Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

Return of Organization Exemple Formula Household (except private foundations)

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

A For the 2017 calendar year, or tax year beginning and ending										
В	Ch ap	eck if plicable	C Name of organization		D Employer identification number					
Г	Χ̈́	Address change	CENTER FOR GROWTH AND OPPORTUNITY							
Ī		Name change	Doing business as		45-3564310					
Ē	$\overline{}$	Initial return		Room/suite	E Telephone number	,				
Ī		Final return/	3525 OLD MAIN HILL		(435) 277-0818				
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,538,684.				
		Amende return	d LOGAN, UT 84322		H(a) Is this a group re	turn				
		Applica-	F Name and address of principal officer BLAKE DURSTELER		for subordinates	? Yes X No				
_		pending	SAME AS C ABOVE		HI(b) Are all subordinates in	cluded? Yes No				
1			mpt status X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) o	or527	If "No," attach a	list (see instructions)				
J Website: ► WWW.GROWTHOPPORTUNITY.ORG H(c) Group exemption number ►										
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 2017 M State of legal domicile										
[Partill Summary										
1 Briefly describe the organization's mission or most significant activities THE CENTER FOR GROWTH AND OPPORTUNITY AT UTAH STATE UNIVERSITY EXPLORES THE SCIENTIFIC										
7	Governance	-								
,			Check this box I if the organization discontinued its operations or dispos	sed of more	1 1	ets 5				
,	١٥		lumber of voting members of the governing body (Part VI, line 1a)		3	5				
			lumber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar yea <u>r</u> 2017 (Part V, line 2a)		5	26				
5' ,	Activities &	^ T	Catal mounts on a found on the catalogue (catalogue of management)		6	0				
•	≧	7 a T	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, columnic Pide CEIVED	_	7a	0.				
•	욉	h	let unrelated business taxable income from Form \$30 II, line 34		7b	0.				
ī —	\dagger		8 NOV 20 2010	אט/	Prior Year	Current Year				
<i>)</i> 		8 (Contributions and grants (Part VIII, line 1h)	X	0.	3,537,333.				
1	Hevenue		Program service revenue (Part VIII, line 2g)	ŭ 🗆	0.	0.				
י	آڏِ اڏ		nvestment income (Part VIII, column (A), lines 3, 4, and 46DEN	<i>اغ ا</i>	0.	1,351.				
)	ř	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	$I \square$	0.	0.				
`_		12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	,	0.	3,538,684.				
)		13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	0.	0.				
5		14 E	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.				
	S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	0.	384,488.				
	Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.				
	ᇍ		otal fundraising expenses (Part IX, column (D), line 25) 98,61	<u> 17.</u>		250 012				
١	"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	0.	378,213.				
	1		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	\vdash	0.	762,701.				
_	-	19 F	Revenue less expenses Subtract line 18 from line 12		0.	2,775,983.				
2	Sec			Ве	ginning of Current Year O .	End of Year 2,806,519.				
92	Fund Balar		otal assets (Part X line 16)	_	0.	30,536.				
Δ to	뎔		otal liabilities (Part X line 26)	-	0.	2,775,983.				
1	Sаг		let assets or fund balances Subtract line 21 from line 20 Signature Block			2,113,303.				
	_		ies of perjury. I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief it is				
			and complete. Declaration of preparer (other than officer) is based on all information of wh							
	,,,,	1	Blat h I	р. орага.	11/15	/18				
S	gn		Signature of officer		Date					
	ere		▶ BLAKE DURSTELER, PRESIDENT							
			Type or print name and title							
_			Print/Type preparer's name Preparer's signature	$\overline{}$	Date Check	PTIN				
Pa	ud	Į	O. SCOTT JACKSON		1/15/18 sett employ	P00181911				
Pr	epa		Firm's name ALLRED JACKSON, P.C.		Firm's EIN ▶	87-0406295				
Us	se C	nly	Firm's address 50 EAST 2500 NORTH, SUITE 200			,				
_			NORTH LOGAN, UT 84341		Phone no (4					
M	ay		S discuss this return with the preparer shown above? (see instructions)			X Yes No				
72	200	1 11.20	17 I HA For Panerwork Reduction Act Notice see the senarate instruction	ne		Form 990 (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2017) CENTER FOR GROWTH AND OPPORTUNITY 45-3564310 Page 2
Pa	rt III; Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE CENTER FOR GROWTH AND OPPORTUNITY AT UTAH STATE UNIVERSITY
	EXPLORES THE SCIENTIFIC FOUNDATIONS OF THE INTERACTION BETWEEN
	INDIVIDUALS, BUSINESS, AND GOVERNMENT TO IMPROVE WELL-BEING FOR
	INDIVIDUALS AND SOCIETY. OUR FOCUS IS ON PRODUCING RESEARCH AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$559,797. including grants of \$) (Revenue \$)
	RESEARCH: WE FOCUS ON TRANSFORMATIVE RESEARCH PROJECTS. EVERY PROJECT
	WE SELECT DISRUPTS, CHALLENGES, AND CHANGES THE WAY PEOPLE THINK ABOUT
	ONGOING PUBLIC POLICY QUESTIONS, AND WILL PAINT AN OPTIMISTIC VISION
	THAT PROVIDES A CLEAR PATH FOR INSIGHTFUL, INNOVATIVE, AND RESPONSIBLE
	SOLUTIONS.
	DOUGH COMB.
4b	(Code) (Expenses \$ 24 , 365 . including grants of \$) (Revenue \$)
710	ACADEMIC STUDENT PROGRAMS: THE CENTER FOR GROWTH AND OPPORTUNITY IS
	COMMITTED TO TALENT DEVELOPMENT. STUDENTS HAVE OPPORTUNITIES TO
	RESEARCH REAL-WORLD ECONOMIC POLICY TOPICS, TACKLE BIG IDEAS, AND
	DEVELOP DYNAMIC SKILLS.
4c	(Code) (Expenses \$10,569. including grants of \$) (Revenue \$)
	OTHER PROGRAM SERVICES
4-3	Other program convecs (Decembe in Schedule O.)
4d	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 594, 731.
40	Total program service expenses 594.731.

