# EXTENDED TO NOVEMBER 15, 2018 Short Form

Form **990-EZ** 

## 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

Don to Dublic

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

_		_	endar year, or tax year beginning		and endi	ng					
B	Check in applicat	ole:	C Name of organization				D Em	ployer	identificati	ion numbe	er
H	_	ress change	SHOWER THE PEOPLE				47-3404538				
H		e change	Number and street (or P.O. box, if mail is not delivered to street address)			Room/suite				, 0	
H	□Final	ıl return I return/ inated	77 DONELSON STREET			John, June	E Telephone number 615-828-8019				
F		nated nded return	City or town, state or province, country, and ZIP or foreign postal code				F Group Exemption				
F			NASHVILLE, TN 37210					mber 🕨	-		
G		cation pending nting Meth							X if th	e organiza	ition is
			WW.SHOWERTHEPEOPLE.NET				l		ed to attach	-	
		c-exempt status (check only one) $= X = 501(c)(3) = 5$						•	), 990-EZ, (		
		of organizat		Other	(~/( ') (	0	(, 0		,, <u></u> , (		·-
		Ü	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o		or if total	assets (Part	II,				
		n (B) below	r) are \$500,000 or more, file Form 990 instead of Form 990-EZ					<b>S</b>		18,	022.
	art I		enue, Expenses, and Changes in Net Assets or Fund	d Bal	ances (	see the instru	uctions	for Pa	rt I)		
		_	if the organization used Schedule O to respond to any question in this Part I								X
	1		ions, gifts, grants, and similar amounts received					1		18,	022.
	2	Program	service revenue including government fees and contracts					2			
	3		hip dues and assessments					3			
	4		nt income					4			
	5a	Gross am	ount from sale of assets other than inventory	5a							
	b	Less: cos	t or other basis and sales expenses	5b							
	C	•	oss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c			
	6	_	nd fundraising events								
ē	a		ome from gaming (attach Schedule G if greater than		ı						
Revenue		\$15,000)		6a							
Rev	b		ome from fundraising events (not including \$	of co	ntributions						
_			draising events reported on line 1) (attach Schedule G if the sum of such	1 .	ı						
		-	ome and contributions exceeds \$15,000)	6b							
	C		ect expenses from gaming and fundraising events	6c							
	_ d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	1	ine 6c)			6d			
	1 .		es of inventory, less returns and allowances	7a							
	b		t of goods sold	7b							
	C		offit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c			
	8		enue (describe in Schedule 0)					8		10	022
	9	Crosts 5	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				. •	9		10,	022.
	10		id similar amounts paid (list in Schedule 0)					10			
45	11		paid to or for members					11			
Expenses	12		other compensation, and employee benefits					12			500.
en	13 14		nal fees and other payments to independent contractors					14			<del>500•</del>
Ä	15		cy, rent, utilities, and maintenancepublications, postage, and shipping					15			
	16		publications, postage, and shipping enses (describe in Schedule O) SE	E S	CHEDI	JI.E. O		16		2.	111.
	17	-						17			$\frac{111.}{611.}$
	18		(Alaffait) for the coast (Outstand Line 47 forms line 0)					18			$\frac{311.}{411.}$
ets	19		s or fund balances at beginning of year (from line 9)					10		,	
Ass	'		ree with end-of-year figure reported on prior year's return)					19		3 -	262.
Net Assets	20		inges in net assets or fund balances (explain in Schedule O)					20		- /	0.
Z	21							21		18.	<del>673.</del>
_											- · ·

