Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493212010208 OMB No 1545-0047

Department of the Treasury

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

Interna	l Reve	nue Service		ormation about	TOTTI 990 and its in	structions is at www	V INS GO	<u> </u>	20		Inspection
A F	or the	e 2017 ca			ing 01-01-2017 ,	and ending 12-3	1-2017				
		pplicable	C Name of organization ECONOMIC OPPORT						D Employer	ıdentıf	ication number
	dress o me ch	change ange							91-19993	802	
	tial ret		Doing business as								
		n/terminated		(22					E Telephone	number	
		d return on pending	Number and street 603 STEWART AVE		l is not delivered to stre	et address) Room/su	ııte		(206) 63		
— Ар	piicatii	on pending	City or town, state or province, country, and ZIP or foreign postal code						(206) 63.	3-0360	
			SEÁTTLE, WÁ 9810		,,				G Gross rece	pts \$ 1,	,386,550
			F Name and addr	ess of principal	officer		H(a)	Is this a	group retu	rn for	
			JOHN BURBANK 603 STEWART AVI	E NO 715				subordii			□Yes 🗹 No
			SEATTLE, WA 981	.01				Are all s	subordinate J?	5	☐ Yes ☐No
I Ta:	k-exen	npt status	✓ 501(c)(3)	501(c)() ◀ (ır	nsert no)	a)(1) or	1				instructions)
J W	ebsit	:e:▶ WW	W EOIONLINE ORG	i			H(c)	Group e	xemption n	umber	>
K Forr	n of or	rganization	✓ Corporation □	Trust Associ	ation ☐ Other ▶		L Year o	of formation			of legal domicile
			·							VA	
Pa	rt I	Sumi		on's mission or	most significant acti	vities					
	1	THE ÉCON	OMIC OPPORTUNIT	Y INSTITUTE IS	AN INDEPENDENT,	NONPARTISAN, NO					
വ					IC DEBATE AND AD\ ORE THE PROMISE O						NOMY THAT WORKS
Š					EALTHY FAMILIES A						
Ē	-										
o ve	-										
Activities & Governance			his box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25% of its net a								ı
₹ S	l				body (Part VI, line :					3	17
Ĕ	l		•	_	he governing body (4	17
ct	l			• •	ndar year 2017 (Par	•				5	9
Q.	l		,		ssary)			• •	•	6	45
	l				/III, column (C), line Form 990-T, line 34					7a 7b	0
	ь	net unrei	ated business taxac	ne income irom	rorm 990-1, line 34			Drior	· Year	/	Current Year
	R	Contribut	ons and grants (Pa	rt VIII line 1h)				FIIOI	918,90	13	1,302,637
ē.	l		,						5,20	_	54,379
Ravenue	l	-	•		nes 3, 4, and 7d)				3,09		6,287
Ξ.	l		•		5, 6d, 8c, 9c, 10c, ar			-10,210			-14,744
	l		•	• • •	equal Part VIII, col	•			916,98		1,348,559
	13	Grants ar	d sımılar amounts ı	paid (Part IX, co	lumn (A), lines 1–3)				0	0
	14	Benefits p	aid to or for memb	ers (Part IX, col	umn (A), line 4) .					0	0
82	15	Salaries,	other compensation	, employee ben	efits (Part IX, colum	n (A), lines 5-10)			424,79	6	526,770
JS(16a	Professio	nal fundraising fees	(Part IX, colum	n (A), line 11e) .					0	0
Expenses	ь	Total fundr	aısıng expenses (Part I	IX, column (D), line	e 25) ▶ <u>152,615</u>						
ш	17	Other exp	enses (Part IX, colu	umn (A), lines 1	1a-11d, 11f-24e) .				290,31		390,172
	l			, ,	l Part IX, column (A)), line 25)			715,11	.2	916,942
	19	Revenue	less expenses Subt	ract line 18 fror	n line 12				201,87		431,617
Net Assets or Fund Balances							Begi	inning of	Current Yea	ar	End of Year
set alar	20	Total asse	ets (Part X, line 16)						558,90	6	1,005,538
A B	l		lities (Part X, line 2						124,69	_	130,953
ŠŽ	l		•	•	from line 20				434,21		874,585
Par	t II		ature Block								,
					ed this return, inclu						
know any k			f, it is true, correct,	and complete	Declaration of prepa						
uny K	1101110	I.									
		******	re of officer								
Sign		, -									
Here	:		HOWELL PRESIDENT								
		17	•	ıma	Preparer's signature						
	_		nnt/Type preparer's na AY HOLMDAHL	iiiie	RAY HOLMDAHL						



Firm's name ► PETERSON SULLIVAN LLP CPA'S Firm's address ▶ 601 UNION ST STE 2300 SEATTLE, WA 981012345

