(1.2.2) (2.2.3)

Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

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

Open to Public

Address change   Fatty Liver Foundation   R14492542     Name change   Initial return   Square for P.O. box, if mail is not delivered to street address)   Room/suite   E Telephone number     208-344-0480     Final return/terminated   Amended return   Application pending   Boise, ID 83706-6923     Accounting Method.   Cash   Accrual   Other (specify)   Mebsite:     Tax-exempt status (check only one) -   Sol1(c)(3)   Sol1(c) ( )   (insert no.)   4947(a)(1) or   Sol1     Form of organization   Corporation   Trust   Association   Other     Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets     Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Check if the organization used Schedule O to respond to any question in this Part       1 Contributions, gifts, grants, and similar amounts received	Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form	n990EZ for instructions and th	he latest informat	ion.	pection
Statistic sharpes   Statist Liver Foundation   Statistic Property   S	A For the 2017 calend	ar year, or tax year beginning	January 1 , 20	017, and ending	December 31	, 20 17
Number and street (ir P.O box, if mail is not delivered to street address)   Room/suite   E Yeleponen number   208-344-0480   Practice   Street   Proceedings   Procedings   Proceedings   Proceedings   Proceedings   Proceding	Check if applicable.	C Name of organization 2		<del></del>	D Employer identificati	on number ?!
State   Tend   Health remains	Address change	Fatty Liver Foundation			8144925	42
Fruit Information   Corporation   Corporat	Name change	Number and street (or P.O box, if mail is no	ot delivered to street address)	Room/suite	E Telephone number	
Ageiatetian profile   Desire	Initial return	3938 E Shady Glen Ct	<del></del>		208-344-0	480
Accounting Method. Cash  Account Other (specify)  Here of the organization is not received to attach Schedule B  Tax-exempt status (check only one)  Sot (c)	₹	City or town, state or province, country, and	d ZIP or foreign postal code		F Group Exemption	
Accounting Method.	=======================================		<b>.</b>	60.9		
Website: F  Tax-exempt status (check only one) — ☑ 501(c)(3)			out of	<del></del>		
Tax-exempt status (check only one) — 💆 501(c)(3) — 501(c)(3) — 501(c)(4) — 4 (insert no.) — 4947(a)(1) or — 527 (Form 990, 990-EZ, or 990-PF) Form of organization — Corporation — Trust — Association — Other Add lines 5tb, 6c, and 7b to the 90 to determine gross recepts it gross recepts are \$200,000 or more, or if total assets and II, column (8) below) are \$500,000 or more, file Form 990 enstead of Form 990-EZ. — 🔭  Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 12 Check if the organization used Schedule O to respond to any question in this Part I — 💆 1 Contributions, gifts, grants, and similar amounts received	•	Cash C Accidal Other (spec		"		
Form of organization		at ash and Class Un Class	/ \ / (5 ) \ \ \ (20.07())	(4)	•	
Add lines \$b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets that it, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.  Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   2					(1 OTT 330, 330-EZ, 01	330-117
Part II. column (8) below) are \$\$00,000 or more, file Form 990 instead of Form 990-EZ.  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule 0 to respond to any question in this Part I   Program service revenue including government fees and contracts   Program service revenue including government fees and contracts   Membership dues and assessments   Membership					d encate	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I.  I contributions, gifts, grants, and smillar amounts received.  I 21,952 55  Program service revenue including government fees and contracts  I wembership dues and assessments.  I westment income  Gross amount from sale of assets other than inventory  Less: cost or other basis and sales expenses.  Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).  Gaming and fundraising events  Gross income from gaming (attach Schedule G if greater than \$15,000).  Bross income from fundraising events (not including \$ of contributions   for contributions			•		_	
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received. 1 21,952 55 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Membership dues and assessments 4 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events 7 Gross income from gaming (attach Schedule G if greater than \$15,000) 7 Gross income from fundraising events for contributions 8 Of contributions 9 Gross income from fundraising events for including \$ of contributions					Ψ	and IV ETT
1   Contributions, gifts, grants, and similar amounts received   1   21,952.55     2   Program service evenue including government fees and contracts   2     3   Membership dues and assessments   3   3     4   Investment income   4     5a   Gross amount from sale of assets other than inventory   5a     5b   C   Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   5c     6   Gaming and fundraising events   6a   15,000     6   Gross income from gaming (attach Schedule G if greater than \$15,000   6a   15,000     6   Gross income from fundraising events (not including \$   of contributions   6a   15,000     6   Gross income from fundraising events (not including \$   of contributions   6a   15,000     6   Gross income from fundraising events (not including \$   of contributions   6a   15,000     7   Franch   Franch						
Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  4 Segress amount from sale of assets other than inventory  5 Segres or other basis and sales expenses  6 Garning and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  5 Gross income from fundraising events (not including \$ of contributions)						
Membership dues and assessments  Investment income Investment inco	<u>=</u> _1	_ <del>_</del>			<del></del>	21,952 55
4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses. 5b C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garning and fundralising events a Gross income from garning (attach Schedule G if greater than \$15,000) b Gross income from fundralising events (not including \$ of contributions)	i				` <del> </del>	
5a Gross amount from sale of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from fundraising events (not including \$ of contributions)		•			· ·	······································
b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundralising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions)	·				4	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	ł		· · · · · · · · · · · · · · · · · · ·			
6 Gaming and fundraising events a Gross income from garning (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions)	I	•				
a Gross income from garning (attach Schedule G if greater than \$15,000)  b Gross income from fundraising events (not including \$ of contributions )			nventory (Subtract line 5b fro	om line 5a)	<u>5c</u>	
\$15,000) b Gross income from fundraising events (not including \$ of contributions					i s	
					Partition .	
	\$15,000)			6a	7. E	
	b Gross inco	me from fundraising events (not in	cludina \$	of contribution	ns III	
A property of the second secon						
						No. 1.
		<del></del> -	£ 2			