Form **990** (2017)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			17
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
10	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			71
• •	as applicable	ľ		•
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a		х
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 167 If "Yes," complete Schedule D, Part VII	11b		х
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 167 If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	45		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Х
16		16		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
''	column (A), lines 6 and 11e? If "Yes." complete Schedule G. Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."		-	
_	complete Schedule G. Part III.	19		Х
	The state of the s		990 (

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Ç	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
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		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	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? // "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	- 		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV	28a	_	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		-	
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			_
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2017)
				. ,

CENTER FOR GROWTH AND OPPORTUNITY 45-3564310 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes Nο 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 26 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За 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 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 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). a 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 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d 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 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b

14a X

Form 990 (2017)

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

CENTER FOR GROWTH AND OPPORTUNITY 45-3564310 Rait VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI $\overline{\mathbf{x}}$ Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 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? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 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: Х a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NUNE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available								
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X 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 interest policy, 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 records								

THE ORGANIZATION - (435) 277-0818 3525 OLD MAIN HILL, LOGAN, UT

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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	nor any related	orga	nıza	tion	con	nper	nsat	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	///	Position (do not check more than one box, unless person is both an officer and a director/bustee)		Reportable	Reportable	Estimated			
	hours per	box			s person is both an			compensation	compensation	amount of
	week	\vdash			d a director/rustee)		100)	from	from related	other .
	(list any hours for	Individual trustee or director		ŀ				the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the
	related	9 0 0	stee			salec			(***271033***********************************	organization
	organizations	Trust	Institutional trustee		yee	Highest compensated employee		(,		and related
	below	ıdual	tutton	<u>د</u>	Key employee	est co	, ja			organizations
	line)	μţ	Inst	Officer	Key	Hg m	Former			
(1) TIMOTHY BARNEY	1.00									
BOARD MEMBER		Х			_		<u> </u>	0.	0.	0.
(2) BRIAN BROADBENT	1.00]			ļ					
BOARD MEMBER		X			L_	L		0.	0.	0.
(3) KIMBERLY DENNIS	1.00									
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(4) VERNON L. SMITH	1.00	1	1	l			ł			
BOARD MEMBER		X		_	<u> </u>	╙	<u> </u>	0.	0.	0.
(5) DEREK JOHNSON	1.00					1				
BOARD CHAIRMAN		X			Ш			0.	0.	0.
(6) BLAKE DURSTELER	40.00	1								
PRESIDENT / EXECUTIVE DIRECTOR		ļ		X	_	L	╙	113,333.	0.	0.
(7) SAMANTHA WRIGHT	40.00							l '		
COO / BOARD SECRETARY				Х	_			0.	0.	0.
					ļ					
		<u> </u>	_	<u> </u>		<u> </u>	L.			
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		l	1		I	1 :				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hi	ghe	st C	compensated Employed	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	l (do	Position (do not check more than one				one	Reportable	е	E:	stimate	∌d	
		hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation compensati			ar	nount	of
		week (list any				T	T	T	from the	from relate		other compensation		
		hours for	direct						organization	organizatior (W-2/1099-MI		1	rom th	
		related	8	Stee			nsale		(W-2/1099-MISC)	(** 27 :000 :111100)		organization		
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		,				d relat	
		below	vidua	totto	ĕ	lg ma	hest c	Former				org	anızatı	ons
		line)	Ē	th:	Officer	žę	로등	Ē	ļ					
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					}									
1b	1b Sub-total 113,333.								0.			0.		
С	Total from continuation sheets to Part VII	l, Section A						•	0.		0.			0.
d	Total (add lines 1b and 1c)								113,333.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportabl	е			
	compensation from the organization													1
_										_		F	Yes	No
3	Did the organization list any former officer,		istee	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on				X
	line 1a? If "Yes," complete Schedule J for si					4		41		h		3	-	·^
4	For any individual listed on line 1a, is the su	•		•					•	ne organization				X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									tual for convoca		4	,	
,	rendered to the organization? If "Yes," com	•						sialt	ed organization or individ	dal loi services		5		X
Sec	tion B. Independent Contractors	piete Schedule	<u> </u>	اد ال	<u>iLii</u>	7EI2	<u>U//</u>							
1	Complete this table for your five highest cor	mpensated ind	ере	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om.	
	the organization Report compensation for t													
	(A)								(B)		١.		C)	
	Name and business	address	NC	ONE	<u> </u>			_	Description of s	ervices		ompe	nsatio	<u> </u>
						_		\dashv			\vdash			
								_						
-														
								_			<u> </u>			
								ł						
2	Total number of independent contractors (in	ncluding but no	ot lin	nıtec	l to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨)				<u> </u>			