May the IRS discuss this return with the preparer shown above? (see instruc For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2	017)					Page 2					
Par	t III	Statement	of Program Servic	e Accomplis	hments							
		Check If Scheo	lule O contains a respo	nse or note to a	ny line in this Part III		🗹					
1	Briefly	describe the oi	rganızatıon's mıssıon									
EDU(EVER	CATION YONE	AND ADVOCAC EOI'S MISSION	Y TO SHAPE PUBLIC DI IS TO RESTORE THE P	EBATE AND AÓ\ PROMISE OF THE	ANCE NEW POLICY ID							
2		-	• •		vices during the year w	hich were not listed on						
	•		990-EZ?				. 🗌 Yes 🛂 No					
		•	se new services on Sch									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	service	services?										
	If "Yes	s," describe the	se changes on Schedul	e O								
4	Sectio	n 501(c)(3) and		ons are required	to report the amount of	largest program services, as of grants and allocations to o						
4a	(Code See Ad	ditional Data) (Expenses \$	167,946	including grants of \$) (Revenue \$)					
4b	(Code See Ad	ditional Data) (Expenses \$	61,229	including grants of \$) (Revenue \$)					
4c	(Code See Ad	dıtıonal Data) (Expenses \$	114,978	including grants of \$) (Revenue \$)					
	(Code) (Expenses \$	219,624	,) (Revenue \$	54,379)					
	PUBLIC	CATION OF RESEAL	RCH RELATED TO THE BEN	IEFITS OF STATED	POLICIES FOR WORKERS	GHER EDUCATION, PAID SICK LEA BUSINESSES AND COMMUNITIES ID POLICIES IN LOCAL AND STATI	S, DISSEMINATION OF SAID					
4d			es (Describe in Schedi									
	(Expe	nses \$	219,624 incl	uding grants of	\$) (Revenue \$	54,379)					
4e	Total	program serv	ice expenses ▶	563,7	77							

or X as applicable

Section 501(c)(3) organizations.

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

for public office? If "Yes," complete Schedule C, Part I 👺

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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Form **990** (2017)

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Yes

Form 990 (2017)

Page 4

No

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Νo

Nο

art IV	Checklist of Required Schedules (continued)	

Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 18			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
,	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm	n 990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	r	nse to li	
_	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Se	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17	163	110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any o officer, director, trustee, or key employee?	ther 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supe of officers, directors or trustees, or key employees to a management company or other person?	rvision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body?	or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye the following	ar by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>			No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with the organization's exempt purposes?	tes,		
11a	ı Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	e to 12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe Schedule O how this was done</i>	ın 12c	Yes	
13	Did the organization have a written whistleblower policy?	. 13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent		
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exe			
	status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply	only)		
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere- policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record KATHY RADOSEVIC 603 STEWART AVE NO 715 SEATTLE, WA 98101 (253) 569-3001	s		

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (E) (A) (B) (D) (F) (C) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest employe Individual to organizations MISC) MISC) Ē related Institutional below dotted organizations emplo 3 line) Con trustee P Ę E SE Ē 1.00 (1) NANCY ALTMAN BOARD MEMBER 1 00 (2) JESSIE BAINES Х 0 AT-LARGE EXECUTIVE COMMITTEE 1 00 (3) LYNNE DODSON X Х VICE PRESIDENT 1 00 (4) ANDREW GORDON х SECRETARY 1 00 (5) NICOLE GRANT Х 0 BOARD MEMBER 1 00 (6) MAKINI HOWELL Х 0 PRESIDENT 1.00 (7) KAREN KEISER BOARD MEMBER 1 00 (8) ELIZABETH WOODY LINDQUIST Χ Х AT-LARGE EXECUTIVE COMMITTEE 1 00 (9) MATT LOSCHEN Х n TREASURER 1 00 (10) SANDY RESTREPO BOARD MEMBER

1 00 (11) KRISTIN ROWE-FINKBEINER Х 0 BOARD MEMBER 1 00 (12) JOHN SIROIS 0 BOARD MEMBER 1.00 (13) STAN SORSCHER Х BOARD MEMBER 1 00 (14) DAWN TRUDEAU Х 0 Χ AT-LARGE EXECUTIVE COMMITTEE 1 00 (15) RAY SUGARMAN Х BOARD MEMBER 1 00 (16) MICHAEL TAMAYO BOARD MEMBER 1 00 (17) XIMENA VELAZQUEZ BOARD MEMBER Form **990** (2017) (A)

Name and Title

compensation from the organization ▶ 0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

(E)

Reportable

Page 8

		hours per week (list any hours for related			n of tor/t	ficei	and a	1	compensation from the organization (W- 2/1099-MISC)	from related organization (W- 2/1099	d ns	amount of othe compensation from the organization an	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1000 (1100)	MISC)		relat organiza	ed
	JOHN BURBANK CUTIVE DIRECTOR	40 00			x				85,150		0		18,965
LALC	DINECTON												
С	Sub-Total	VII, Section A		· ·		1	 		85,150		0		18,965
2	Total number of individuals (including bu of reportable compensation from the org		those li	sted	abov	ve) v	vho re	ceiv	ed more than \$100	,000			
										r		Yes	No
3	Did the organization list any former office line 1a? <i>If "Yes," complete Schedule J for</i>									nployee on	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual						ne • • •	4		No			
5	Did any person listed on line 1a receive of services rendered to the organization? If					•		-	•	lual for	5		No
	ection B. Independent Contractors												
1	Complete this table for your five highest from the organization Report compensat										npen	sation	
	Name and	(A) business address							Descript	(B) ion of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)
Position (do not check more

