# 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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2017 calendar year, or tax year beginning 2017, and ending . 20 C Name of organization B Check if applicable D Employer identification number 4794294 90-1179763 Address change Renew Waterloo Room/suite Name change Number and street (or P O box, if mail is not delivered to street address) Initial return PO Box 2031 319-269-3281 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Waterloo IA 50704 Application pending H Check ▶ ☑ if the organization is not Other (specify) ▶ G Accounting Method 🛚 Cash Accrual I Website.▶ required to attach Schedule B J Tax-exempt status (check only one) — 🗵 501(c)(3) 🔲 501(c) ( 527 (Form 990, 990-EZ, or 990-PF) ◄ (insert no ) ☐ 4947(a)(1) or K Form of organization \( \sum \) Corporation Trust Association Other L 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 II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 39 Part i 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 Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 39 2 2 3 3 Membership dues and assessments 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions 1 from fundraising events reported on line 1) (attach Schedule G if the 袁 sum of such gross income and contributions exceeds \$15,000) 6b A .... Less direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 0 8 Other revenue (describe in Schedule O) RECEIVED 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 39 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 13 308 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 64 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 372 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (333)Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with ... end-of-year figure reported on prior year's return) 19 36673 Net 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 36340

Form 990-EZ (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Balance Sheets (see the instructions f		_			
	Check if the organization used Schedule	O to respond to ar				(5) 5 . 1 . (
			<u>.                                     </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<u> </u> -	17149		16817
23	Land and buildings		<u> </u> -	1.05.24	23	1.05.24
24	Other assets (describe in Schedule O)		ļ	19524		19524
25	Total assets		F	36673	26	36341
26	Total liabilities (describe in Schedule O)	(D) manage a conti		36673		36341
27	Net assets or fund balances (line 27 of column  Statement of Program Service Accom				21	30341
rai	Check if the organization used Schedule	•		•		Expenses
\/ha	t is the organization's primary exempt purpose?		<del></del>			juired for section
Desc	ribe the organization's program service accomplis	shments for each o	f its three largest pr	ogram services,		(c)(3) and 501(c)(4) inizations, optional for
pers	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	ich program title				
28	Plan, coordinate and implement pub					
	on the north side of Waterloo, Iov			erloo ın		
	combating deterioration through co		<del>-</del>			
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	▶ □	28a	372
29						
					ļ	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	<u> </u>	29a	
30						
					ł	i
	/O				100-	<b>4</b>
		ıncludes foreign gra	nts, check here	🕨 🗌	30a	
31	Other program services (describe in Schedule O)			🕨 🗓		
	Other program services (describe in Schedule O) (Grants \$ ) if this amount	ıncludes foreign gra		· · <b>&gt;</b> □	31a	
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a t	ıncludes foreign gra hrough 31a)	ints, check here		31a 32	372
32	Other program services (describe in Schedule O)  (Grants \$ ) If this amount  Total program service expenses (add lines 28a t  IV List of Officers, Directors, Trustees, and Key	includes foreign gra through 31a) r <b>Employees</b> (list each	ints, check here	ensated—see the	31a 32	372
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Part						<u></u>
<del></del>	instructions for Part V) Check if the organization used Schedule O to respond to	any q	uestion in tills	rait	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS2 detailed description of each activity in Schedule O	olf "Ye	s," provide a	33	res	X
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)				Х	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the activities (such as those reported on lines 2, 6a, and 7a, among others)?	year fr	om business	35a		Х
c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explai</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to secreporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Pa	ction 60		35b 35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant dispoduring the year? If "Yes," complete applicable parts of Schedule N $$	sition (	of net assets	36		X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37a		37b		!
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or ke any such loans made in a prior year and still outstanding at the end of the tax year covered					
L	· · · · · · · · · · · · · · · · · · ·	38b	retuin:	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter	300				
а	Initiation fees and capital contributions included on line 9	39a				;
b	Gross receipts, included on line 9, for public use of club facilities	39b				1
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the section 4911 ▶, section 4912 ▶, section 4955 ▶	-	under			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage is excess benefit transaction during the year, or did it engage in an excess benefit transaction that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Science of the section of the sect	ction in	n a prior year	- 40b		X
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.			-	,	į
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	·		-		;
е	All organizations At any time during the tax year, was the organization a party to a pr transaction? If "Yes," complete Form 8886-T	ohibite	d tax shelter	40e		' X
41	List the states with which a copy of this return is filed ▶ Iowa	<u> </u>				
42a		-	ne no ▶319-		-328	1
<b>b</b>	Located at ► 1535 Lafayette Waterloo IA	ZIP +		13	V	- A1 -
b	At any time during the calendar year, did the organization have an interest in or a signature or a financial account in a foreign country (such as a bank account, securities account, or other fi			42b	Yes	No X
	If "Yes," enter the name of the foreign country ▶		,	420	-	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Financial Accounts (FBAR)	of Fore	ign Bank and			!
С	At any time during the calendar year, did the organization maintain an office outside the U If "Yes," enter the name of the foreign country ▶	nited S	States?	42c		_X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—(	Check I	here		ı	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43		V	Na
44a	Did the organization maintain any donor advised funds during the year? If "Yes," I completed instead of Form 990-EZ	Form 9	990 must be	44a	Yes	No X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," completed instead of Form 990-EZ $$ .	Form !	990 must be	44b		X
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? explanation in Schedule O	If <b>"N</b> o,	." provide an	44c 44d	- 1	J
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45a		X
b	Did the organization receive any payment from or engage in any transaction with a contro meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be conform 990-EZ (see instructions)	lled ent	tity within the ed instead of	45b		1
		·		420		Ь