Mark. C.	A MAN TO SERVE	Ser voge	Check if Schedule O cont	ains a respons	se or note to any lir	ne in this Part VIII			
					3	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t t	1	а	Federated campaigns	1a			100	7.5	
irar		b	Membership dues	1b					
Contributions, Gifts, Grants		С	Fundraising events	1c					
ii ii		d	Related organizations	1d					
S, E		e	Government grants (contribut	ions) 1e				1.0	100
i di		f	All other contributions, gifts, gran					1	
ğŧ			similar amounts not included abo	ve 1f 3	<u>3,537,333.</u>				
d ct		9	Noncash contributions included in lines	1a-1f \$	225,333.			124	
<u></u>	_	h	Total. Add lines 1a-1f		<u> </u>	3,537,333.		144	27.22
					Business Code				33
ဗ	2	а			-				
Program Service Revenue		b					_		
Š		С			-				· · · · · · · · · · · · · · · · · · ·
ra S		d							
E		е							
σ.			All other program service reve	nue			\$80080003 X \$6 00250000000000000000000000000000000000	hot intercedable sections	ubodbyvina spilosatiku ar Grabaukabar
	_	g	Total, Add lines 2a-2f						
	3		Investment income (including	dividends, inte	erest, and	1 251	1 251		
	١.		other similar amounts)			1,351.	1,351.		
	4		Income from investment of tax	k-exempt bond	proceeds -				
	5		Royalties		5) 5	***			25.00 Sept. 10.00
	_		0	(i) Real	(ii) Personal				
	۱ ٥		Gross rents				100 m		
			Less rental expenses				1,234		
	i .		Rental income or (loss) Net rental income or (loss)					22	
			Gross amount from sales of	(i) Securities					
	′	a	assets other than inventory	(i) Securities	s (ii) Other				
		.	Less cost or other basis	-			73,		CONTRACTOR OF THE STATE OF THE
		U	and sales expenses				F (40 B) (50		
		_	Gain or (loss)		1				
			Net gain or (loss)		<u> </u>	27.000			
			Gross income from fundraising	n events (not			7/53/4/33/2014		
ŭ			including \$	•					
evenue			contributions reported on line			1966 (1988) (Диниција (1910)	and hope many to the second many		initamina mantamininta para anta
ď.			Part IV, line 18		a	novomo y montro y y anti-			ii. (ii.
Other		b	Less direct expenses	• •	b		TERETORIUM INTERNATIONAL INTER	Orange (ii)	abtects (000000000000000000000000000000000000
ō			Net income or (loss) from fund	Iraising events	•	,			
			Gross income from gaming ac	•	-		\$1.74 <u>\$</u>	700000000000000000000000000000000000000	(C. 7. 14.5)
			Part IV, line 19		a		(Annual Company (← m)		
		b	Less direct expenses		ь			3.0	
		С	Net income or (loss) from gam	ing activities					
	10	a	Gross sales of inventory, less	returns	-				
			and allowances		а	77.00			
		b	Less cost of goods sold		b				
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	e	Business Code		1000000	N. 200 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	
	11	а							
		b							
		С							
		d	All other revenue						
		е	Total. Add lines 11a-11d		>				
	12		Total revenue See instructions		<u> </u>	3,538,684.	1,351.	0.	0.