(D) Reportable

(B) Average

Part \		II Statement of Reve	nue								rage 3
		Check if Schedule O cor		sponse or	note to any	y line in t	hıs Part VII	ı			🗆
							(A) revenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campaigns .	. 1a	1				rev	enue		512-514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	11	<u> </u>							
ira nou		c Fundraising events	10		88,015						
s, (An		d Related organizations	10	+							
Gift ilar		e Government grants (contribution									
E		F All other contributions, gifts, gi		; 							
tior or S	Ι΄	and similar amounts not includ above		:	1,214,622						
Contributions, Giffs, Grants and Other Similar Amounts	١,	Noncash contributions incl	luded								
ad C		ın lınes 1a-1f \$									
<u>ة</u> ك	_h	Total.Add lines 1a-1f			<u>. ▶</u> _	1	,302,637				
9 T					Busines						
Ven	_	CONTRACTS				541900		53,229		3,229	
og	b	HONORARIUMS - NEWSPAPE			<u> </u>	541900		1,150		.,150	
Service Revenue	C										
32	d										
ran'	e f	All other program service re									
Program		Total.Add lines 2a-2f		•		54,379					
		Investment income (including		. interest	t. and other	<u> </u>		Τ			
	9	similar amounts)			1	-	6,28	7			6,287
		Income from investment of t	-	bond pro		<u> </u>		+			
	5	Royalties	(ı) Real	· ·	Personal	<u> </u>		+			
	6a	Gross rents	(i) iteai	(")	reisonai	\dashv					
	b	Less rental expenses									
	c	Rental income or (loss)									
	d	Net rental income or (loss))	<u> </u>		4					
			Securities		· ► ►			+			
	7a	Gross amount from sales of assets other than inventory		, ,	.,						
		Less cost or other basis and sales expenses									
		Gain or (loss) Net gain or (loss)				4					
		Gross income from fundrais	ina events		<u> </u>	-					
Other Revenue		(not including \$ 88 contributions reported on line See Part IV, line 18	8,015 of ne 1c)	a	23,247	7					
æ		Less direct expenses .		ь	37,99:	1	4474				44744
her		: Net income or (loss) from fu Gross income from gaming	_	events .	• •	_	-14,74	4			-14,744
ŏ	Ja	See Part IV, line 19									
				а		_					
		Less direct expenses . : Net income or (loss) from g		b							
		aGross sales of inventory, les returns and allowances	ss		· •						
		Less cost of goods sold .		b entory .	. •						
-	_	Miscellaneous Revenu			iness Code						
	11	а									
	b										
	c										
	d	All other revenue						+			
	e	Total. Add lines 11a-11d			. •						
	12	Total revenue. See Instruc	ctions .				1 240 55		F4 3=3		0 0 155
					•		1,348,55	기	54,379	1	0 -8,457 Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		1		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,116	54,820	23,406	25,890
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	330,773	174,163	74,358	82,252
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,844	12,555	5,360	5,929
9 Other employee benefits	36,385	19,158	8,179	9,048
10 Payroll taxes	31,652	16,666	7,115	7,871
11 Fees for services (non-employees)				
a Management				
b Legal	35,175	35,175		
c Accounting	17,594		17,594	
d Lobbying	19,254	19,254		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	148,176	148,176		
12 Advertising and promotion				
13 Office expenses	13,104	2,894	8,046	2,164
14 Information technology	48,320	27,862	20,458	
15 Royalties				
16 Occupancy	56,055	29,515	12,601	13,939
17 Travel	10,279	6,806	3,343	130
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	13,230	8,110	4,364	756
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	28,985	8,623	15,726	4,636
b				
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	916,942	563,777	200,550	152,615
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

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Liabilities 22

Fund Balances

Assets or

Net

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22 23

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27

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30

31

32

33

34

9,875

99.287

558.906

124,691

124,691

-2.907

437.122

434,215

558.906

Page **11**

564,506

100.000

14,980

110.479

1.005.538

130,953

130,953

-16.078

890.663

874,585

1.005.538

Form **990** (2017)

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

		(A) Beginning of year		(B) End of yea
1	Cash-non-interest-bearing	390,446	1	
2	Savings and temporary cash investments	29,298	2	

_				
2	Savings and temporary cash investments	29,298	2	3,029
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	30,000	4	212,544
5	Loans and other receivables from current and former officers, directors,			

160,874

145,894

Pleages and grants receivable, net	
Accounts receivable, net	
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	
Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and	

contributing employers and sponsoring organizations of section 501(c)(9)

10a

10b

6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets

Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > \(\subseteq \) and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments-program-related See Part IV, line 11

b Less accumulated depreciation

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3а

3b

Nο

Nο

Nο

Form 990 (2017)

✓ Separate basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

Consolidated basis

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

b Were the organization's financial statements audited by an independent accountant?

Additional Data

Software ID:

Software Version: **EIN:** 91-1999302

Name: ECONOMIC OPPORTUNITY INSTITUTE

Form 990 (2017)

Form 990, Part III, Line 4a: FAMILY AND MEDICAL LEAVE PUBLICATION OF RESEARCH RELATED TO THE BENEFITS OF FAMILY AND MEDICAL LEAVE POLICIES FOR WORKERS. BUSINESSES AND COMMUNITIES, DISSEMINATION OF SAID RESEARCH VIA PUBLIC FORUMS, MEDIA OUTREACH, AND OTHER VENUES, ADVOCACY FOR SAID POLICIES IN LOCAL AND STATE LEGISLATIVE BODIES