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Page 2

P	art II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res	pond to any ques				X
				(A) Beginning of year		( <b>B</b> ) E	nd of year
22	Cash,	savings, and investments		762.	22		8,902.
23	Land	and buildings			23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE C	)	2,500.			9,771.
25		assets		3,262.	25		18,673.
26	Total	liabilities (describe in Schedule 0)		0.	26		0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		3,262.	27		18,673.
P	art III	Statement of Program Service Accomplishme	nts (see the instr	uctions for Part III)	<u>'                                    </u>	Ex	cpenses
		Check if the organization used Schedule O to res	pond to any ques	stion in this Part III			for section
Wha	at is the o	organization's primary exempt purpose?SEE SCHEDULE C				organization	and 501(c)(4) ons; optional for
		rganization's program service accomplishments for each of its three largest program		xpenses. In a clear and concise		others.)	ono, optional for
		ibe the services provided, the number of persons benefited, and other relevant inform					
28	SEE	SCHEDULE O					_
					_		
					_		
	(Grants	) If this amount includes foreign	grants check here	<b></b>	— ] <u> </u>	28a	2,611.
29	(Grante	) it this amount molades foreign (	granto, oncon noro		=+		
					-		
					-		
	(Grants	) If this amount includes foreign	granta abaak bara		—₁ <i> </i> ,	29a	
30	(Grants	) II this amount includes loreign (	grants, check here			23a	
30					-		
					-		
	(0	A NEAR- and a second in a local and a facility			<b>-</b> -₁ ,	200	
0.4	(Grants	· · · · · · · · · · · · · · · · · · ·	•		<del></del>	30a	
31				Г	— I.		
••	(Grants	, , , , , , , , , , , , , , , , , , , ,	grants, check here	<u> </u>	_	31a	2,611.
32	lotal p	program service expenses (add lines 28a through 31a)	Employees # · ·			32	
P	art IV	<u> </u>			ee the ir	nstructions f	or Part IV)
		Check if the organization used Schedule O to res	<del>'</del>		······		
			(b) Average hours		contrib	Ith benefits, outions to	(e) Estimated
		(a) Name and title	per week devoted position	W-2/1099-MISC)		ree benefit nd deferred	amount of other compensation
<del>-</del> -	337 7	DIJAGELL ADVIOLD	pooliion	(ii flot paid, effici -0-)	comp	ensation	oomponoution
		RUSSELL ARNOLD				•	
		DENT AND TREASURER	5.00	0.		0.	0.
		BATSON	1 1			•	
		PRESIDENT	1.00	0.		0.	0.
		PICKERING				_	
	CRE		1.00	0.		0.	0.
		ITH MACLEOD					_
CH	HEF	ADMINISTRATOR (AS OF 7.1.17)	25.00	0.		0.	0.
			1				
				<del>     </del>			
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			1	1			
_							