Onto Solicity of S										
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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	. (C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations		r ŧ		1 7 7 7					
_	and domestic governments. See Part IV, line 21	•		1						
2	Grants and other assistance to domestic	,								
	individuals See Part IV, line 22									
3	Grants and other assistance to foreign		٠.							
	organizations, foreign governments, and foreign	,								
	individuals See Part IV, lines 15 and 16	. 1		18 4 / E						
4	Benefits paid to or for members	*								
5	Compensation of current officers, directors,	1 112 222	00 007		15 400					
	trustees, and key employees	113,333.	88,207.	9,723.	15,403.					
6	Compensation not included above, to disqualified			· .	•					
	persons (as defined under section 4958(f)(1)) and			, '						
-	persons described in section 4958(c)(3)(B)	234,984.	182,888.	20,160.	31,936.					
7	Other salaries and wages Pension plan accruals and contributions (include	234,304.	102,000.	20,100.	31,930.					
8	section 401(k) and 403(b) employer contributions)	10,220.	6,720.	1,355.	2,145.					
9	Other employee benefits	10,2200	- 1	1,333.	2,143.					
10	Payroll taxes	25,951.	17,064.	. 3,442.	5,445.					
11	Fees for services (non-employees) :	1		, , , , ,	3,113.					
	Management		(1 .	t					
b	Legal	, - ,		-						
	Accounting									
	Lobbying	,		14						
е	Professional fundraising services. See Part IV, line 17	•		24.23						
f	Investment management fees	•	1 .		<u> </u>					
g	Other (If line 11g amount exceeds 10% of line 25,			,	•					
	column (A) amount, list line 11g expenses on Sch O.)	192,350.	149,706.	16,502.	. 26,142.					
٠ 12	Advertising and promotion	8,809.	6,688.	1,299.	-,822.					
13	Office expenses			, ' '	. '					
`14	Information technology		1.	. · · · ·						
15	Royalties	· · · · · · · · · · · · · · · · · · ·	·	, ,	. 544					
16	Occupancy	33,333.	29,999.	2,593.	1.741.					
17,*	Travel	10,884.	2,321.	4,644.	3,919.					
18	Payments of travel or entertainment expenses	*	,	, , ,						
40	for any federal, state, or local public officials		•							
19	Conferences, conventions, and meetings Interest		•	1 1						
20 21	Payments to affiliates				.,,					
22	Depreciation, depletion, and amortization			· · ·						
23	Insurance			í						
24	Other expenses, Itemize expenses not covered									
-:	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	GENERAL AND ADMINISTRAT .	71,444.	49,745.	9,635.	12,064.					
b	PROJECT AND PROGRAM EXP	61,393.	61,393.	,						
С				,						
d	r r		1	, ,						
e	All other expenses	·								
25	Total functional expenses. Add lines 1 through 24e	762,701.	. 594,731.	. 69,353.	98,617.					
,26	Joint costs. Complete this line only if the organization	•	') ; ;						
•	reported in column (B) joint costs from a combined	,			•					
•	educational campaign and fundraising solicitation	•								
	Check here If following SOP 98-2 (ASC 958-720)	<u> </u>		L	<u> </u>					

Form 990 (2017)
Part X Balance Sheet

11 Johnson		Check if Schedule O contains a response or note	a to any line in this Part Y			
	***		*	(A)		(B)
		4	1	(A) Beginning of year		End of year
	_1	Cash - non-interest-bearing	. •		1	1,213,530.
	2	Savings and temporary cash investments			2	1,586,456.
	3 ^	Pledges and grants receivable, net		- ' '	3	
•	4	'Accounts receivable, net	•		4	.1,588.
	5	Loans and other receivables from current and for	rmer officers, directors,		9000	
		trustees, key employees, and highest compensa	ted employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	ed persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	•	employers and sponsoring organizations of secti				
ý,	•	employees' beneficiary organizations (see instr)			6	,
Assets.	7	Notes and loans receivable, net	• •		7	, ,
Ą	٧ 8	Inventories for sale or use		,	8	,
	9	Prepaid expenses and deferred charges			9	4,945.
	10a	Land, buildings, and equipment cost or other]] .			
	١.	basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	-	11		
	12	Investments - other securities See Part IV, line 1		12		
,	13	Investments - program-related See Part IV, line 1	•	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	•		15	, ,
	16.	Total assets. Add lines 1 through 15 (must equa	il line 34)	0.	16	2,806,519.
	17	Accounts payable and accrued expenses	,		·17	30,536.
	18	Grants payable		•	18	
	19	Deferred revenue			19	, t
	20	Tax-exempt bond liabilities '	• ••		20	-
	21	Escrow or custodial account liability Complete F		750 CONTROL OF THE CO	21	
es	22	Loans and other payables to current and former				
=		key employees, highest compensated employees	s, and disqualified persons		XXX	
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate			23	-
•	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay	-		24	
	25					
		parties, and other liabilities not included on lines Schedule D	17-24) Complete Fart A Oi		25	,
	26	Total liabilities. Add lines 17 through 25	•	0.	26	. 30,536.
	20	Organizations that follow SFAS 117 (ASC 958)	, check here X and			
٠,		complete lines 27 through 29, and lines 33 and	, , , , , , , , , , , , , , , , , , ,			
Ce	27	Unrestricted net assets			27	2,775,983.
alar	28	Temporarily restricted net assets	•		28	
J B	· 29	Permanently restricted net assets	•		29	
ŭ		Organizations that do not follow SFAS 117 (AS	SC 958), check here		100	
J.F		and complete lines 30 through 34.	, 1			
ts i	30	Capital stock or trust principal, or current funds			30	, ,
\ss(31	Paid-in or capital surplus, or land, building, or equ	•		31	,
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or other funds		32	
Z	33	Total net assets or fund balances	•	0:	33	2,775,983.
	34	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·	. 0.	34	.2,806,519.