ECONOMIC SECURITY/MINIMUM WAGE PUBLICATION OF RESEARCH RELATED TO THE BENEFITS OF IMPROVING ECONOMIC SECURITY AND INCREASING THE MINIMUM WAGE FOR WORKERS. BUSINESSES AND COMMUNITIES, DISSEMINATION OF SAID RESEARCH VIA PUBLIC FORUMS, MEDIA OUTREACH, AND OTHER VENUES, ADVOCACY

Form 990, Part III, Line 4b:

FOR SAID POLICIES IN LOCAL AND STATE LEGISLATIVE BODIES

Form 990, Part III, Line 4c: TAX POLICY/TAX REFORM PUBLICATION OF RESEARCH RELATED TO THE BENEFITS OF TAX POLICY REFORM FOR WORKERS, BUSINESSES AND COMMUNITIES,

DISSEMINATION OF SAID RESEARCH VIA PUBLIC FORUMS, MEDIA OUTREACH, AND OTHER VENUES, ADVOCACY FOR SAID POLICIES IN LOCAL AND STATE LEGISLATIVE

BODIES

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	DLN: 93493212010208		
SCI	H ED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017		
•		f the Treasury	▶ Inf	ormation abou	► Attach to Form it Schedule A (Form			ictions is at	Open to Public Inspection		
Nam	e of th	nie Service he organiza			<u>www.irs.g</u>	<u>0V/10/111990</u> .		Employer identific			
ECON	JIMIC O	PPORTUNITY I						91-1999302			
	rt I				us (All organization it is (For lines 1 thro			See instructions.			
1	n garnz				sociation of churches			(A)(i)			
2		•		·							
					1)(A)(ii). (Attach Sch	•	• •				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4			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								
5			ition operate (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170		
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).			
7	\checkmark			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in		
8		A communi	ty trust desc	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a		
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su			
11		An organiza	ition organize	ed and operated	l exclusively to test fo	r public safety S	See section 509	(a)(4).			
12		more public	ly supported:	organizations of	l exclusively for the be described in section 5 the type of supporting	09(a)(1) or se (ction 509(a)(2). See section 509(a			
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i ation vested in the sar						
С		Type III f	unctionally i		supporting organizatio ons) You must com				ted with, its		
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgar	` '		
e		Check this	, box if the org	ianization receiv	, ved a written determir	nation from the I		pe I, Type II, Type II	functionally		
f	Enter			ion-functionally Lorganizations	integrated supporting	organization					
g				-	ipported organization(s)		_			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
Tota	I	work Reduc									

organization

instructions

supported organization

Schedule A (Form 990 or 990-EZ) 2017

III. If the organization fails to qualify under the tests listed below, please complete Part III.)											
Section A. Public Support											
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
Cifte example contributions and											

	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201/	(f) Lotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	821,704	1,001,630	862,612	918,903	1,302,637	4,907,486
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	821,704	1,001,630	862,612	918,903	1,302,637	4,907,486
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,142,440

amount shown on the 11, column (1)			
Public support. Subtract line 5 from line 4			
Section B. Total Support			
Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015
Amounts from line 4	821,704	1,001,630	862,6
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123	8,058	4,8
Net income from unrelated husiness			

Public support. Subtract line 5 from line 4						3,765,046
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c) 2015	(d) 2016	(e)2017	(f)Total
7 Amounts from line 4	821,704	1,001,630	862,612	918,903	1,302,637	4,907,486
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123	8,058	4,802	3,096	6,287	22,366
Net income from unrelated business activities, whether or not the business is regularly carried on						

	(or fiscal year beginning iii)							1
7	Amounts from line 4	821,704	1,001,630	862,612	918,903	1	1,302,637	4,907,486
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123	8,058	4,802	3,096		6,287	22,366
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	355			3,493			3,848
L1	Total support. Add lines 7 through 10							4,933,700
L2	Gross receipts from related activities, e	etc (see instruction	ons)			12		145,819
L3	First five years. If the Form 990 is fo	r the organization	's first, second, th	rd, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	janization,
	check this box and stop here						<u> ▶ L</u>	
S	ection C. Computation of Public	Support Perc	entage					
14	Public support percentage for 2017 (lin	ne 6. column (f) di	vided by line 11. c	olumn (f))		14		76 310 %

	business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	355			3,493			3,848
11	Total support. Add lines 7 through 10							4,933,700
12	Gross receipts from related activities, e	etc (see instructio	ons)			12		145,819
13	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fifth	n tax year as a sec	tion 501((c)(3) org	janization,
	check this box and stop here						▶[
S	ection C. Computation of Public	Support Perc	entage					
14	Public support percentage for 2017 (lin	ie 6, column (f) di	ivided by line 11,	column (f))		14		76 310 %

.2	Gross receipts from related activities, etc. (see instructions)	12		145,819					
.3	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	on 501	(c)(3) organizatio	n,					
	check this box and stop here		▶ 🗆						
S	Section C. Computation of Public Support Percentage								
.4	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14		76 310 %					

check this box and stop here in the internal internal in the internal inter						
Section C. Computation of Public Support Percentage		_				
4 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	76 310 %				
5 Public support percentage for 2016 Schedule A, Part II, line 14	15	82 150 %				
6a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box						

3	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	76 310 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	82 150 %
16a	33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 13, and line 14 is 33 1/3% or not check the box on line 14 is 33 1/3% or not check the box on line 14 is 33 1/3% or not check the box on line 14 is 33 1/3% or not check the box of check the box	nore, c	heck this box
	and stop here. The organization qualifies as a publicly supported organization		▶ ☑
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	% or n	nore, check this

