract lines 3h		¥5 8	į			i i i			
	and 4b from line 1 For result greater than zero, explain in			i. (
	Part VI. See instructions	, N	2 1	<u> </u>	<i>.</i>	×.	7 %	4		/- ii lyn i
7	Excess distributions carryover to 2018. Add lines 3j and 4c				,	30.0			* *	
8	Breakdown of line 7 ⁻	, X 2 &	W. '	1.	«" ¹	` }	% ;	*		
а	Excess from 2013				* 1		,î		\2\C	, , , , , , ,
b	Excess from 2014	3 3	(A)	. ; ; {	W.	1 10	. 🗳	er sel,		
С	Excess from 2015	100 B	3000		3 Z	# W .	: A	1 4		
d	Excess from 2016				Ú.	5 4 }			1	
е	Excess from 2017	* %		188	1	2	* 1			

Page	٤

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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2017

Open to Public Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year . 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of orithrough of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? . □ Yes □ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that appty) □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation or on the last day of the tax year. 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to the last day of the tax year. 3 Total number of conservation easements. 4 Number of conservation easements in definition of the seasement of the chart seasement on a historic structure listed in the National Register 5 Total acreage restricted by conservation easements. 6 Number of conservation easements modeled, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 5 Number of conservation easements medical, transferred, released, extinguished, or terminated by the organization during the year ▶ 5 Number of conservation easements medically an experise subject to the organization easements during the year ▶ 5 Number of conserv	Name of	ule organization		Employer identification number
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1				
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 (ii) Assets included in Form 990, Part X			•	> \$
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a Revenue included on Form 990, Part VIII, line 1	f	ollowing amounts required to be reported under S	FAS 116 (ASC 958) relating to these if	tems:
b Assets included in Form 990, Part X				• • • •

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Page	2

Part	III Organizations Maintaining	Collections of	Art, Histor	ical Tre	asures, or C	Other Similar Ass	ets (co	ntınu	ied)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her records	check a	ny of the follo	owing that are a sign	gnificant	use	of its
а	☐ Public exhibition		d □	Loan or	exchange pro	grams			
b	☐ Scholarly research		е 🗌	Other				· <u>-</u>	
С	☐ Preservation for future generations	3							
4	Provide a description of the organizat	tion's collections a	and explain	how they	further the o	rganızatıon's exem	pt purpo	se ın	Part
5	During the year, did the organization assets to be sold to raise funds rather						_	s [] No
Part	IV Escrow and Custodial Arra								
	Complete if the organization 990, Part X, line 21.							Forr	n ——
1a	Is the organization an agent, trustee, included on Form 990, Part X?				contributions		t □ Ye	s [] No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the follow	ving table	e 	An	nount		
С	Beginning balance				1	Ic			
d	Additions during the year	•			[1	ld			
е	Distributions during the year				[1	1e			
f	Ending balance					1f			
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line 21	, for escr	ow or custod	ial account liability?	? 🗌 Ye	s 🗀] No
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the expla	anation h	as been provi	ded on Part XIII .]
Part	V Endowment Funds.								
	Complete if the organization	answered "Yes	on Form	990, Par	t IV, line 10.				
		(a) Current year	(b) Prior y	ear (c) Two years back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance .								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships .	=							
е	Other expenditures for facilities and			ľ					
	programs								
f	Administrative expenses						ļ		
g	End of year balance .								
2	Provide the estimated percentage of t	-	d balance (ine 1g, co	olumn (a)) held	d as:			
а	Board designated or quasi-endowment	nt ▶	_ %						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
•	The percentages on lines 2a, 2b, and					l	_		
3a	Are there endowment funds not in the organization by:	e possession of tr	ie organizat	ion that a	are nela ana a	administered for the		V	Na
	•						-	Yes	No
	(i) unrelated organizations .			•	· · ·		3a(i)		
L	(ii) related organizations . If "Yes" on line 3a(ii), are the related o	raanisationa listed	aa raasiira-	· · ·			3a(ii) 3b		
b 4	Describe in Part XIII the intended uses						30	اـــــا	
Part			on S endown	nent runc					
ı aı	Complete if the organization		" on Form	aan Par	t IV line 11s	See Form 990	Part X I	ine 1	10
	Description of property	(a) Cost or ot	her basis (b	Cost or ot	her basis (c	c) Accumulated depreciation	(d) Bool		
1a	Land								
ia b	Buildings	•							
C	Leasehold improvements		+						
d	Equipment					-			
e e	Other								
	Add lines 1a through 1e. (Column (d) n	nust equal Form 0	90 Part Y	olumn /¤	1) line 10c l	<u> </u>			
(4).	riad iiriod ta airoagir to, (Obianiir (a) ii	nust equal i onli 3	JU, I art A, L	.Cluttiii (D	y, iii ie 100.) .		dula D (Car		

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See F	Form 990 Part X line 12
 	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(4) Europois	derivatives		Book of one of your marrier value
	neld equity interests		
(3) Other	lold oquity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12) ▶		4 7 74 4
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			ļ
(5)			
(6)			
(7)			-
(8)		-	
(9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶		Yes: 38
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See I	Form 990, Part X, line 15.
(4) 5			10,405
(1) Fixed A	ssets		10,403
(2)			
(3)	 		
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col (B) line 15)		▶ 10,405
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part line 25.	IV, line 11e or 11f	f. See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal I	ncome taxes		
(2)			
(3)			
(4)		<u></u>	
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 25) ▶		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orga	ınızatıon's fınancıal st	atements that reports the
organization	s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the t	ext of the footnote ha	as been provided in Part XIII 🔲

Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	XII Reconciliation of Expenses per Audited Financial States		per Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		**
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	\$. 1.
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		ie ż
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 18.)	5
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		
z, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional	information
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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

Open to Public Inspection

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

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

Employer identification number Name of the organization 26-2527261 **Surf For Life** Form 990, Part VI, Section B, Line 11b - Accountant submits the draft Form 990 report for review by the Committee as soon as possible after the end of the fiscal year, but prior to filing with the Internal Revenue Service Form 990, Part VI, Section B, Line 12c - We promote and consistently enforce the Program through incentives and disciplinary actions Form 990, Part VI, Section B, Line 15 - The executive compensation package is reviewed annually by the compensation committee and the amounts are documented through meeting minutes Form 990, Part VI, Section C, Line 19 - via our website

Schedule O, Statement 1	Surf For Life
Form Form 990 (2017)	EIN 26-2527261
Page 1	Header Section
Reasonable Cause	Explanations
Explanation	
Board approval of year-end books was required, all appropriate extensions were	e filed