orm	1 990 (2017) CENTER FOR GROWTH AND OPPORTUNITY	45-	-3564310 Page 12
	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	3,538,684.
2	Total expenses (must equal Part IX, column (A), line 25)	2	762,701.
3	Revenue less expenses Subtract line 2 from line 1	3	2,775,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	2,775,983.
Рa	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 Schedule	0.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	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 X
	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		
С	. 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
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	S. S. S. S.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

732012 11-28-17

Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR GROWTH AND OPPORTUNITY

Employer identification number 45-3564310

Pa	art I	Reason for Public (Sharity Status (/	All organizations must co	omplete th	ıs part) Se	ee instructions					
The	organ	zation is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box)						
				-			OVANO -	—				
1	=	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	\square	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiz	ation operated in cor	nunction with a hospital	described	ın sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name.				
-	_	city, and state	•	•			The state of the s	, ,				
_								· · · · · · · · · · · · · · · · · · ·				
5	Ш	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	overnmental unit describi	ea in				
		section 170(b)(1)(A)(iv). (0	Complete Part II)									
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	om a dove	emmental	unit or from the general i	oublic described in				
•	ست											
_		section 170(b)(1)(A)(vi). (Complete Part II)										
8	\sqsubseteq	A community trust describe										
9		An agricultural research org	janization described	in section 170(b)(1)(A)(ıx) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or				
		university		,								
40			th	than 22 1/20/ af its aven								
10	ш	An organization that norma	• • • • • • • • • • • • • • • • • • • •	• •			•	•				
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of its support i	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975				
		See section 509(a)(2). (Con	mplete Part III)									
11		An organization organized		vely to test for nublic sat	fety See	section 50	10/21/41					
	=							,				
12		An organization organized a		•	-		•	• •				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g					
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supr	orted ora	anization(s), typically by	aivina				
		the supported organization	•	·	•	_						
					majority o	i tile direc	nors or trustees or the st	apporting				
	_	organization. You must o	complete Part IV, Se	ections A and B.								
b		J Type II. A supporting org	anızatıon supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported				
		organization(s) You mus	t complete Part IV.	Sections A and C.								
_		Type III functionally inte	•		ın connect	non with	and functionally integrate	od with				
·	٠ ــــــ	**	-					With,				
	_	its supported organization	n(s) (see instructions)	You must complete i	Part IV, Se	ctions A,	D, and E.					
d	l		ı ıntegrated. A supp	orting organization oper	ated in cor	nnection v	with its supported organiz	zation(s)				
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distri	ibution red	quirement and an attentiv	veness				
		requirement (see instructi	ons) You must con	nplete Part IV. Sections	A and D.	and Part	V.					
_		Check this box if the orga	•	•	-							
е	· <u></u>	-					Type I, Type II, Type III					
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation						
f	Ent∈	r the number of supported o	organizations									
g	Prov	ride the following information	about the supporte	d organization(s)								
	() Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)				
				above (see instructions))			<u> </u>					
		-										
		i										
						_						

Schedule A (Form 990 or 990-EZ) 2017 CENTER FOR GROWTH AND OPPORTUNITY 45-3564310 Page 2

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

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

Se	Section A. Public Support								
Cale	ndar 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		٠ ,	,					
, :	include any "unusual grants ")		1			3537333.	3537333.		
2	Tax revenues levied for the organ-								
	ization'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	•	••	, if					
4	Total. Add lines 1 through 3					.3537333.	3537333.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly		N.		100		• •		
	supported organization) included			17.00					
	on line 1 that exceeds 2% of the								
	amount shown on line 11,				3.50		,		
	column (f)								
6	Public support. Subtract line 5 from line 4	232762233					3537333.		
	tion B. Total Support	•	ı						
Cale	ndar year (or fiscal year beginning in)	(a) 2013 `	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4				+	3537333.	3537333.		
8	Gross income from interest,	,		r s					
•	dividends, payments received on	<i>*•</i>		1			•		
	securities loans, rents, royalties,	. 1							
	and income from similar sources	•	•		•	1,351.	1,351.		
9	Net income from unrelated business	-		•	_	1			
	activities, whether or not the		•			' .			
	business is regularly carried on			. •	·	· '	•		
10	Other income Do not include gain					-			
٠	or loss from the sale of capital	•		,	, , '		•		
	assets (Explain in Part VI)			-	_	,			
11	Total support. Add lines 7 through 10			7			3538684.		
	Gross receipts from related activities,	etc (see instruction	ns)	•		12			
13	First five years. If the Form 990 is for	r the organization's	first, second, third	i, fourth, or fifth ta	x year as a section	501(c)(3)			
	organization, check this box and stop					•	►□		
Sec	tion C. Computation of Publi	c Support Per	centage , ,		٠		,		
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	99.96 %		
15	Public support percentage from 2016	Schedule A, Part I	I, line 14		•	15	%		
16a	33 1/3% support test - 2017. If the	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3½ or m	ore, check this box	and '		
•	stop here. The organization qualifies	as a publicly suppo	orted organization			•	►X.		
b	33 1/3% support test - 2016. If the	organization did no	t check a box ón li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box •		
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion ,		•	, · , ▶□		
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10% o	or more,		
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	s box and stop h	i ere. Explain in Pai	rt VI how the organ	ızatıon		
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	ublicly supported	organization '	-	▶□		
b	10% -facts-and-circumstances test					7a, and line 15 is 1	0% or		
•	more and if the organization meets th								
	organization meets the "facts-and-circ				•		ightharpoons		
18	Private foundation. If the organization		-				▶□		
	Schodula A (Farm 000 or 000 F7) 2017								