33 Did the organization engage in any significant activity not previously reported to the IRS7 If Yes, "provide a detailed description of each activity in Schedule 0  34 X  35 X  36 Were any significant changes made to the organization growming discurrents? If Yes," statch a conformed copy of the amended documents if they reflect a change to the organization from some Otherwise, applies the change on Schedule 0 (see instructions)  36 If 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, Ba, and 7a, among orbites)?  37 If Yes to line 3ba, has the organization field a form 990-1 for the year? If Yes," or from the siness activities (such as those reported on lines 2, Ba, and 7a, among orbites)?  38 If Yes to line 3ba, has the organization field a form 990-1 for the year? If Yes, or form the sines activities (such as those reported on lines 2, Ba, and 7a, among orbites).  39 If Yes to line 3ba, has the organization field a form 990-1 for the year? If Yes, organized some interest organization in Schedule 0  39 If Yes to line 3ba, has the organization field a form 990-1 for the year? If Yes, organized some interest organized to section 605(5) motion, reporting, and proxy tax requirements during the year? If Yes, organized some interest organization states to section 605(5) motion, reporting, and proxy tax requirements of some interest organization states to section 605(5) motion, reporting, and proxy tax requirements of some interest organization states in section 605(5) motion, reporting, and proxy tax requirements of some interest organization states in section 605(5) motion, reporting, and proxy tax requirements organization activations.  39 If yes to provide an explaination of some interest organization during the year and sulf organizations. Interest organization may such that such as a section of the section of		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	s Part	: V	X	
actively in Schedule 0  All Were an syglinizant changes made to the organization grovering documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization search 0.01 they can be compared to the compared of the compare		·		Yes		
34 Were any significant changes made to the organization and cournersts fill "Nex" statish a conformed copy of the amended documents fill "Nex" statish as conformed copy of the amended documents fill "Nex" statish by reflect of change to the organization stans. Otherwise, egiplin the change on Schedule () see instructions)  35	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each				
social description has emirated business prosisionome of \$1,000 or more during the year from business activities (such as those reported on lines 2, 68, and 7a, among others)?  If Yer's to line 55a, has the organization filed a form 990-T for the year? If No," provide an explanation in Schedule 0  If Yer's to line 55a, has the organization filed a form 990-T for the year? If No," provide an explanation in Schedule 0  If Yer's to line 55a, has the organization filed a form 990-T for the year? If No," provide an explanation in Schedule 0  If Yes to line 94a, 1947 (1948)			33		X	
Sa	34		34		x	
on lines 2, 8a, and 7a, among others)?  b if Yes's to line 35a, bas the organization field a form 990-T for the year? if Yei, 'provide an explanation in Schedule 0  visite the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part II  So Dut the organization undergo a fluidation, dissolution, termination, or significant disposition of feet assets during the year? If Yes, 'prompte applicable parts of Schedule N  The Complete applicable parts of Schedule N  The Chert amount of political expenditures, direct or indirect, as described in the instructions  The Chert amount of political expenditures, direct or indirect, as described in the instructions  The Chert amount of political expenditures, direct or indirect, as described in the instructions  The Chert amount of political expenditures, direct or indirect, as described in the instructions  The Chert amount of political expenditures, direct or indirect, as described in the instructions  The Chert amount of the organization for the Year of the transcribed in the instructions  The Chert amount of the Chert amount of the Xero covered by this return?  The Chert amount of the Chert amount of the Xero covered by this return?  The Chert amount of the Xero covered to the Amount involved  The Chert amount of the Xero covered to the Xero covered to the organization of the programmation of the Xero covered to any of the prior forms 990 or 991–217 (1 ves, complete Schedule I, Part I  The Chert amount of tax imposed on the organization and party to a prohibited tax shelter transaction 201(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualided persons during the year under sections 941, 4955, and 4958  The Chert amount of tax vessels to the Chert amount of tax in posed on organization and provided in the Aero covered to the Chert and the Chert amount of tax vessels to the Chert a	35 a					
b I "Yes" to fine S5a, has the organization field a Form 990-T for the year? II "No." provide an explanation in Schedule 0			35a		х	
c West 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  356	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		N/	A	
requirements during the year? If "Yes," complete Schedule C, Part II  So 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  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a   0 - 37b  Did the organization life Form 1190-NIC to this year?  38 b Uth door organization if Efform 1190-NIC to this year?  38 b Uth door organization if Efform 1190-NIC to this year?  38 b Uth door organization if Efform 1190-NIC to this year?  39 Section 501 (c)(7) organizations or the and or the tax year covered by this return?  30 If "Yes," complete Schedule L, Part II and enter the total amount involved 199						
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualities, scheduling they are ruled personal on the region 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in list the states with white a copy of this return is fled   TXN			35c		х	
as a finite amount of political expenditures, direct or indirect, as described in the instructions	36					
37 a Inter amount of political expenditures, direct or indirect, as described in the instructions ▶ 17 a 0.37			36		х	
b bit the organization if Form 1120-POL for this year?  **As 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?  **As Did H'es*, complete Schedule L, Part II and enter the total amount involved  **As Section 501(c)(2) organizations. Enter:  **a Initiation fees and capital contributions included on line 9  **Bright Schedule L, Part II and enter the total amount involved  **As Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4915 ▶ 0.  **S Section 4911 ▶ 0. ; section 4912 ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0.  **S Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ▶ 0.  **S Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Part amount of tax imposed on organization manages or disqualified persons during the year under sections 4912, 4956, and 4958 ▶ 0.  **S Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  **O Located at ▶ 77 DONDELSON STREET, NASHYILLE, TN  **In Located at ▶ 77 DONDELSON STREET, NASHYILLE, TN  **See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **A Tany time during the calendar year, did the organization maintain an office outside the United States?  **In Yes, enter the name of the foreign country; ▶  **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 year? If Yes, Form 990 must be completed inste	37 a					
38 a Uth the organization berrow 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?  b (If Yes, 'complete Schedule L, Part II and enter the total amount involved  s (Section 501(c)(7) organizations. Enter:  a Initiation team and capital conflictions. Enter:  a Initiation team and capital conflictions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year on during the year, ord tilt engage in an excess benefit transaction during the year, ord tilt engage in an excess benefit transaction during the year under:  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. 491z, 495s, and 4958  d 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. 491z, 495s, and 4958  d 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. 491z, 495s, and 4958  d 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. 491z, 495s, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization sections. 491z, 495s, and 4958  d Is this states with which a copy of this return slide I TN  1 List the states with which a copy of this return slide I TN  4 List the states with which a copy of this return slide I TN  b At any time during the calendar year, did the org			37b		Х	