Page	4
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46 `	Did the organization engage, directly or it to candidates for public office? If "Yes," or			behalf of or in opposit	tion 46	,	X
Part		only		52, and complete th	<u></u>	or lir	1
	Check if the organization used Sc	hedule O to respond	I to any question in tl	nis Part_VI			
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during the	1		
48	Is the organization a school as described i		iv? If "Yes " complete 9	Schodule E	47	<del> </del>	$\frac{X}{X}$
49a	Did the organization make any transfers t				49a		X
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		49b		
50	Complete this table for the organization's						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimate other con	ed amo	ount of
		devoted to position	(1 011115 VV-2/1099-1V113C)	compensation			
NONE							
			<u> </u>				
				_			
<b></b>							
					<del></del>		
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	s five highest compo		contractors who each	n received	more	e than
	(a) Name and business address of each independ		(b) Type of serv	ice (c	) Compensat	on	
NONE							
		<del>.</del>					
			4				
			1				
d	Total number of other independent contri	actors each receiving	over \$100,000	<b>&gt;</b>			
52	Did the organization complete Schedicompleted Schedule A	ule A? <b>Note</b> : All se	ection 501(c)(3) orga	nizations must attac			N
—Under n	enalties of perjury, I declare that I have examined this	return including accompan	iving schedules and stateme	ents, and to the best of my ki	►⊠ Yes		
	rrect, and complete Declaration of prepaler (other tha				/	J DCIIC	11.13
	Donal Siney	a Treasu	nen.	1/17	2018		
Sign Here	Signature of officer J. Te	meyer, t	Reasurer	Date / /			
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	- Da	// / / Check L_			\ <del>7</del>
Prep	1	1 SUMMY	WW 1	<del>    -   -  </del>	oyed P005		) /
Use		enver IA 50622	<del>/</del>	Firm's EIN ▶ 01 Phone no 319-			
May t	ne IRS discuss this return with the prepare			1 110110110 0 2 3		<u> </u>	No

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

**Public Charity Status and Public Support** 

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Renew Waterloo 20 - 4794294Reason 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1) A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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 monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