15	Public support percentage for 2016 Schedule A, Part II, line 14	15	82 150 %
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, c	heck this box
ь	and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/34	% or m	► ☑ nore, check this
	box and stop here. The organization qualifies as a publicly supported organization		▶ 🗆
	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, a is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	. Expla	ain

h 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

Р	art III Support Schedule for	Organization	s Described in	Section 509(a	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 t	the tests listed I	pelow, please co	omplete Part II.)					
Se	Section A. Public Support									
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20)17	(f) Total		
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants ")						\longrightarrow			
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 business									
4	under section 513 Tax revenues levied for the						+			
4	organization's benefit and either paid									
	to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
_	the organization without charge									
6	Total. Add lines 1 through 5									
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
Ь	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									
_	Add lines 7a and 7b						-			
8	Public support. (Subtract line 7c						-			
•	from line 6)									
Se	ction B. Total Support									
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20	117	(f) Total		
_	(or fiscal year beginning in) ▶	(4) 2013	(5) 2011	(0, 2013	(4) 2010	(0) 2.		(1) Total		
9	Amounts from line 6									
0a	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties and									
	income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975									
С	Add lines 10a and 10b									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is									
	regularly carried on									
12	Other income Do not include gain or loss from the sale of capital assets									
	(Explain in Part VI)									
13	Total support. (Add lines 9, 10c,									
	11, and 12)	u Hara a sura di di			<u> </u>	5011	-)(2)			
L4	First five years. If the Form 990 is for	r the organization	is first, second, th	nira, fourth, or fift	n tax year as a sect	on 501(c)(3) org	_		
e-	check this box and stop here ection C. Computation of Public S	Support Bores	ntage					▶□		
<u> </u>	Public support percentage for 2017 (lin			column (f))		15				
15 16	Public support percentage from 2016 S									
		•	•			16				
	ection D. Computation of Investi Investment income percentage for 201			line 13 column (f))	1 4 - 1				
L7	investment income percentage for 201	is (iiiie toc, colul	iii (i) aivided by	mie 15, column (1	//	17				

Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

ightharpoons

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

			Yes	No
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			
	ın section 509(a)(1) or (2)	2		

	they describe in the supported organization and accignated by diase or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
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		
	ın 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		

		~	l 1	
3а	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	3с		

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 ın 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	4b	

	· ·						
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						
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							
	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						
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						
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						

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

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

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

	art IV Supporting Organizations (continued)		<u>'</u>	age 3		
ı C	Supporting Organizations (continued)		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
	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				
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				
S	Section 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	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				
S	Section 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 the supported organization(s)	1				
_	Section D. All Type III Supporting Organizations					
	ection b. An Type III Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?					
		1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)					
		2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3				
_	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons)				
	a The organization satisfied the Activities Test Complete line 2 below	•				
	b					
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)			
			/			
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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				
3	Parent of Supported Organizations Answer (a) and (b) below.	ΣU				
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 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				

гœ	Type 111 Non-Functionally Integrated 509(a)(5) Supporting O	ı yanı	Lativiis			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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)	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
c	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				
	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-functionally-in	tegrate	d Type III supporting or	ganızatıon (see		

Page **6**

	Section E - Distribution Allocations (see (i) (ii) (iii) (iii)
10	Line 8 amount divided by Line 9 amount
9	Distributable amount for 2017 from Section C, line 6
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions
7	Total annual distributions. Add lines 1 through 6
6	Other distributions (describe in Part VI) See instructions
_5	Qualified set-aside amounts (prior IRS approval required)

details in Part VI) See instructions		
9 Distributable amount for 2017 from Section C, line 6		
10 Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017	
Distributable amount for 2017 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
h From 2012		

instructions)	Excess Distributions	Pre-2017	Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e		_	
g Applied to underdistributions of prior years			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 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		
\$		
a Applied to underdistributions of prior years		
b Applied to 2017 distributable amount		

5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2018. Add lines 3j and 4c		

Schedule A (Form 990 or 990-EZ) (2017)

c Remainder Subtract lines 4a and 4b from 4

8 Breakdown of line 7

d Excess from 2016.

a Excess from 2013. **b** Excess from 2014. . . . **c** Excess from 2015.

e Excess from 2017.

Schedule A ((Form 990 or 990-EZ) 2	017	P.	age 8		
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part 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 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)					
			Facts And Circumstances Test			
NOO Cabaa	dula A. Cumplaman	hal Tufarmation				
990 Sched	dule A, Supplemen	tal Information				
Ret	turn Reference		Explanation			
	A, PART II, LINE 10,	MISCELLANEOUS				

EXPLANATION OF OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data - SCHEDULE C Political Campaign an

Political Campaign and Lobbying Activities

Internal Revenue Service <u>www.irs.qov/form990</u>.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

DLN: 93493212010208

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

►Complete if the organization is described below. ►Attach to Form 990 or Form 990-EZ.