	90-EZ (2017)					Page 2
Par	•					
_	Check if the organization used Schedule	O to respond to ar				<u>.</u> . 🗖
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	0	22	7,662.97
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[		25	7,662 97
26	Total liabilities (describe in Schedule O)		[		26	0
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree with	n line 21)		27	7,662 97
art	III Statement of Program Service Accom	plishments (see th	e instructions for F	art III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🔒 🔲		Expenses
/hat	is the organization's primary exempt purpose?	education and suppo	ort of patients with fa	tty liver disease		juired for section c)(3) and 501(c)(4)
esci	ribe the organization's program service accompli	ishments for each or	its three largest n	rogram services		inizations, optional for
	easured by expenses. In a clear and concise n				othe	
	ons benefited, and other relevant information for e		,	,		
	Development of the website www fattyliverfoundation		on source for patien	ts. caregivers, an	<del>                                     </del>	T
	other persons interested in fatty liver disease, its pr	. <b> </b>				
	science based information about the disease and th	>			1	ļ
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	includes foreign gra			28a	50,634.81
	Participate in programs and conferences which adv.				200	30,034.61
			ding of the disease of	r management		
	and care for patients with active disease and their c	aregivers				
	(O				-	5 470 40
		t includes foreign gra		· · · P 🗀	29a	5,670 12
30	Design and promote a program for the testing and s				1	
	and its complications before they develop symptom	is and while they are t	indiagnosed Promoi	e well patient	1	
	screening for aymptomatic disease.					
		t includes foreign gra	nts, check here .	<u> 🏲 📙</u>	30a	6,378 72
	Other program services (describe in Schedule O)				_	
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	62,683 65
Part					nstruc	ctions for Part IV)
	Check if the organization used Schedule	e O to respond to a		eart IV	<del></del>	<u></u>
	72 (a) Name and title	(b) Average hours per week	(c) Reportable 24 compensation	contributions to employ	ree (e)	Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC	benefit plans, and deferred compensation	- 1	
			(if not paid, enter -0-)			other compensation
Vayn	ne Eskridge CEO		,	- Caronica campanaga		
		40	,		n	
?ose		40	C			0
	mary Wickowski COO	ļ	C		n	
	mary Wickowski COO	- 40	C		n	
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	c		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ	C		0	0
	mary Wickowski COO	ļ			0	0
	mary Wickowski COO	ļ			0	0



Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in th				-
	· · · · · · · · · · · · · · · · · · ·		Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	-
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~	-
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	-
c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V	-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	2.3	,	1	7
b	Did the organization file Form 1120-POL for this year?	37b		~	_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	حنكنت			ī
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~	_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		,	136	
39	Section 501(c)(7) organizations. Enter:		_	اريا ان	į
а	Initiation fees and capital contributions included on line 9	_			į
b	Gross receipts, included on line 9, for public use of club facilities	123			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		1.		1
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		·	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	· · · · · · · · · · · · · · · · · · ·	4	7 17 7	年十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	day.	,	4	****
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		-	
41	List the states with which a copy of this return is filed ▶	<b></b>	· · · · · · ·		_
42a	The organization's books are in care of ▶ Wayne Eskridge Telephone no. ▶	208-34	4-048	)	_
	Located at ▶ 3938 E Shady Glen Ct, Bolse, ID ZIP + 4 ▶	83706	-6923		•
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~	_
	If "Yes," enter the name of the foreign country: ▶		4 }-	•	1
	See the instructions for exceptions and filing requirements for FinCFN Form 114 Report of Egregor Bank and	1	- 3		ì

1111 330		· · · · · · · · · · · · · · · · · · ·	<del></del>					<del></del>	age
16	Did the	e organization engage; directly or in	directly, in political c	ampaign activities on	behalf of or I	n oppositio	n Fil	Yes	No
•	to can	didates for public office? If "Yes," c	omplete Schedule C	, Part I			46		1
art \	/I S	Section 501(c)(3) organizations All section 501(c)(3) organizations	only					or line	
		50 and 51.							
		Check if the organization used Sch	nedule O to respond	to any question in t	his Part VI	<del></del>	<u>· · · · · </u>	<u> </u>	
		e organization engage in lobbying If "Yes," complete Schedule C, Parl		section 501(h) electio			1x 47	Yes	NO.
	-	organization a school as described in					48		Ť
		e organization make any transfers to					49a		-
		s," was the related organization a se	•	_			49b		
		lete this table for the organization's						es, and	d ke
		yees) who each received more than							
		· · · · · · · · · · · · · · · · · · ·	(b) Average	(c) Reportable	(d) Health be				
	(a) N	Name and title of each employee	hours per week	compensation	contributions to benefit plans, ar		e) Estimate other corr		
			devoted to position	(Forms W-2/1099-MISC)	compens		22.37 9311	٠,٠٠٠	
ne							<del></del>	·	
				1					
			· · · · · · · · · · · · · · · · · · ·						
		1,							
				1	1	[			
					+		<del> </del>		
	Total r	number of other employees paid ovi	s five highest comp	ensated independent	contractors	who each	received	more	tha
f	Total r Comp \$100,0	number of other employees paid over	s five highest companization. If there is no	ensated independent	<del></del>		received		the
f 1	Total r Comp \$100,0	number of other employees paid ov- lete this table for the organization' 000 of compensation from the orga	s five highest companization. If there is no	ensated independent one, enter "None."	<del></del>				the
f 1	Total r Comp \$100,0	number of other employees paid ov- lete this table for the organization' 000 of compensation from the orga	s five highest companization. If there is no	ensated independent one, enter "None."	<del></del>				the
f 1	Total r Comp \$100,0	number of other employees paid ov- lete this table for the organization 000 of compensation from the orga Name and business address of each independ	s five highest comp inization. If there is no lent contractor	ensated independent one, enter "None."	<del></del>				the
f 1	Total r Comp \$100,0	number of other employees paid ov- lete this table for the organization' 000 of compensation from the orga	s five highest comp inization. If there is no lent contractor	ensated independent one, enter "None."	<del></del>				tha
f 1	Total r Comp \$100,0	number of other employees paid ovolete this table for the organization 000 of compensation from the organization and business address of each independent	s five highest comp inization. If there is no lent contractor	ensated independent one, enter "None." (b) Type of sen	<del></del>				tha
f 1	Total r Comp \$100,0	number of other employees paid ov- olete this table for the organization 000 of compensation from the organ Name and business address of each independent	s five highest comp inization. If there is no lent contractor	ensated independent one, enter "None." (b) Type of sen	<del></del>				the
f 1	Total r Comp \$100,0	number of other employees paid ovolete this table for the organization 000 of compensation from the organization and business address of each independent	s five highest comp inization. If there is no lent contractor	ensated independent one, enter "None." (b) Type of sen	<del></del>				the
f 1	Total r Comp \$100,0	number of other employees paid ovolete this table for the organization 000 of compensation from the organization and business address of each independent	s five highest comp inization. If there is no lent contractor	ensated independent one, enter "None." (b) Type of sen	<del></del>				the
f 1	Total r Comp \$100,0	number of other employees paid ovolete this table for the organization 000 of compensation from the organization and business address of each independent	s five highest comp inization. If there is no lent contractor	ensated independent one, enter "None." (b) Type of sen	<del></del>				the
f 1	Total r Comp \$100,(	number of other employees paid ov- lete this table for the organization' 000 of compensation from the organization and business address of each independent	s five highest comp inization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of sen	<del></del>	(c) C	Compensati		the