in a prior year and still outstanding at the end of the tax year covered by this return?  is lif Yes*, complete Schedule L, Part II and enter the total amount involved  is lif Yes*, complete Schedule L, Part II and enter the total amount involved  is liftination fees and capital contributions included on line 9  is location 501(c)(7) organizations. Enter:  is limitation fees and capital contributions included on line 9  is location 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization during the year, or did it engage in an 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-E2? If Yes, complete Schedule L, Part I  c 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 4956  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 886-T.  40e   X  11 List the states with which a copy of this return is filed   TN  21 The organizations holds are increar of   JACKLE FREE   Telephone no.   615-915-6621   Located at   77 DONELSON   STREET   NASHVILLE   TN  21 The organization books are increar of   JACKLE FREE   Telephone no.   615-915-6621   Located at   77 DONELSON   STREET   NASHVILLE   TN  21 The organization and the organization have an interest in or a signature or other authority over a financial account in a foreign country:   Yes, form 900 must be completed instead of the organization the organiza						
b If Yes,* complete Schedule L, Part II and enter the total amount involved 38b N/A 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 9 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.  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 managers or disqualified persons during the year, or did it engage in an excess benefit arts ascidant on managers or disqualified persons during the year and excess benefit arts ascidant on managers or disqualified persons during the year under:  c 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			38a		Х	
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 ▶ 0 · ; section 4912 ▶ 0 · , section 4915 ▶ 0 · . 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 'Pes', complete Schedule I, Part I do 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	b					
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, or public use of club facilities  20 a Section 501(c)(3) or positizations. Enter amount of tax imposed on the organization during the year under: 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  c 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 by the organization 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 X  11 List the states with which a cony of this return is filled ▶ TN  21P + 4 ■ 37210  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, or other financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  32e 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 year? If "Yes," Form 990 must be						
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. section 4951 ▶ 0. section 4915 № 0. section 4915 № 0. section 4915 № 0. section 4915 № 0. section 4916 № 0. section 4916 № 0. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior forms 990 or 990-EZ if 1 ™sec "complete Schedule L. Part I to 40	а					
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ 0 . ; section 4915 ▶ 0 .  Section 4916 ▶ 0 . ; section 4912 ▶ 0 . ; section 4915 ▶ 0 .  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 & secss 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 I, Part I  40b						
b Section 4911						
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? I "Yes," complete Schedule I., Part I  c 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 with a copy of this return is filed ▶ TN  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  1. List the states with which a copy of this return is filed ▶ TN  1. List the states with which a copy of this return is filed ▶ TN  1. Located at ▶ 77 DONELSON STREET, NASHVILLE, TN  2. Located at ▶ 77 DONELSON STREET, NASHVILLE, TN  2. Located at ▶ 77 DONELSON STREET, NASHVILLE, TN  3. Lip+ 4 ▶ 37210  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: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  1. H'Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  2. At any time during the calendar year, did the organization maintain an office outside the United States?  1. H'Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 1141. Report of Foreign Bank and Financial Accounts (FBAR).  42c  X  42c  X  42d  X  42d  X  44d  X  45d  AU  46d  AU  47						
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  c Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  O.  d Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed by the organization by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed  1 TN  1 Telephone no.  15 - 915 - 6621  1 Located at  77 DONELSON STREET, NASHVILLE, TN  1 Telephone no.  15 - 915 - 6621  1 Located at  17 DONELSON STREET, NASHVILLE, TN  2 TP + 4 37210  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;  2 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country;  42e X  16 Yes," enter the name of the foreign country;  42e X  17 Yes," enter the name of the foreign country;  42e X  28 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44e X  45e Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  6 Did the organization receive any payments for indoor tanning services during the year? Provide an explanation in Schedule O  44d X  6 Did the orga	b	· · · · · · · · · · · · · · · · · · ·				
of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c 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  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  X 11 List the states with which a copy of this return is filled  TN  12 The organization's books are in care of  JACKLE FREE  Located at  77 DONELSON STREET, NASHVILLE, TN  12 P+4  37210  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 accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country;  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country;  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  13 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ  5 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X  44c X  44c X  45b If "Yes 'to line 44c,						
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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  List the states with which a copy of this return is filed  TN  Telephone no.   615-915-6621 Located at   77 DONELSON STREET, NASHVILLE, TN  Located at   77 DONELSON STREET, NASHVILLE, TN  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 accounts (FBAR).  If "Yes," enter the name of the foreign country:   Yes   80   See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country:   Yes," enter the name of the foreign c						
transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ▶ TN  42a The organization's books are in care of ▶ JACKIE FREE Telephone no. ▶ 615-915-6621  Located at ▶ 77 DONELSON STREET, NASHVILLE, TN 2 P+4 ▶ 37210  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: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country: ▶  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  44a N/A  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  5 Did the organization receive any payments for indoor tanning services during the year?  4 Use No Atlant of the organization have a controlled entity within the meaning of section 512(b)(13)? The No, "provide an explanation in Schedule O Atlant or Sch	е					
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42a The organization's books are in care of ▶ JACKIE FREE  Located at ▶ 77 DONELSON STREET, NASHVILLE, TN  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 in a foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c	41					
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ver 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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  If "Yes," enter the name of the foreign country: ▶  42			721	0		
account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  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  Yes No  10 bid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  42b X	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				
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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 ▶ 43 N/A   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  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  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  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 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 ■	C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X	
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			45a		X	
	b					
		5 IZ(D)( 13)? IT "YES," Form 990 and Schedule K may need to be completed instead of Form 990-EZ (see instructions)	_		(001=)	