Part V Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If
 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the 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.
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No ·
		27.18.3.	***************************************
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	2	Andresessa	2020
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•	3a		
	3b	SCARCIONICA.	100.0170
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	3c		
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	dule A (Form 990 or 990-EZ) 2017 CENTER FOR GROWTH AND OPPORTUNITY 45-	356431	0 Pa	age 5
Pa	Supporting Organizations (continued)		•	
		,	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			* *
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		
b	A family member of a person described in (a) above?	11b		L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		(n) - 177 Nov 107	Yes	No
٠ 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	,	4	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	· • ***		* ×
	controlled the organization's activities. If the organization had more than one supported organization,	* *		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	****	
2	Did the organization operate for the benefit of any supported organization other than the supported			
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			,
		Tax your before	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		The same of the sa	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	Notice and	Julyanda ada s
, 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			2000
	the organization maintained a close and continuous working relationship with the supported organization(s)	· 2	SDA-MARINES	200000000000000000000000000000000000000
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		Ī.
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
·а	The organization satisfied the Activities Test Complete line 2 below			•
b	The organization is the parent of each of its supported organizations Complete line 3 below			_
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions)		·
2	Activities Test Answer (a) and (b) below.	1 156.65 (1000)	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	2	22.59	
	that these activities constituted substantially all of its activities	• 2a	30502000	\$3330 2 53344
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	70		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	\$3460000.0	ዿኯቜቜጛጘቖ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	85206964	@@0@XX2
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<u> </u>
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

	Type III Non-Functionally Integrated 509(a)(3) Supporting			3-3304310 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying to other Type III non-functionally integrated supporting organizations must com-		• • •	art VI) See instructions. A
Sect	ion 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			
٠'.	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		
Sect	ion B - Minimum Asset Amount	٨.	. (A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	6.3		
	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		•
	Fair market value of other non-exempt-use assets	1c		* 1
d	Total (add lines 1a, 1b, and 1c)	1d		g to g
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		A A S S S S S S S S S S S S S S S S S S	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	•	
3	Subtract line 2 from line 1d	3	•	1
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	1	
7	Recoveries of prior-year distributions	7	•	
8 *	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			* Currént 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	A Assistant and a second	•
4	Enter greater of line 2 or line 3	4		b
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 i	ıntegra	ated Type III supporting organ	nızatıon (see
	instructions)	-	•	•

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016

e Excess from 2017

Schedule A	Form 990 or 990-EZ) 2017	CENTER FOR	GROWTH A	ND OPPORTU	NITY	45-3564310	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1, Part IV, Section D, Section D, lines 5, 6, and	mation. Provide the 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3, Part IV.	e explanations req , 6, 9a, 9b, 9c, 11a Section E, lines 1	uired by Part II, line a, 11b, and 11c, Par c, 2a, 2b, 3a, and 3	10, Part II, line 17a or t IV, Section B, lines 1 b. Part V, line 1, Part V	17b, Part III, line 12, and 2, Part IV, Section , Section B. line 1e, Pa	
	(See instructions)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>
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SCHEDULE D

(Fotm 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 Open to Public Inspection