f I	Total r	number of other employees paid ovidete this table for the organization 000 of compensation from the organization and business address of each independent of other independent contra	s five highest compunization. If there is not dent contractor	ensated independent one, enter "None." (b) Type of sen	vice	(c) C	Compensati		the
f I	Total r Comp \$100,0	number of other employees paid ov- lete this table for the organization' 000 of compensation from the organization and business address of each independent	s five highest compunization. If there is not dent contractor	ensated independent one, enter "None."  (b) Type of sen	vice	(c) C	Compensati	ion	the
f 1 ne d 2	Total r Comp \$100,0 (a) N Total r Did th complementations	number of other employees paid ovidete this table for the organization 000 of compensation from the organization and business address of each independent contraint organization complete Schedu	s five highest compunization. If there is not the second contractor sectors each receiving the A? Note: All second company including accompany including accompany.	ensated independent one, enter "None."  (b) Type of sen  over \$100,000	▶_ Inizations mu	(e) C	a Yes	ion	
d der pe	Total r Comp \$100,0 (a) N Total r Did th complementations	number of other employees paid over the organization of compensation from the organization of compensation from the organization of compensation from the organization and business address of each independent and business address of each independent of contract the organization complete. Scheduleted Schedule A complete Declaration of preparer (other than the organization of other than the or	s five highest compunization. If there is not the second contractor sectors each receiving the A? Note: All second company including accompany including accompany.	ensated independent one, enter "None."  (b) Type of sen  over \$100,000	Inizations mu	(e) C	a Yes	ion	
f I	Total r Comp \$100,(a) N  Total r Did th complematites creet, and	number of other employees paid over the organization of compensation from the organization of compensation from the organization of compensation from the organization and business address of each independent of the compensation of the independent contraint organization complete. Scheduleted Schedule A complete. Declaration of preparer (other than Signature of officer wayne Eskridge CEO	s five highest compunization. If there is not the second contractor sectors each receiving the A? Note: All second company including accompany including accompany.	ensated independent one, enter "None."  (b) Type of sen  over \$100,000	▶_ Inizations mu	(e) C	a Yes	ion	
f 1 ne d 2	Total r Comp \$100,0 (a) N Total r Did th complementations	number of other employees paid over the organization of compensation from the organization of compensation from the organization of compensation from the organization and business address of each independent and business address of each independent contrained to organization complete. Schedule A compensation of preparer (other than a complete. Declaration of preparer (other than a signature of officer.	s five highest compunization. If there is not the second contractor sectors each receiving alle A? Note: All second contractor is based on all into the second contractor is second contractor.	ensated independent one, enter "None."  (b) Type of sendent of sendent one, enter "None."  (b) Type of sendent	ents, and to the bhas any knowledge	(e) C	a ▶☐ Yes wledge and	ion	No
d 2 der pere	Total r Comp \$100,0  (a) h  Total r Did th complemattes creat, and	number of other employees paid over the organization of compensation from the organization of compensation from the organization of compensation from the organization and business address of each independent of the compensation of the independent contraint organization complete. Scheduleted Schedule A complete. Declaration of preparer (other than Signature of officer wayne Eskridge CEO	s five highest compunization. If there is not the second contractor sectors each receiving the A? Note: All second company including accompany including accompany.	ensated independent one, enter "None."  (b) Type of sendent of sendent one, enter "None."  (b) Type of sendent	Inizations mu	0 st attach	a Yes wledge and	ion	No
d 2 der pere	Total r Comp \$100,0  (a) h  Total r Did th complemattes creat, and	number of other employees paid over the organization of compensation from the organization of compensation from the organization of compensation from the organization and business address of each independent of the organization complete. Schedule A of perjury, I declare that I have examined this recomplete. Declaration of preparer (other than the organization of other th	s five highest compunization. If there is not the second contractor sectors each receiving alle A? Note: All second contractor is based on all into the second contractor is second contractor.	ensated independent one, enter "None."  (b) Type of sendent of sendent one, enter "None."  (b) Type of sendent	ents, and to the bhas any knowledge	0 st attach	a Yes wledge and	ion	
d 2 der pere	Total r Comp \$100,0 (a) h  Total r Did th compl mattles c rect, and	number of other employees paid over the organization of compensation from the organization of compensation from the organization of compensation from the organization and business address of each independent of the organization complete. Schedule A of perjury, I declare that I have examined this recomplete. Declaration of preparer (other than the organization of other th	s five highest compunization. If there is not the second contractor sectors each receiving alle A? Note: All second contractor is based on all into the second contractor is second contractor.	ensated independent one, enter "None."  (b) Type of sendent of sendent one, enter "None."  (b) Type of sendent	ents, and to the bhas any knowledge	0 st attach	a Yes wledge and	ion	