►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Open to Publ Inspection

		mplete Parts I-A and B Do not complete 501(c)(3)) organizations Complete Parts		Do not complete Part R	
	Section 501(c) (other than section of Section 527 organizations Completed		s I-A and C below	Do not complete Fait 1-B	
If th	e organizatıon answered "Yes" oı	n Form 990, Part IV, Line 4, or Form 9			
		t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur			
		n Form 990, Part IV, Line 5 (Proxy Tax			
(Pro	xy Tax) (see separate instruction	s), then		,	
	Section 501(c)(4), (5), or (6) organized me of the organization	zations Complete Part III		Employer iden	tification number
	ONOMIC OPPORTUNITY INSTITUTE			Employer iden	itilication number
				91-1999302	
Pai		nization is exempt under sectio			
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities ir	n Part IV (see instructions f	or definition of
2	Political campaign activity expend	ditures (see instructions)		>	\$
3	Volunteer hours for political camp				
Pai	rt I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	•	\$
2	· ·	ax incurred by organization managers ui		>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV			=04()(0)	
		nization is exempt under sectio			
1	, ,	led by the filing organization for section	•		\$
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of reach organization listed, enter the amount that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

75,024

43,117

43,764

69,528

39,061

42,132

Lobbying ceiling amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

935.277 19,790 19,254 183,596

40,635

12,836

Schedule C (Form 990 or 990-EZ) 2017

155,880

233,820

104,032

33,067

5,300l

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

SCHEDULE D Supplemental Fina

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

2017

DLN: 93493212010208

Open to Public Inspection
Employer identification number

Pai			91-	1999302
		rised Funds or Other Sim	ilar Funds or Ac	counts.
_	Complete if the organization answered "Y	es" on Form 990, Part IV, I (a) Donor advised f		(b)Funds and other accounts
	Total number at end of year	(a) Bollot davisca i	unus	(b) and other accounts
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		eld in donor advised	funds are the
	Did the organization inform all grantees, donors, and ocharitable purposes and not for the benefit of the dono private benefit?			
Ī	t II Conservation Easements. Complete if t	the organization answered	'Yes" on Form 99(), Part IV, line 7.
	$\label{purpose} \mbox{Purpose(s) of conservation easements held by the organization} \label{eq:purpose}$	anızatıon (check all that apply)		
	Preservation of land for public use (e g , recreation	on or education) 🔲 Pres	servation of an histo	rically important land area
	Protection of natural habitat	☐ Pre	servation of a certific	ed historic structure
	Preservation of open space			
	Complete lines 2a through 2d if the organization held	a qualified conservation contrib	ution in the form of	a conservation
	easement on the last day of the tax year			Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	` ,	2c	
	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 8/17/06, and not on	a historic 2d	
	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or	terminated by the oi	ganızatıon durıng the
	Number of states where property subject to conservat	ion easement is located 🕨		
	Does the organization have a written policy regarding		tion, handling of viol	 ations, ☐ Yes ☐ No
	and enforcement of the conservation easements it hole	us'		
	Staff and volunteer hours devoted to monitoring, insper		nd enforcing conserv	
	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, a	-	vation easements during the year
	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting	ecting, handling of violations, a	forcing conservation	vation easements during the year
	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting \$ Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easement	ecting, handling of violations, a	forcing conservation ts of section 170(h) enue and expense st	vation easements during the year (4)(B)(i) Yes No atement, and
i	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting \$ Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the	ecting, handling of violations, a i, handling of violations, and er i) above satisfy the requirement isservation easements in its revi- e footnote to the organization's ints s of Art, Historical Trease	forcing conservation ts of section 170(h) enue and expense st financial statement ures, or Other Si	vation easements during the year easements during the year (4)(B)(i) Yes No atement, and s that describes
ri	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting \$ Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easements. Organizations Maintaining Collections	ecting, handling of violations, and er i, handling of violations, and er ii) above satisfy the requirement isservation easements in its reviet footnote to the organization's ints is of Art, Historical Treasities" on Form 990, Part IV, 1 iii.16 (ASC 958), not to report in in public exhibition, education, of	forcing conservation ts of section 170(h) enue and expense st in financial statement ures, or Other Si ine 8. its revenue stateme or research in furthe	vation easements during the year (4)(B)(i) Yes No atement, and s that describes milar Assets. nt and balance sheet works of
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	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting \$ \$	ecting, handling of violations, and er i, handling of violations, and er ii) above satisfy the requirement isservation easements in its reviet footnote to the organization's ints is of Art, Historical Treasing ies" on Form 990, Part IV, 1016 (ASC 958), not to report in ir public exhibition, education, of incial statements that describes into (ASC 958), to report in its in	forcing conservation ts of section 170(h) enue and expense statement ures, or Other Sine 8. Its revenue statement or research in further these items evenue statement a	vation easements during the year (4)(B)(I) Yes No atement, and s that describes milar Assets. Int and balance sheet works of rance of public service, and balance sheet works of art, e of public service, provide the
(1	Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting \$ Does each conservation easement reported on line 2(claim and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easemethe organization's accounting for conservation easemether organizations. Organizations Maintaining Collections: Complete if the organization answered "Y If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final intervious provides and the second provides of the provides of the second provides of the provide	ecting, handling of violations, and er i, handling of violations, and er ii) above satisfy the requirement isservation easements in its reviet footnote to the organization's ints is of Art, Historical Treasing ies" on Form 990, Part IV, 1016 (ASC 958), not to report in ir public exhibition, education, of incial statements that describes into (ASC 958), to report in its in	forcing conservation ts of section 170(h) enue and expense statement ures, or Other Sine 8. Its revenue statement or research in further these items evenue statement a	vation easements during the year (4)(B)(I) Yes No atement, and s that describes milar Assets. Int and balance sheet works of rance of public service, and balance sheet works of art, e of public service, provide the
(Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting \$ \$	ecting, handling of violations, and er i, handling of violations, and er i) above satisfy the requirement servation easements in its reve e footnote to the organization's nts s of Art, Historical Treas : es" on Form 990, Part IV, 1016 (ASC 958), not to report in public exhibition, education, or respect to the control of the contr	forcing conservation ts of section 170(h) enue and expense statement income section 170(h) enue and expense statement income 8. Its revenue statement as these items evenue statement a search in furtherance assets for financial sections.	vation easements during the year (4)(B)(I) Yes No atement, and s that describes Imilar Assets. Int and balance sheet works of rance of public service, and balance sheet works of art, e of public service, provide the
(1	Amount of expenses incurred in monitoring, inspecting Amount of expenses incurred in monitoring, inspecting \$\begin{array}{cccccccccccccccccccccccccccccccccccc	ecting, handling of violations, and er i, handling of violations, and er i) above satisfy the requirement servation easements in its reve e footnote to the organization's nts s of Art, Historical Treas : es" on Form 990, Part IV, 1016 (ASC 958), not to report in public exhibition, education, or respect to the control of the contr	forcing conservation ts of section 170(h) enue and expense statement income section 170(h) enue and expense statement income 8. Its revenue statement as these items evenue statement a search in furtherance assets for financial sections.	vation easements during the year (4)(B)(I) Yes No atement, and s that describes Imilar Assets. Int and balance sheet works of rance of public service, and balance sheet works of art, e of public service, provide the