Name of the organization

CENTER FOR GROWTH AND OPPORTUNITY

Employer identification number 45 - 3564310

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Acc	Counts. Complete if the
	0.922	(a) Donor advised funds	(k) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds	5
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used on	ly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferrir	ng
Pa	impermissible private benefit? It II Conservation Easements. Complete if the org	repression anguered "Vee" on Form 000	Dovt IV. I	Yes No
1	Purpose(s) of conservation easements held by the organization		Fart IV, I	ine /
•	Preservation of land for public use (e.g., recreation or ed		tomostly	mnastant land area
	Protection of natural habitat	Preservation of a cer	-	•
		Preservation of a cer	unea ms	toric structure
•	Preservation of open space	and a consequent consequence to the forms	-f	
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	or a con	
_	day of the tax year Total number of conservation easements		ŀ	Held at the End of the Tax Yea
a			}	2a
b	Total acreage restricted by conservation easements	estruce analysis of an (a)	-	2b
C	Number of conservation easements on a certified historic stru	• •		2c
d	***	iter 7/25/06, and not on a historic structi	ure	24
2	listed in the National Register Number of conservation easements modified, transferred, rele	aged extinguished or terminated by the	L	2d
3	year	eased, extinguished, or terminated by the	organiz	ation during the tax
4	Number of states where property subject to conservation ease	ement is located 🕨		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ition ease	ements during the year
•	S	ing of violations, and amoroling conserva		smerite delining the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(b)(Δ)(B)(i)	
Ŭ	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 17 of	(,,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
9	In Part XIII, describe how the organization reports conservation	in easements in its revenue and expense	stateme	— · · · · — · ·
•	include, if applicable, the text of the footnote to the organization	•		
	conservation easements	on a mandal statements that describes	tile orga	inzation o accounting for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Si	milar 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	C 958), not to report in its revenue staten	nent and	balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furthera	nce of p	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items		
þ	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pul	blıc servi	ce, 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 trea	isures, or other similar assets for financia	ıl gaın, pı	rovide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			▶ \$

		FOR GROWTH						<u>45-35</u>		
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the f	following that are	e a sign	ıficant u	ise of its c	ollection	items
	(check all that apply)									
а	Public exhibition	C	•		hange programs	5				
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	· ·		-	-	•		se in Part	XIII	
5	During the year, did the organization solicit of					ımılar as	ssets	_	-	
- D-	to be sold to raise funds rather than to be ma								Yes	No_
Pai			lete if the	e organizatio	n answered "Ye	s" on Fo	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contributions	s or other assets	not inc	luded	_	_	
_	on Form 990, Part X?							L	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance		04.6				1f		٦.,	
	Did the organization include an amount on Fe					-	,	<u> </u>	」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII † V Endowment Funds. Complete									<u> </u>
	Endownient Lands: Complete					- 1	I) Thron	raara baak	(=) Faur	vooro book
4	Paginning of year balance	(a) Current year	(0)	Prior year	(c) Two years b	ack (a	i) Three y	ears back	(e) Four	years back
	Beginning of year balance Contributions		†							
			 							
	Net investment earnings, gains, and losses		<u> </u>		 	_			<u> </u>	
	Grants or scholarships					\dashv				
e	Other expenditures for facilities									
	and programs Administrative expenses									
	,		<u> </u>			\dashv				
g	End of year balance Provide the estimated percentage of the curr	ront voor and balanc	o (lino 1	a column (a)	l hold as					
2	Board designated or quasi-endowment	rem year end balanc	%	y, coluinii (a)	y neiu as					
a h	Permanent endowment	 %								
	Temporarily restricted endowment	^ %								
·	The percentages on lines 2a, 2b, and 2c short									
3a	Are there endowment funds not in the posse	•	ation tha	at are held an	nd administered	for the o	organiza	ation		
Ou	by	osion or the organiza	20011 011	it are note an			orga.nzc	20011	Γ	Yes No
	(i) unrelated organizations								3a(ı)	100 110
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the								LL	
Par										
	Complete if the organization answere), Part I	√, line 11a S	ee Form 990, Pa	art X, lın	e 10			
	Description of property	(a) Cost or o			or other		umulate	ed	(d) Book	value
	,	basis (investr			(other)		eciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									-
	Other_									
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X. colur	nn (B). line 10	Oc.)			•		0.

Cabadala D. (Carras 200) 2017 CENIMED FOR	СРОМФИ'ЛИП ОР	₽∪₽₩ĬĬŇŦŴV	. 15	-3564310 Page
Schedule D (Form 990) 2017 CENTER FOR Parts VIII Investments - Other Securities.	GROWTH AND OP	PORTUNITI	• • 45	-3564310 Page
WALKE STATE OF THE	, , , , , , , , , , , , , , , , , , ,	141- O F ¹ 000 I	D-47 1 40	•
Complete if the organization answered "Yes"	(b) Book value			d-of-year market value
(a) Description of security or category (including name of security)	(b) book value	(c) Method of v	aluation Cost or end	1-01-year market value
(1) Financial derivatives			•	
(2) Closely-held equity interests	<u> </u>			
(3) Other			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(A)				
(B) ' -	•		• -	
(C) + .	<u>-</u>			
(D) -		•	•	r
	•		• •	
. <u>(F)</u> .	•		<u> </u>	· · ·
(G) * *		1		• •
	* *		-	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12)	1			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, I	Part X, line 13	•
(a) Description of investment	(b) Book value			d-of-year market value
(1)	,			
(2)			,	
(3)	, , , ,	, 1		
(4)				
(5)			•	
(6)	. , ,	•		
(7)				•
(8)				• •
(9)				•
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Rart IX Other Assets.	·			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d See Form 990. I	Part X. line 15	
	Description	* .		(b) Book value
(1)	1	<u>-</u>		1
(2)	٠ .	•		1
(3)		19	ŀ	• • •
(4)	•		<u>-</u>	
(5)	1		4	•
(6)		•	<u>, </u>	
(7)				
(8)		•	¥	,
(9)	•			
<u> </u>	-1451	<u> </u>		<u>*</u> .
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X. col. (B) line Part X. col. (B) line	e 15.)	<u> </u>		<u>'</u> ,
Complete if the organization answered "Yes"	án Farm 000 David IV lina	11a ar 11f Caa Farm	, 000 Dart V lima 25	
(a) Description of liability		(b) Book value	1 990, Part A, line 25	
		(b) Book value		
(1) Federal income taxes		•		
(2)				
(3) ,	•			
(4)				
(5)				
(6)		•		