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

**Public Charity Status and Public Support** 

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

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 814492542 **Fatty Liver Foundation** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetar (vii) Amount of (described on lines 1-10) listed in your govern document? support (see other support (see above (see instructions)) mstructions) instructions) Yes No (A) **(B)** (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2017

Ţ,

6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total		le A (Form 990 or 990-EZ) 2017					······	Page <b>2</b>
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)  Section A. Public Support  Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total membershy fess received. (Do not include any 'unusual grants.') .  1 Gifts, grants, contributions, and membershy fess received. (Do not include any 'unusual grants.') .  2 Tax revenues levied for the organization without charge .  3 The value of services or fiscilities furnished by a governmental unit to the organization without charge .  4 Total Add lines 1 through 3 .  5 The portion of total contributions by each person (other , than a governmental unit on the organization without charge .  5 The portion of total contributions by each person in line 1, total month included on interest, the person in line 1, total month included on interest in the earth of the amount shown on line 11, column included on interest in the earth of the amount shown on line 11, column included on interest, dividends, payments received on securities loans, rents, royaltes, and income from similar sources .  9 Not income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI).  1 Total support. Add lines 7 through 10 .  2 Fection C. Computation of Public Support Percentage .  2 Fection C. Computation of Public Support Percentage .  3 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)	Part							
Section A. Public Support  Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total membership fees (**ceved. (D) not include any 'unusual grants.')								alify under
Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total membership fees received. (Do not include any 'unusual grants.")	Sacti		o quality unde	er the tests is	sted below, p	lease comple	ete Part III.)	<del></del>
1 Grits, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other, than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, other line 12, other line 11, other line 11, other line 11, other line 11, other line 12, other			(a) 2013	(b) 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
membership fees received. (Do not include any 'unusual grants.')  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total Add lines 1 through 3.  5 The portion of total cointributions 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  8 Gross income from inferest, 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 activities, whether or not the business is regularly carried on:  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines? Through 10  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 990 is for the organization of public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).  16 Public support percentage form 2015 Schedule A, Part II, line 14  9 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).  16 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (fi)).  17 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, and line 14 is 33 has support test—2015. If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances			(a) 2013	(4) 2014	(6) 2013	(4) 2010	(e) 2011	(I) IOIAI
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3. The value of services or facilities furnished by a governmental unit to the organization without charge.  4. Total. Add lines 1 through 3.  5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, other in line 1 that exceeds 2% of the amount shown on line 11, other in line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 11, other line 1 that exceeds 2% of the amount shown on line 1, other line 1 that exceeds 2% of the amount shown on line 1, other line 1 that exceeds 2% of the amount shown on line 1, other line 1 that exceeds 2% of the amount shown on line 1, other line 1 that exceeds 2% of the amount shown on line 1, other line 1 that exceeds 2% of the 2% of the line 2% of the 2% of the 2% of the 2% of the 2% of th	•							
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total Add lines 1 through 3. 5 The portion of total contributions by each person (other, than a governmental unit or publicly supported organization) entitled on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from inferest, 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 losis from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines? I through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2018 Schedule A, Part II, line 14  9 Public support percentage from 2018 Schedule A, Part II, line 14  15 Public support percentage from 2018 Schedule A, Part II, line 14  16 33/3/% support test—2017. If the organization did not check the box on line 13, 16a, and line 14 is 31/5 more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here here organization meets the "facts-and-circumstances" test, check this box and stop here in the organization meets the "facts-and-circumstances" test, check this box and stop here in the organization meets the "facts-and-circumstances" test, check this box and stop here in the organization meets the "facts-and-circumstances" test, check this box and stop here						ļ	l i	21 052 55
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 I through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  5 Public support Subtract line 5 from line 4  8 ection B. Total Support  Calendar year (or fiscal year beginning in) beginning in long and the state of the support subtract line 5 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 urrelated business activities, whether or not the business is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization has a publicly supported organization by an and stop here. The organization qualifies as a publicly supported organization .  10%-facts-and-circumstances test—2016. If the organization did not check he box on line 13 or 16a, and line 15 is 33°-% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this	2		-		· · · · · · · · · · · · · · · · · · ·			21,332.33
