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)

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ĀF	or the	2016 calendar year, or tax year beginning , 2016, and ending		, 20		
Вс	heck if ap	oplicable C Name of organization D		entification number		
	Address cl		973976			
=	Name cha	Telephone n	umber			
=	nıtıal retur Fınal retur	<u> 125-4</u>	55-5038			
=	Amended	Group Exemption				
=		n pending BELLEVICE WA 48005	Number ▶			
G A	Account	ting Method	eck 🕨 🔲	if the organization is not		
	Vebsite	77.777		ach Schedule B		
J T	ax-exen	() () () () () () () () () ()	orm 990, 99	0-EZ, or 990-PF)		
		organization Corporation Trust Association Other				
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets			
_		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	2,824		
P	art l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins				
		Check if the organization used Schedule O to respond to any question in this Part I.		<u> </u>		
	1	Contributions, gifts, grants, and similar amounts received	1	7,284		
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	. 3			
	4	Investment income	. 4	540		
	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)	. <u>5c</u>			
	6	Gaming and fundraising events				
a	а	Gross income from gaming (attach Schedule G if greater than				
Revenue	١.	\$15,000)				
e e	b	Gross income from fundraising events (not including \$ of contributions	-			
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b				
	_					
	d	Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act .			
	"	line 6c)	6d			
	7a	Gross sales of inventory, less returns and allowances	. 00			
	b	Less: cost of goods sold	\dashv 1			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c			
	8	Other revenue (describe in Schedule O)	. 8	· · · · · · · · · · · · · · · · · · ·		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	2,824		
_	10	Grants and similar amounts paid (list in Schedule O)	10			
	11	Donofts would be or for recording	7 11			
Š	12	Salaries, other compensation, and employee benefits	12			
- Sc	13	Professional fees and other payments to independent contractors.	- 13	2,000		
Expense	14	Occupancy, rent, utilities, and maintenance	. 14	40		
Ž	15	Printing, publications, postage, and shipping	- : T			
- - -	16	Other expenses (describe in Schedule O)	. 16			
3	17	Total expenses. Add lines 10 through 16	▶ 17	2,040		
Ā "	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		784		
set	/ith	- 4 4				
As		end-of-year figure reported on prior year's return)	19	236,966		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	•		
<u>z</u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	237,750		
For	Paper	work Reduction Act Notice, see the separate instructions. Cat No 10642		Form 990-EZ (2016)		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90-EZ (2016) CENTER FOR THE PETEN	se or Plet	E EMBERRISE	9/-09	739 76 Page 2
Par	t II Balance Sheets (see the instructions f	or Part II)			
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part II	
				(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			232,693	22 233,477
23	Land and buildings				23
24	Other assets (describe in Schedule O)		L		24 4,273
25			 		25 237,760
26			· · · · · · -		
_	· · · · · · · · · · · · · · · · · · ·	(7)			26 49
27	Net assets or fund balances (line 27 of column				27 337,750
Part		•		, ,	F
	Check if the organization used Schedule				Expenses (Required for section
What	is the organization's primary exempt purpose?	JUBLIC FOXA	I'M & LEGAL	ALTION	501(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each o	f its three largest pi	rogram services.	organizations, optional for
	easured by expenses In a clear and concise m				others)
	ons benefited, and other relevant information for ea		•	,	
28	PUBLIC EDUCATION OF T	HE CHOWHEAL	PUBLE		· · · · · · · · · · · · · · · · · · ·
	WITH RECARD TO THE FR			577	
	PROPERTY RIGHTS AND PCU	WING B GHT	0V50 7000	A TO VATOR	_
		ıncludes foreign gra			_{28a} 2,04 0
					20a - 7 - 5 -
29	LEGAL ACTION : LEGAL D				
	WELLAS EDUCATION OF THOSE				
	FREE EUREPRISE SYSTEM, I	yearly m	no ganom	C PECATS	<u>C7</u>
	(Grants \$ - O) If this amount	ıncludes foreign gra	ints, check here .	<u>.</u> ▶ □	29a
30					
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ □	30a
31	Other program services (describe in Schedule O)				
	, •	includes foreign gra			31a
	Total program service expenses (add lines 28a t				32 2,040
Part					
LEGIL	Check if the organization used Schedule		•		<u> </u>
	Check if the organization used Schedule	i i	(c) Reportable	(d) Health benefits.	<u> </u>
	(=) N1==== = = = 141=	(b) Average hours per week	compensation		e (e) Estimated amount of
	(a) Name and title	devoted to position	(Forms W-2/1099-MISC)		other compensation
		L _	(if not paid, enter -0-)	deferred compensation	
A	LAN M. GOTZIEB	PRESIDENT	C2	بص	-62
£	BELEVUE WA 98005	15 HOURS	-		
-	ZON ARNOLD	VICE PROBLEM	<u>^</u>		
	Bellenog COA 92005	20 HURS	→	 ←	→
	SAM SLOM	DURSTUR		(2)	
	HONOLULU, HI	Z HUUS	Θ		- C
	INTE ASSENSE	DRESTUR			
	JOHE VERSORE	2 Hours	₽	-0	EZ.
	BELLEVUE WA 98005 ANDREW GOTTLIEB	2 60000			
	ANDREW GOTILLES	DRETUR	$\boldsymbol{\varepsilon}$	₽	-62
	BELLEVUE, WA 98005	2 Hours			
]			
]		1	
		1			
			·	<u> </u>	
		1			
					