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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		3404	5	38	Yes	No
u	blic of	TICE?		46		Х
_	s 50 a	and 51.				
-					Yes	No
е	Sch. (	C, Part II	Г	47	162	X
				48		Х
			⊢	49a		X
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40 5:111				,.				Yes	s No
	rganization engage, directly or indirectly, in po omplete Schedule C, Part I							46	X
Part VI	Section 501(c)(3) organizations	s only						10	
<u>-</u>	All section 501(c)(3) organizations must		49b and 52, an	d comple	te the tables for lin	es 50 a	nd 51.		
	Check if the organization used Schedule	O to respond to any	question in this	s Part VI					
							_	Yes	
	rganization engage in lobbying activities or ha							47	X
	anization a school as described in section 170							48	X
	rganization make any transfers to an exempt r							19a	Х
	vas the related organization a section 527 orga							19b	<u>.                                    </u>
•	this table for the organization's five highest c		•	ers, directoi	rs, trustees, and key (	employee	es) wno ead	ch receive	a more
than \$ 100	0,000 of compensation from the organization.  (a) Name and title of each employee	ii there is none, enter in	(b) Average	houre	(0) 5	(4) Has	Ith benefits,	(e) Esti	matad
	(a) Name and title of each employee		per week de		(C) Reportable compensation (Forms	` contri	butions to yee benefit	amount of	
	NON	JE.	positio	n	W-2/1099-MISC)	plans, a	nd deferred ensation	compen	sation
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	ion. If there is none, enter "None." NON lame and business address of each independent			(b	) Type of service		( <b>c)</b> Co	mpensati	on
d Total num	nber of other independent contractors each re	caiving over \$100,000							
	rganization complete Schedule A? <b>Note:</b> All se				······ <u> </u>				
	d Schedule A	. , . , -					<b>X</b>	Yes	No.
Inder penalties	s of perjury, I declare that I have examined this	s return, including accon	npanying schedul	les and stat	tements, and to the b	est of m			
•	nd complete. Declaration of preparer (other th	,	. , ,		,	-			, :-
		,			<u>,</u>				
Sign	Signature of officer					Date			
lere	ALAN RUSSELL ARNOLI	), PRESIDEN	T						
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Paid					self- emplo	oyed			
reparer	<u></u>								
Jse Only	Firm's name				Firm's Ell				
•	Firm's address				Phone no	).			
								, ,	
lay the IRS dis	scuss this return with the preparer shown abo	ve? See instructions					▶ ∟	Yes	No
							Fo	rm <b>990-E</b>	<b>Z</b> (2017