The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total, Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  Section B. Total Support.  Calendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (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 urrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7-through 10 (gross receipts from related activities, etc. (see instructions).  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 990 is cent the sorp anization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  8 Section C. Computation of Public Support Percentage.  14 Public support percentage from 2016 Schedule A, Part II, line 14  15 Public support percentage from 2016 Schedule A, Part II, line 14  16 33 31/8/ support test—2016. If the organization did not check the box on line 13, and line 14 is 331/8/ or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17	_				-			
furnished by a governmental unit to the organization without charge .  4 Total. Add lines 1 through 3.  5 The portion of total cointributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendary ear (or fiscal year beginning in)    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 businesss is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  21 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for, 2017 (line 6, column (f) divided by line 11, column (f))    15 Public support percentage for, 2017 (line 6, column (f) divided by line 11, column (f))    16 33 13/9 support text—2018. If the organization did not check the box on line 13, and line 15 is 331/9 for more, check this box and stop here. The organization did not check the box on line 13 or 16a, and line 15 is 331/9 for more, check this box and stop here. The organization did not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in		<del>-</del>			}	}		n
organization without charge	3	The value of services or facilities						<del> </del>
Total. Add lines 1 through 3.  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).  Public support Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explan in Part VI).  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 331-% support test—2016. If the organization did not check the box on line 13 and line 14 is 331-% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the Khis box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the Khis box and stop here. Explain in Part VI how		furnished by a governmental unit to the				}		
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).  Public support Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4  Regions income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .  Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on .  Total support Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Public support percentage for, 2017 (line 6, column (f) divided by line 11, column (f))  14   94  Public support percentage from 2016 Schedule A, Part II, line 14  33/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33/3% or more, check this box and stop here. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10%-facts-and-circumstances test—2016. If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization without charge					]	0
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  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  8 Hot income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions).  12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).  16 33'a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33'a% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 Jo%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumst	4	Total. Add lines 1 through 3						21,952.55
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  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  8 Hot income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions).  12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).  16 33'a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33'a% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 Jo%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumst	5	The portion of total contributions by					134 133	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6	_				The Control of the Co	1 7 5 7 7 7	100 Aug. 12 100 120	
line 1 that exceeds 2% of the amount shown on line 11, column (f).  8 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (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).  11 Total support. Add lines 7-through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for, 2017 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2016 Schedule A, Part II, line 14  16 33/a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the chek this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, the chek this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organi					is was the	Later a Barrier	· 1000000000000000000000000000000000000	
shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)    7 Amounts from line 4  Section B. Total Support  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for, 2017 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2016 Schedule A, Part II, line 14  16 331/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 by-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported or						M. A.		
Section B. Total support    Computation of Public support Subtract line 5 from line 4   12,392.00					PM/PT	1		
Section B. Total Support  Calendar year (or fiscal year beginning in)    (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total  7 Amounts from line 4		•						9,560.55
Calendar year (or fiscal year beginning in)    Amounts from line 4						<b>建</b>	<b>产品基本公司</b>	12,392.00
Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  12   13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, of the clock this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage fox,2017 (line 6, column (f) divided by line 11, column (f))  15   %  16a 33¹a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33³a% or more, check this box and stop here. The organization dualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2017. If the organization dual not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly suppo			(-) 0040	<b>6-10044</b>	(-) 0015	(4) 0040	(a) 0047	60 T-4-1
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			(a) 2013	(B) 2014	( <b>c)</b> 2015	(a) 2016	(e) 2017	
payments received on securities loans, rents, royalties, and income from similar sources								21,952.55
rents, royalties, and income from similar sources	•				1		1	
Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  15 a3¹a²% support test—2017. If the organization qualifies as a publicly supported organization  16 b 33¹a% support test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization. ▶ □  10 Nother income from unrelated business is regularly and line 14 is 33¹a's% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33¹a's% or more, check this box and stop here. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization under the supported organization qualifies as a publicly supported organization qualifies as a publicl		• •	1		1		1	
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.)				•			<u> </u>	0
is regularly carried on	9	Net income from unrelated business	<u> </u>	· · · · · · · · · · · · · · · · · · ·				<del></del>
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		activities, whether or not the business						
loss from the sale of capital assets (Explain in Part VI.)		is regularly carried on						0
(Explain in Part VI.)	10	Other income. Do not include gain or						
Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2016 Schedule A, Part II, line 14  Public support test—2017. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization  Balance and stop here. The organization qualifies as a publicly supported organization  Balance and stop here. The organization qualifies as a publicly supported organization  Balance and stop here. The organization qualifies as a publicly supported organization  Balance and stop here. The organization qualifies as a publicly supported organization  Balance and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization publicly		•	-				1	
Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage for, 2017 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2016 Schedule A, Part II, line 14  33¹/a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33¹/a% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances as a publicly supported organization qualifies as a publicly supported organization.					Compared to the second	2 2 213 1. 127		0
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2016 Schedule A, Part II, line 14  16 33¹a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 33¹a% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 Dio%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 07 17b, check this box and see			Ca. And Approved to the Table of Track	The state of the s				21,952.55
Section C. Computation of Public Support Percentage  14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2016 Schedule A, Part II, line 14  16 33¹/a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 33¹/a% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 0r 17b, check this box and see		· · · · · · · · · · · · · · · · · · ·	•					504( )(0)
Public support percentage for, 2017 (line 6, column (f) divided by line 11, column (f))	13					_		
Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	Secti				· · · · ·	· · · · · · · ·	<del></del>	· · · ·
Public support percentage from 2016 Schedule A, Part II, line 14  15  33¹/a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33¹/a% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see					1 column (f)	- ···· · · · · · · · · · · · · · · · ·	14	
16a 33¹a% support test—2017. If the organization did not check the box on line 13, and line 14 is 33¹a% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
box and stop here. The organization qualifies as a publicly supported organization								
b 33½% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization								<b>.</b>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	331/2% support test-2016. If the organi	zation did not	check a box o	n line 13 or 16	sa, and line 15	is 331/3% or mo	ore, check
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		▶ 🗆
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a							
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		10% or more, and if the organization me	eets the "facts	-and-circumsta	ances" test, cl	neck this box a	and stop here.	Explain in
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		Part VI how the organization meets the	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly :	supported
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							
supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see							•	
	12							

## 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.

2017

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Fatty Liver Foundation	814492542
Line 8 Other revenue - Google adwords text advertising provided at no cost by Google for Nonprofits	as an in kind contribution
line 16 other expenses- Google adwords text advertising provided at no cost by Google for Nonprofit	s as an in kind contribution
These two items are offsets and total \$48,394.07 to reflect the in kind contribution	
The total of Line 16 Other Expenses was \$59,916.92 the remaining expenses after subracting the Goo	gle nonprofit grant is \$11,522.85
these costs were staff education and travel costs associated with attendance at the AASLD liver co	inference, the A3 advocacy training
program and a patient advocate meeting sponsored by Gilead Pharmaceutical to discuss patient n	eeds
•	·
,	······
,	
	•