		1			
		1			
					ļ
]			
			1	1	1

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for hart vy officer if the organization used schedule of to respond to any question in this	Tart	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	100	×
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		>
b c	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		N X
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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b 40a	Gross receipts, included on line 9, for public use of club facilities	-	,	
b	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			
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 prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 42a	List the states with which a copy of this return is filed ► WASHINGTON The organization's books are in care of ► ALAN M, GOTILES Telephone no. ► 42.	5-4 :	53-	\$
L	Located at > 12500 NE TENTIFIKE, BELEVUE WA ZIP+4 > 9800	- کد		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		i	-
С	At any time during the calendar year, did the organization maintain office outside the United States? . If "Yes," enter the name of the foreign country:	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	W	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u>ж</u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		<u> </u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		×

nization engage, directly or in a for public office? If "Yes," on 501(c)(3) organizations tion 501(c)(3) organization 51. If the organization used Scinization engage in lobbying, " complete Schedule C, Paration a school as described in italian make any transfers the related organization as stable for the organization is who each received more than title of each employee The property of the organization of the organizatio	ndirectly, in political of complete Schedule Complete Schedule Complete Schedule Complete Schedule Complete Schedule O to respond activities or have a rt II	campaign activities of part I	n behalf of or 1 52, and cor this Part VI on in effect of Schedule E ization? her than office anization. If the	n opposit	46 e tables f tax 47 48 49a 49b ors, trustee	Yes Yes Yes And Jone."
n 501(c)(3) organizations tion 501(c)(3) organization 51. if the organization used Scinization engage in lobbying "complete Schedule C, Paration a school as described in its table for the organization as stable for the organization of title of each employee	s only as must answer que chedule O to respond activities or have a rt II an section 170(b)(1)(A)(to an exempt non-cha ection 527 organization five highest comper a \$100,000 of comper hours per week devoted to position ver \$100,000	estions 47–49b and d to any question in section 501(h) electric (ii)? If "Yes," complete aritable related organion?	this Part VI on in effect d Schedule E sization? her than office anization. If th (d) Health t contributions t benefit plans, a	nplete the	tax 47 48 49a 49b ors, trusted e, enter "N	Yes es, and lone."
if the organization used Scinization engage in lobbying," complete Schedule C, Paration a school as described in italian make any transfers the related organization as stable for the organization's who each received more than dittle of each employee	chedule O to respond control activities or have a control of the section 170(b)(1)(A)(b) con exempt non-characteristics five highest comper control of the section 527 organization (b) Average hours per week devoted to position control of the section of the sec	d to any question in section 501(h) electrons 501(h) electrons (ii)? If "Yes," complete aritable related organion?	on in effect of schedule Estation?	luring the	tax 47 48 49a 49b ors, trusteee, enter "N	Yes es, and lone."
if the organization used Scinization engage in lobbying," complete Schedule C, Paration a school as described in ization make any transfers the related organization as stable for the organization's who each received more than dittle of each employee	activities or have a rt II In section 170(b)(1)(A)(to an exempt non-charaction 527 organization five highest compents \$100,000 of compents of the compents of	section 501(h) election of the compensation (Forms W-2/1099-MISC	on in effect d Schedule E Ization? her than office anization. If th (d) Health t contributions t benefit plans, a	ers, directo ere is none penefits, o employee and deferred	47 48 49a 49b ors, trustee e, enter "N	es, and lone."
nization engage in lobbying," complete Schedule C, Paration a school as described in inization make any transfers the related organization as its table for the organization's who each received more than title of each employee	activities or have a rt II In section 170(b)(1)(A)(to an exempt non-charaction 527 organization five highest compents \$100,000 of compents of the compents of	section 501(h) election of the compensation (Forms W-2/1099-MISC	on in effect d Schedule E Ization? her than office anization. If th (d) Health t contributions t benefit plans, a	ers, directo ere is none penefits, o employee and deferred	47 48 49a 49b ors, trustee e, enter "N	es, and lone."