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2017 CENTER FOR GROWTH AND OPI		45-35643	10 Page 4
Rar	Reconciliation of Revenue per Audited Financial State		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	1 1 2 5	20 604
1	Total revenue, gains, and other support per audited financial statements		1 3,5	38,684.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	Printer.	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		0
_	Add lines 2a through 2d		2e	38,684.
3	Subtract line 2e from line 1		3 3,5	30,004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ا ما		
	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
	Other (Describe in Part XIII) Add lines 4a and 4b	_ 4b		0.
_			5 3,5	38,684.
<u>5</u> ₽ài	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) [XIII] Reconciliation of Expenses per Audited Financial State	ements With Expens		30,004.
9 20000	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements	, <u>, , , , , , , , , , , , , , , , , , </u>	1 7	62,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			02,701
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d	20	2e	0.
3	Subtract line 2e from line 1			62,701.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b	<u> </u>	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			62,701.
Pai	t:XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any		art V, line 4, Part X, line 2, I	art XI,
	,			
		•		
		· · · · · · · · · · · · · · · · · · ·		

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Schedule D (Form 990) 2017

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

OMB No 1545-0047

CENTER FOR GROWTH AND OPPORTUNITY

Employer identification number 45-3564310

Pai	Types of Property				-				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	Method of noncash contri		-	5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications		2001 X 2000 X		-1	•••			
5	Clothing and household goods				Ī				
6	Cars and other vehicles								
7	Boats and planes				1				
8	Intellectual property			<u> </u>	•				
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts		_						
25	Other (GRADUATE FELL)	Х	0	120,	000.				
26	Other (UNDERGRADUATE)	Х	0	57,	000.				
27	Other (RENT)	Х	0	33,	333.	,			
28	Other (SCHOLARSHIPS)	Х	0	15,	000.				
29	Number of Forms 8283 received by the organia	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part IV, [Donee Acknowledg	gement	29				
	•			_			,	/es	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines	1 through	28, that it	100	***	
	must hold for at least three years from the date	of the initia	I contribution, and	which isn't required	to be use	d for		46.3	
	exempt purposes for the entire holding period?	,					30a		Х
b	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard	contributio	ns?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell r	oncash				
	contributions?	•					32a		X
b	If "Yes," describe in Part II								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is check	ed,			
	describe in Part II								

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

Schedule M (Form 990) 2017

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.

Open to Public Jinspection 🍇

OMB No 1545-0047

Name of the organization Employer identification number CENTER FOR GROWTH AND OPPORTUNITY 45-3564310 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOUNDATIONS OF THE INTERACTION BETWEEN INDIVIDUALS, BUSINESS, AND GOVERNMENT TO IMPROVE WELL-BEING FOR INDIVIDUALS AND SOCIETY. OUR FOCUS IS ON PRODUCING RESEARCH AND IMPACTFUL LEARNING EXPERIENCES THAT ALLOW US TO UNDERSTAND AND SHARE KNOWLEDGE ON THE FACTORS THAT INCREASE ECONOMIC GROWTH AND INDIVIDUAL OPPORTUNITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IMPACTFUL LEARNING EXPERIENCES THAT ALLOW US TO UNDERSTAND AND SHARE KNOWLEDGE ON THE FACTORS THAT INCREASE ECONOMIC GROWTH AND INDIVIDUAL OPPORTUNITY. FORM 990, PART VI, SECTION B, LINE 11B: THE CURRENT BOARD OF TRUSTEES WILL REVIEW THE FORM 990 AND APPROVE IT FOR FILING. FORM 990, PART VI, SECTION C, LINE 19: NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART IX, LINE 11G, OTHER FEES: **OUTSIDE SERVICES:** PROGRAM SERVICE EXPENSES 149,706. MANAGEMENT AND GENERAL EXPENSES 16,502. FUNDRAISING EXPENSES 26,142. TOTAL EXPENSES 192,350. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 192,350.