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SHOWER THE PEOPLE 47-3404538 Part I 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 7 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.) 8 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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0.	0.	105.	4,710.	18,022.	22,837.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			105.	4,710.	18,022.	22,837.
	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)						10,375.
6	Public support. Subtract line 5 from line 4.						12,462.
	ction B. Total Support						,
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 4	(-)	(-, : :	105.	4,710.	18,022.	(f) Total 22,837.
	Gross income from interest,					-	<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	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						22,837.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	,
13	<b>First five years.</b> If the Form 990 is for	•	,				
	organization, check this box and stop	-			-		<b>▶</b> X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			olumn (f))		14	%
15	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b> e	<b>ere.</b> Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

Schedule A (Form 990 or 990-EZ) 2017

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	siow, picace com	piete i urt ii.j				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			` ,	` ,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization'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						
	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						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 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						
c	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
					<u></u>		<b>&gt;</b> L
	ction C. Computation of Publi						
15	Public support percentage for 2017 (li					15	<u>%</u>
16	<u> </u>					16	%
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20						<u>%</u>
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the	•			•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	a did not check a	pox on line 14 19	ia or 190 check t	nis box and see in	ISTRUCTIONS	

#### 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

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40l-		
10b		

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. 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			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
	ion C. Type II Supporting Organizations			<u> </u>
5000	ion of Type it cupper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
3000	ion D. Aii Type iii oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	INO
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction			
	The organization satisfied the Activities Test. Complete line 2 below.	15).		
a	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> (see it	notruotion	-1	
с 2		istructions	Yes	No
	Activities Test. Answer (a) and (b) below.		162	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive? If res, then in Part vi identity 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			
		200		
	that these activities constituted substantially all of its activities.	2a		
	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	01-		
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	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		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

	1 Type III Non-i unctionally integrated 309	(a)(o) Supporting Orga	arrizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
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			
<u>h</u>	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
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.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i dit vi	Dat N. Section A. lines 1.2. 2b. 4b. 4c. 6c. 6c. 2b. 2b. 2b. 11b. 11b. 2b.
	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.)
	(occurrence)
-	
-	

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SHOWER THE PEOPLE

Employer identification number 47-3404538

BANK CHARGES AND FEES  FUEL COSTS  OFFICE SUPPLIES AND SOFTWARE COSTS  WEBSITE COSTS  SUBSCRIPTIONS  119  275	DHOWER THE TESTER	17 3	101330
######################################	FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
BANK CHARGES AND FEES  FUEL COSTS  0FFICE SUPPLIES AND SOFTWARE COSTS  80.  WEBSITE COSTS  10.  SUBSCRIPTIONS  275.  BUS MAINTENANCE  1,062.  TAXES & LICENSE  184.  TOTAL TO FORM 990-EZ, LINE 16  2,111.  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION  BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND  0. 3,058.  OTHER DEPRECIABLE ASSETS  2,500. 6,713.  TOTAL TO FORM 990-EZ, LINE 24  2,500. 9,771.  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS  TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
FUEL COSTS  OFFICE SUPPLIES AND SOFTWARE COSTS  WEBSITE COSTS  10. SUBSCRIPTIONS  275. BUS MAINTENANCE  1,062. TAXES & LICENSE  TOTAL TO FORM 990-EZ, LINE 16  184.  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION  BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND  0. 3,058. OTHER DEPRECIABLE ASSETS  2,500. 6,713. TOTAL TO FORM 990-EZ, LINE 24  2,500. 9,771.  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	MARKETING/PROMOTIONAL EXPENSE		259.
WEBSITE COSTS 10.  SUBSCRIPTIONS 275.  BUS MAINTENANCE 1,062.  TAXES & LICENSE 184.  TOTAL TO FORM 990-EZ, LINE 16 2,111.  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND 0. 3,058.  OTHER DEPRECIABLE ASSETS 2,500. 6,713.  TOTAL TO FORM 990-EZ, LINE 24 2,500. 9,771.  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS  TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	BANK CHARGES AND FEES		119.
WEBSITE COSTS 10.  SUBSCRIPTIONS 275.  BUS MAINTENANCE 1,062.  TAXES & LICENSE 184.  TOTAL TO FORM 990-EZ, LINE 16 2,111.  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND 0. 3,058.  OTHER DEPRECIABLE ASSETS 2,500. 6,713.  TOTAL TO FORM 990-EZ, LINE 24 2,500. 9,771.  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS  TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	FUEL COSTS		122.
BUS MAINTENANCE 1,062 TAXES & LICENSE 1844 TOTAL TO FORM 990-EZ, LINE 16 2,111  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND 0. 3,058 OTHER DEPRECIABLE ASSETS 2,500. 6,713 TOTAL TO FORM 990-EZ, LINE 24 2,500. 9,771  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN			
BUS MAINTENANCE 1,062  TAXES & LICENSE 184  TOTAL TO FORM 990-EZ, LINE 16 2,111  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND 0. 3,058  OTHER DEPRECIABLE ASSETS 2,500. 6,713  TOTAL TO FORM 990-EZ, LINE 24 2,500. 9,771  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	WEBSITE COSTS		10.
TAXES & LICENSE 1844  TOTAL TO FORM 990-EZ, LINE 16 2,111.  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND 0. 3,058.  OTHER DEPRECIABLE ASSETS 2,500. 6,713.  TOTAL TO FORM 990-EZ, LINE 24 2,500. 9,771.  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN			
TOTAL TO FORM 990-EZ, LINE 16  FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION  BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND  0. 3,058  OTHER DEPRECIABLE ASSETS  2,500. 6,713  TOTAL TO FORM 990-EZ, LINE 24  2,500. 9,771  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS  TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	BUS MAINTENANCE		1,062.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION  BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND  0. 3,058.  OTHER DEPRECIABLE ASSETS  2,500. 6,713.  TOTAL TO FORM 990-EZ, LINE 24  2,500. 9,771.  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS  TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	TAXES & LICENSE		184.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:  DESCRIPTION  BEG. OF YEAR END OF YEAR HYGIENE SUPPLIES ON HAND  0. 3,058.  OTHER DEPRECIABLE ASSETS  2,500. 6,713.  TOTAL TO FORM 990-EZ, LINE 24  2,500. 9,771.  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	TOTAL TO FORM 990-EZ, LINE 16		2,111.
HYGIENE SUPPLIES ON HAND  OTHER DEPRECIABLE ASSETS  2,500. 6,713.  TOTAL TO FORM 990-EZ, LINE 24  2,500. 9,771.  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS  TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN			
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TOTAL TO FORM 990-EZ, LINE 24  2,500. 9,771  FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EVERYONE DESERVES ACCESS  TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	HYGIENE SUPPLIES ON HAND	0.	3,058.
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TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PROVIDE MOBILE SHOWER  FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	TOTAL TO FORM 990-EZ, LINE 24	2,500.	9,771.
FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.  OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE	- EVERYONE DESERV	ES ACCESS
OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOSE WITH THE MOST BARRIERS  AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	TO SHOWERS, AND UNTIL THAT IS TRUE WE WILL PRO	VIDE MOBILE SHOWE	R
AND MOST LIMITED ACCESS TO SHOWER FACILITIES THROUGHOUT DAVIDSON  COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR  RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	FACILITIES AND HYGIENE ITEMS TO THOSE IN NEED.		
COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SHOWERS THROUGH OUR RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	OUR FOCUS WILL BE ON PROVIDING SHOWERS TO THOS	E WITH THE MOST E	ARRIERS
RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS AND ON THE WEEKENDS WHEN	AND MOST LIMITED ACCESS TO SHOWER FACILITIES T	HROUGHOUT DAVIDSO	N
	COUNTY. SHOWER THE PEOPLE WILL BE PROVIDING SH	OWERS THROUGH OUR	-
SHOWER ACCESS IS MOST LIMITED. WE ARE WORKING IN PARTNERSHIP WITH	RETROFITTED MOBILE SCHOOL BUS DURING EVENINGS	AND ON THE WEEKEN	DS WHEN
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)			