"complete Schedule C, Paration a school as described in itation make any transfers the related organization as stable for the organization's who each received more than title of each employee	rt II In section 170(b)(1)(A)(to an exempt non-chaection 527 organization is five highest comperin \$100,000 of comperin \$100,000 of comperin \$400,000 of compering \$400,000 of comper	(ii)? If "Yes," complete aritable related organ on?	e Schedule E sization?	ers, directo ere is none penefits, o employee and deferred	47 48 49a 49b ors, trustee e, enter "N	es, and lone."
ation a school as described in ization make any transfers the related organization as is table for the organization's who each received more than title of each employee	in section 170(b)(1)(A)(to an exempt non-characterion 527 organization five highest compents \$100,000 of compents for \$100,000 of compents of the section of	(ii)? If "Yes," complete aritable related organ on? nsated employees (ot ensation from the organ (c) Reportable compensation (Forms W-2/1099-MISC	e Schedule E lization?	ers, directo ere is none penefits, o employee and deferred	48 49a 49b ors, truster e, enter "N	es, and lone."
r of other employees paid over the regarization of the organization of the organizatio	to an exempt non-cha ection 527 organizations five highest comper in \$100,000 of comper (b) Average hours per week devoted to position	aritable related organon?	her than office anization. If th (d) Health to contributions to benefit plans, a	ers, director ere is none penefits, o employee and deferred	49a 49b ors, trusted e, enter "N	es, and lone."
s table for the organization's who each received more than the of each employee	s five highest compern \$100,000 of compern \$10	nsated employees (ot ensation from the orga (c) Reportable compensation (Forms W-2/1099-MISC	her than office anization. If th (d) Health to contributions to benefit plans, a	ers, directo ere is none penefits, o employee and deferred	ors, trusted e, enter "N (e) Estimate	lone." ed amoun
title of each employee To fother employees paid over the organization	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health to contributions to benefit plans, a	ere is none penefits, o employee and deferred	e, enter "N (e) Estimate	lone." ed amoun
r of other employees paid over the organization	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health to contributions to benefit plans, a	penefits, o employee and deferred	(e) Estimate	ed amoun
r of other employees paid over the organization	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to benefit plans, a	o employee ind deferred		
is table for the organization						
is table for the organization						
is table for the organization						
is table for the organization						
is table for the organization					· · · · · · · · · · · · · · · · · · ·	
is table for the organization					 	
is table for the organization						
is table for the organization						
is table for the organization					····	
is table for the organization						
d business address of each indepen-		(b) Type of se	rvice	(c)	Compensati	on
21.1						
70		 				
		 		- 		
		-1				
r of other independent contr	actors each receiving	over \$100.000	>			
•			anızations mı	ust attach	a	
					> Yes	□ No
, I declare that I have examined this	return, including accompa	nying schedules and staten	nents, and to the i	oest of my kn	owledge and	belief, it
A Land of preparer former in	Latterit	or which prepares	,,as any knowled	"/ >-/	701	7
nature of officer	30		Date	14-11	201	
ALAN M. GOTT	leb pr	ESIDENT				
Print/Type preparer's name		[Date	Check Self-employ	of PTIN	
			Firm'	s EIN ▶		
ame 🕨			Phor	e no		
ddress ►					Yes	Nc
l it are	panization complete Schedichedule A 7, I declare that I have examined this te Declaration of preparer (other nature of officer A A M G OTTO 10 or print name and title 11 pe preparer's name	panization complete Schedule A? Note: All sichedule A I, I declare that I have examined this return, including accompate Declaration of preparer (other han officer) is based on all incompations of officer ALAL M. GOTTLES Proparer's signature Preparer's signature	A l declare that I have examined this return, including accompanying schedules and stater the Declaration of preparer (other man officer) to base on all information of which preparer nature of officer A LAN M. GOTTLEB PRESIDENT or print name and title pe preparer's name Preparer's signature Ename Industrial of the preparer of	panization complete Schedule A? Note: All section 501(c)(3) organizations muchedule A	panization complete Schedule A? Note: All section 501(c)(3) organizations must attach ichedule A	panization complete Schedule A? Note: All section 501(c)(3) organizations must attach a schedule A