Par	4!!!	Organizations M	aintaining Coi	lections of	Art, HI	Stori	cai ir	eas	ures, or	Otner	Similar A	assets (contini	ued)	
3		the organization's acq (check all that apply)	quisition, accessior	n, and other re	ecords, o		any of	the fo	ollowing t	hat are a	significant	use of it	s collec	tion	
а		Public exhibition				d		Loar	or excha	ange prog	rams				
b		Scholarly research				e		Othe	er						
С		Preservation for future	e generations												
4	Provide Part	de a description of the		lections and e	explain h	ow the	y furth	ner th	e organız	ation's ex	kempt purp	ose in			
5		ig the year, did the org s to be sold to raise fui									nılar	□ Y €	es	□ N 4	D
Par	t IV	Escrow and Cust Complete if the or X, line 21.			on Form	า 990	, Part	IV, I	ıne 9, oı	r reporte	ed an amo	ount on	Form	990,	Part
1a		e organization an agent ded on Form 990, Part		an or other in	termedia	iry for	contril	oution	ns or othe	er assets	not	☐ Y €	es	□ n	D
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete	e the foll	owina	table					Amount			_
c		nning balance		complete		- ····································			ŀ	1c					-
d	_	ions during the year							ŀ	1d					-
e		butions during the year	r						ŀ	1e					-
f		ng balance	ı						ŀ	1f					-
2a		he organization include	an amount on Fo	rm 990, Part	X, line 2	1, for e	escrow	or cu	l ustodial a		ability?				- n
ь	If "Ye	es," explain the arrange	ament in Part VIII	Check here i	ıf the evr	danatu	on has	heer	nrovide	d in Part '	¥TTT				
	rt V	Endowment Fun											• •		
			adi complete ii	(a)Current			or year			ears back	(d)Three y		(e)Fo	ır year	s back
1a	Beginn	ing of year balance .		(=)=====	,	(-)	, , , , , , , , , , , , , , , , , , , ,		(-)		(=,,		(-)	,	
b	- Contrib	outions													
С	Net inv	estment earnings, gair	ns, and losses												
		or scholarships						\neg							
e	Other e	expenditures for faciliti													
		strative expenses .													
		year balance													
2		de the estimated perce		nt year and h	aalance (line 1c	. colu	mn (=	V) held a						
² a		de the estimated perce d designated or quasi-e	=	inc year end b	Jaiance (iiie ig	, colui	IIII (C	i)) Held a	3					
		anent endowment >													
b			mant >												
С		oorarily restricted endo percentages on lines 2a		ld agual 100%	4										
За		here endowment funds				n that	are he	eld ar	nd admini	stered fo	r the				
		nization by	россо		5								Γ	Yes	No
	(i) ur	nrelated organizations										3	a(i)		
		elated organizations .											a(ii)		
		es" on 3a(II), are the re						· ·					3b		
4	_	ribe in Part XIII the inte			s enaowi	ment r	unas								
Par	t VI	Land, Buildings, Complete if the or			on Form	990	Part	TV I	ine 11a	See Foi	rm 990 P	art X Iu	ne 10		
	Descri	ption of property	(a) Cost or oth (investme	er basis ((b) Cost o						depreciation		(d) Boo		<u>;</u>
1a	Land								<u> </u>						
		gs							1			1			
		old improvements					1	.5,779	1		15,779	1			
		nent						34,763			119,783	 			14,980
								.0,332	+		10,332	1			
~	Ou let								10(c)) .		<u>10,332</u> ▶	1			14,980