Name of the organization SHOWER THE PEOPLE	Employer identification number 47-3404538			
SEVERAL OUTREACH ORGANIZATIONS TO CREATE AND ADJUST ROUTES AS NEEDED TO				
ENSURE THOSE WITH THE GREATEST NEED ARE ABLE TO ACCESS OUR SERVICES.				
SHOWER THE PEOPLE WILL BE UTILIZING INDIVIDUAL AND CORPORATE VOLUNTEERS				
THROUGH HANDS ON NASHVILLE, AND HOPE TO ENGAGE OVER 500 VOLUNTEERS				
THROUGHOUT THE YEAR. VOLUNTEERS WILL ASSIST WITH PACKAGING HYGIENE				
KITS, CHECKING INDIVIDUALS IN FOR SHOWERS, ASSIST WITH				
CLEANING/RESETTING SHOWERS AFTER EACH USE, LAUNDRY, & HYGIENE DRIVES.				
VOLUNTEERS ARE THE BACKBONE OF OUR ORGANIZATION.				
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:				
CONTINUED WORK ON RETRO FITTING THE DONATED SCHOOL BUS				
WITH SHOWERS AND RESTROOMS. BEGAN COLLECTION OF HYGIENE				
SUPPLIES FOR THOSE IN NEED INCLUDING 500 DENTAL HYGIENE				
KITS, 200 TRAVEL TOOTHPASTE, 2000 BARS OF SOAP, AND 20 "BATHROOM IN A				
BAG" BACKPACKS.				
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:			
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,				
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.				
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,				
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.				

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