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

Employer identification number

Name	of the o	rganization For	e THE	PETENSE	- ه د	FREE	ENT.	SEACI	3E	Employer identification	73976
Pa	rt I	Reason f	or Public	Charity Status	(All o	rganızatior	ıs must	comple	te this p	art.) See instruction	ons.
1	ДА	church, con	vention of c	oundation because thurches, or asso	ciation	of churche	s descri	bed in se	ection 17	0(b)(1)(A)(i).	
2				ction 170(b)(1)(A			-			* *	
4											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 7	≥ An	organization	on that nor	povernment or go mally receives a : (b)(1)(A)(vi). (Cor	substa	ntial part of				(1)(A)(v). nmental unit or fron	n the general public
8	□ A ¢	community	trust descri	bed in section 1	70(b)(1)(A)(vi). (Co	mplete f	Part II.)			
9	or un	university o	r a non-lan	d-grant college o	f agrıcı	ulture (see 11	nstructio	ns). Ente	r the nam	conjunction with a line, city, and state of	the college or
10	red su	ceipts from	activities re gross inves	lated to its exem	pt func d unrel	tions—subj lated busine	ect to co	ertain exc ole incom	ceptions, ie (less se	outions, membershi and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11		•	•	d and operated e		-	•	•			
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										
a	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.										
t		control or	manageme	-	ng org	janization ve	ested in	the same		upported organizati that control or man	
C										n with, and functions ons A, D, and E.	ally integrated with,
C	ı 🗆	that is not	functionally		organi	zation gene	rally mus	st satisfy	a distribu	ection with its suppo ition requirement an id Part V.	
e	. 🗆			organization rece d, or Type III non-						at it is a Type I, Type on	e II, Type III
f				rted organization							
				nation about the		rted organiz		Galla Aba a		4.3.4	() () ()
	(I) Nam	ne of supported	organization	(ii) EIN	1 6	described on li above (see insti	nes 1-10	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
								Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
				1.25 3. 386533.252	- Carlotte 1384	4年1月12日 · 10 日本	THE PARTY OF THE		ACTURE POSSESSEE.		

Schedule A (Form 990 or 990-EZ) 2016 COUNTER FOR THE DEFENCE OF PROCEENINGS ASE 91-09739 76 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts. grants, contributions, membership fees received. (Do not 33,237 577,235 28,513 15,916 z, 284 657,185 include any "unusual grants.") . . . revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . 577,235 28513 657,185 33,237 15,916 2,284 Total. Add lines 1 through 3 The portion of total contributions by each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount 536,856 shown on line 11, column (f) 120,329 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2012 **(b)** 2013 (d) 2015 Calendar year (or fiscal year beginning in) ▶ (c) 2014 (e) 2016 (f) Total 7 Amounts from line 4 <u> 33,237</u> 577,236 28513 15,916 2,284 657,45 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 96 488 518 2*,4*37 715 540 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.) . . 659,622 11 Total support. Add lines 7 through 10 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 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2015 Schedule A. Part II, line 14 15

box and stop here. The organization qualifies as a publicly supported organization	-	, and application of the contraction of the contrac
 33½% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, a 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicle. 	l6a	331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this
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
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop her e Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a public	b	331/3% support test—2015. 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
organization	17a	10%-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. 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
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