	Investments—Other Securities. Complete if th See Form 990, Part X, line 12.					
	(a) Description of security or category (including name of security)		(b) Book value		c) Method of valuation or end-of-year marke	
	al derivatives					
(3)Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fi (a) Description of investment		art IV, lind	(4) Method of valuation	on
(1)				Cost o	r end-of-year marke	et value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
\ - /						
(9)						
	on (h) must equal Form 990 Part X col (B) line 13)					
Total. (Colum	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
Total. (Colum Part IX			n 990, Part	IV, line 11d Se		line 15 (b) Book value
Total. (Column Part IX	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
Part IX (1) (2)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
Part IX (1) (2) (3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
Total. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
Total. (Colum Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Se		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the column	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability		es' on Fori			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the column	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.		es' on Fori	n 990, Part IV		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability		es' on Fori	n 990, Part IV		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (1) (2)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability		es' on Fori	n 990, Part IV		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (1) (2) (3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability		es' on Fori	n 990, Part IV		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colume Part X) 1. (1) Federal (1) (2) (3) (4)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability		es' on Fori	n 990, Part IV		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability		es' on Fori	n 990, Part IV		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability		es' on Fori	n 990, Part IV		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columate No. 1) (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability		es' on Fori	n 990, Part IV		

Page 4

20 2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4h 4c

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 1

2e

3

4c

5

26 3

3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4

Schedule D (Form 990) 2017

2

h

3

4

5

1

2

b

Part XII

Investment expenses not included on Form 990, Part VIII, line 7b . . .

2a

2h

2a

2h

2c

2d

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation Schedule D (Form 990) 2017

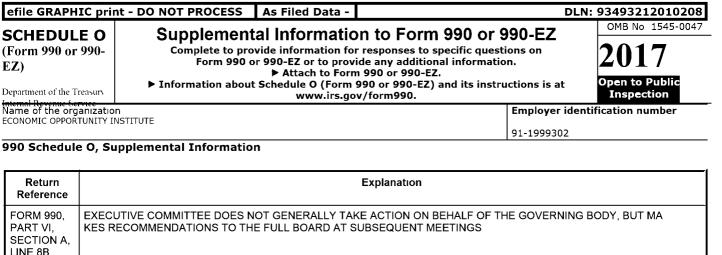
 orm 990) 2017 Supplemental Info	Page 5	
:urn Reference	Explanation	
		Schedule D (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493212010208 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization ECONOMIC OPPORTUNITY INSTITUTE 91-1999302 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants | Mail solicitations ☐ Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **ANNUAL DINNER** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 111,262 111,262 2 Less Contributions. 88,015 88,015 3 Gross income (line 1 minus 23,247 line 2) 23,247 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 8,999 8,999 7 Food and beverages 20,473 20,473 8 Entertainment 250 250 9 Other direct expenses 8.269 8,269 **10** Direct expense summary Add lines 4 through 9 in column (d) 37,991 11 Net income summary Subtract line 10 from line 3, column (d) . -14,744 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain . Schedule G (Form 990 or 990-EZ) 2017

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3				
11	Does the organization conduct gaming	activities with nonmember	rs?		Yes	□No					
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes						
13	Indicate the percentage of gaming act	ivity conducted in									
а	The organization's facility			13a			%				
b	An outside facility			13b			%				
14	Enter the name and address of the pe	rson who prepares the orga	anization's gaming/special events books and re	ecords							
	Name >										
	Address P										
15a	Does the organization have a contract revenue?	with a third party from wh	om the organization receives gaming		□Yes	□No					
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b			ne							
С	If "Yes," enter name and address of the	ne third party									
	Name ►										
	Address ►										
16	Gaming manager information										
	Name ►										
	Gaming manager compensation ► \$		·····								
	Description of services provided ▶										
	☐ Director/officer	☐ Employee	☐ Independent contractor								
17	Mandatory distributions										
а	Is the organization required under sta retain the state gaming license?	te law to make charitable d	listributions from the gaming proceeds to		Yes	Пио					
b	·		uted to other exempt organizations or spent								
Dar	in the organization's own exempt active tive Supplemental Information		tions required by Part I, line 2b, column	s (m) s	and (v): a	nd Dart					
لكس			plicable. Also provide any additional info				s)				
	Return Reference		Explanation								

Schedule G (Form 990 or 990-EZ) 2017



Return Explanation

990 Schedule O. Supplemental Information

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation Reference

990 Schedule O. Supplemental Information

FORM 990,
PART VI,
SECTION B,
LINE 12C

ALL EOI BOARD MEMBERS AND THE EXECUTIVE DIRECTOR REVIEW AND SIGN A QUESTIONNAIRE DESIGNED
TO REVEAL POTENTIAL CONFLICTS OF INTEREST THE MANAGING DIRECTOR (NOT A KEY EMPLOYEE) COLL
ECTS AND REVIEWS THE FORMS FOR POTENTIAL CONFLICTS, AND BRINGS THEM UP FOR REVIEW BY EXECU
TIVE DIRECTOR AND BOARD OFFICERS THE CONFLICT OF INTEREST POLICY DETAILS HOW THE DETERMIN
ATION OF CONFLICT IS MADE AND THE LEVEL AT WHICH ACTUAL CONFLICTS ARE REVIEWED

Return Explanation

990 Schedule O. Supplemental Information

FORM 990, PART VI, ORGANIZATION'S OFFICE UPON REQUEST SECTION C, LINE 19

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990, PART IX, LINE 11G