18

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts. grants, contributions. membership fees received (Do not include any "unusual grants") 129667 73404 5000 208071 revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 129667 73404 5000 208071 The portion of total contributions by person (other than governmental unıt publicly Οľ 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 208071 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total (e) 2017 Amounts from line 4 129667 73404 5000 208071 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources 1790 409 2199 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) 39 11 Total support. Add lines 7 through 10 210309 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) 13 organization, check this box and stop here П Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 14 98.94% 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 99.19% 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 331/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% 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-circum stances" 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

Part							
•	(Complete only if you checked th						ider Part II
<u> </u>	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	<u>   )                                  </u>	
	on A. Public Support	(-) 2012	(h) 2014	(-) 2015	(4) 2016	(=) 2017/	(f) Total
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017′	(r) rotai
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					,	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				,		
6	Total. Add lines 1 through 5			<u> </u>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		<del> </del>		<del> </del>		
8	Public support. (Subtract line 7c from		1	1		1	
	line 6)		/		}		
Secti	on B. Total Support				·		
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				ļ		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			13 column (f)		15	%
16	Public support percentage from 2016 Sch			.0, 00:01:111 (1))		16	<del></del>
	on D. Computation of Investment Inc			<del> </del>	<del></del>		
17	Investment/income percentage for 2017 (			by line 13. colu	mn (f))	17	%
18	Investment income percentage from 2016				· · · · · · · · · · · · · · · · · · ·	18	<del></del>
19a	331/3% support tests-2017. If the organi				nd line 15 is n		
b	17 is not more than 331/3%, check this box 331/3% support tests—2016. If the organiz	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organizati	ion 🕨 🗌
_	line 18 is not more than 331/3%, check this b						

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

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations	Section	A. All	Supporting	<b>Organizations</b>
---	---------	--------	------------	----------------------

CU	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	103	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	_	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		* ******
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	-	September 1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	, [
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	-	:
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		,
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		-
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		_
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part	Supporting Organizations (continued)		I	1
44	Lieutho agreement on accounted a reference and whether from a country for the country of the cou	<u></u>	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?	440		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c	<del> </del>	
	on B. Type I Supporting Organizations	1	L	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			]
	controlled the organization's activities of 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	<u> </u>	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported		Ì	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization			
Secti	on C. Type II Supporting Organizations	2	Ĺ	L
0000	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	$\overline{}$		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	İ		
	or management of the supporting organization was vested in the same persons that controlled or managed	,,		
	the supported organization(s)	1		
Sect	on D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	à		l 
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	- :	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			,
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
2	-	2b		
3 a	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	2-		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь		

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

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whice	h the organization is res	sponsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6		<del>-</del>	
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·	(::\	/:::\
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2017		, 1	
а	<u> </u>		****	
b	From 2013			
С	From 2014		**, { ,	
d	From 2015			
е	From 2016		*,* *	
f	Total of lines 3a through e		** } * > '	
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount		4	
i_	Carryover from 2012 not applied (see instructions)	_		· · · · · · · · · · · · · · · · · · ·
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from		`\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	Section D, line 7 \$			
	Applied to underdistributions of prior years  Applied to 2017 distributable amount			- · · · · · · · · · · · · · · · · · · ·
b	Remainder Subtract lines 4a and 4b from 4			
<u>C</u>				
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions		0	
6	Remaining underdistributions for 2017 Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			0
7	Excess distributions carryover to 2018 Add lines 3j and 4c	0		
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			<u></u>
C	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

	_		
- 1	Pac	ıe	t

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	······

## **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

ns on	2017
	Open to Public Inspection
Employer iden	tification number

Name of the organization	Employer identification number
Renew Waterloo	20-4794294
Part I - Not Assots	
Part I - Net Assets	
Line 20 - Other Changes in Net Assets	
Funds transferred from WNEDC because of merger to Renew Wat	erloo \$204
Schedule A	
Schedule A	
Part V - Other Information	
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Line 34 - Merger with WNEDC created a name change to Renew	Waterloo
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Schedule O (Form 990 or 990-EZ) (2017)	
Name of the organization	Employer identification number
Renew Waterloo	20-4794294
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