	orm 990 or 990-EZ) 2016 CEUPEL FUL THE DESENSE OF PRESE EDITEMPHESE 91-0973 976Page 3
Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
	If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		L .	L			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ı					
	organization's tax-exempt purpose	1		1			
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				1		
4	Tax revenues levied for the				7		
	organization's benefit and either paid					į	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	[
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	, , , , , , , , , , , , , , , , , , ,			-		
	line 6)					,	
Secti	on B. Total Support				<u> </u>		
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1	,			
	royalties and income from similar sources .			<u> </u>			
b	Unrelated business taxable income (less			1 // /	N		
	section 511 taxes) from businesses	i			,		
	acquired after June 30, 1975	ļ	ļ				
_	Add lines 10a and 10b						
11	Net income from unrelated business	į					
	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.)						
12	Total support. (Add lines 9, 10c, 11,			<u> </u>		 	
13	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	le firet secor	nd third fourth	or fifth tay w	ear as a soction	0.501(0)(2)
14	organization, check this box and stop he			io, unito, logith	, or murtax ye	zai as a Sectio	1 30 1(0)(3) > [7]
Secti	on C. Computation of Public Suppor			A // A			<u> </u>
15	Public support percentage for 2016 (line 8			13 column (ft)		15	%
16	Public support percentage from 2015 Sch		•	10, 00,011,11	.	16	
	on D. Computation of Investment In			X // 1/-	, 		
17	Investment income percentage for 2016 (ov line 13. colui	mn (f))	17	%
18	Investment income percentage from 2015			•		18	
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2015. If the organiz					_	
~	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di		_			• •	

	10 A (Form 990 or 990-EZ) 2016 COURT FOR THE DEFRUSE OF FREE BURERRUSE 9/-097	397	16	Page 4
Part	Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete 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 P	ompl	ete	Α
Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.		Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
_	D 111	<u> </u>		

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

Build the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

8

9a

9b

9c

10a

10b

Schedu	e A (Form 990 or 990-EZ) 2016 CENTEL FUR THE DEFENSE OF FREE ENTERIUSE 91-09	<u> 139</u>	16	Page ₹
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	NO
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	<u> </u>	Ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c	L	<u></u>
Occii	N. Type i Supporting Organizations		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	1	 	Ī
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		<u> </u>	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		}	
	or management of the supporting organization was vested in the same persons that controlled or managed	İ		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		<u> </u>	
			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		, 1	
	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	İ		l
	supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	Li	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in			
	The organization satisfied the Activities Test. Complete line 2 below.	istru	cuons	s).
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	structi	ions)
2	Activities Test. Answer (a) and (b) below.	ı		<u> </u>
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	.		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		لـــــا
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2016	Re	THE	DE PORT	OF	REE	EVERHUE	91-0973976 Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru: nizati	st on Nov. 20, 1970 (expl ons must complete Sect	ain in Part VI). See ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		 -
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	₹	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		,	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III supporti	ng organization (see

ecti	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						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
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_							
8	8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 201			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
а							
b							
С	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
<u>i</u>	Carryover from 2011 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2016 from Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а							
b	Excess from 2013						
С	Excess from 2014						
d	Excess from 2015						
	Excess from 2016	//					

Schedule A (Form 990 or 990-EZ)	2016 COURSE FOR THE	DEFENSE OF F	BEE CHURCHAUE	91-09739 76 Page 8
Part VI Supplement III, line 12; Pa B, lines 1 and 3a, and 3b; F	tal Information. Provide the art IV, Section A, lines 1, 2, d 2; Part IV, Section C, line Part V, line 1; Part V, Section d 6. Also complete this part V.	e explanations required 3b, 3c, 4b, 4c, 5a, 6, 9 1; Part IV, Section D, li on B, line 1e; Part V, Se	f by Part II, line 10; Par a, 9b, 9c, 11a, 11b, an nes 2 and 3; Part IV, S ction D, lines 5, 6, and	t II, line 17a or 17b; Part id 11c; Part IV, Section ection E, lines 1c, 2a, 2b, 8; and Part V, Section E,
	I LINE			
IN 201	3 THE CENTE	e Received	צטעט" עק	AL GRANT"
of \$550	,000. WE R	EPOIENED IT	ON LINE !	(b) of
PARTIT S	CHEDULE A	. IN STEUCTI	INS APPEAR	70 SAY
11 DO NOT	CHEDULE ANY	UNUSIAL	GRANTS" U	ITHOUT
	J WE MEE			
	14 AMD 15			
WE ME	ET THE PUB	LK SUPPOR	TEST IN	2012,2014,
2015 AMD	ZOIG. WIT	HOUT THAT	"UNUSUAL	GRANT WE
	ILSO MEET T			
WE AL	SO CONTINUE	TU EXPEC	T TO MEDET	THE PUBLIC
SUPPORT.	TEST IN 20	17 THROUG	H ATTARK	INL MORE
Public:	support wit	u our so	LIC MATION	s of funds.
				•••••••••••••••••••••••••••••••••••••••
	,	·····		
	•••••			
			····	