

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2017Open to Public
Inspection**A** For the 2017 calendar year, or tax year beginning **01/01, 2017**, and ending **09/30, 2017****B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organizationSINGLE STOP USA, INC.

Doing business as

Number and street (or P O box if mail is not delivered to street address)

123 WILLIAM STREET

Room/suite

901

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10038**D** Employer identification number20-8837690**E** Telephone number(212) 480-2870**G** Gross receipts \$12,669,025.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

I Tax-exempt status☒ 501(c)(3)☐ 501(c)()

(Insert no)

☒ 4947(a)(1) or☐ 527**J** Website: WWW.SINGLESTOPUSA.ORG**H(c)** Group exemption number**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation 2007**M** State of legal domicileNY**Part I** Summary

1 Briefly describe the organization's mission or most significant activities SINGLE STOP USA IS A NATIONAL PROGRAM THAT STRIVES TO SLASH POVERTY NATIONWIDE THROUGH ITS HIGHLY EFFECTIVE "ONE-STOP-SHOP" APPROACH.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 10.

4 Number of independent voting members of the governing body (Part VI, line 1b) 6 10.

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 0.

6 Total number of volunteers (estimate if necessary) 6 0.

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		15,812,573.	11,247,375.
9 Program service revenue (Part VIII, line 2g)		467,000.	567,309.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,170.	2,129.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		177,910.	852,212.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,476,653.	12,669,025.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,117,013.	8,092,258.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,405,945.	2,719,298.
16a Professional fundraising fees (Part IX, column (A), line 11e)		146,810.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>187,168.</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,255,061.	1,619,082.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		21,924,829.	12,430,638.
19 Revenue less expenses Subtract line 18 from line 12		-5,448,176.	238,387.
20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)		10,003,544.	11,753,728.
22 Net assets or fund balances Subtract line 21 from line 20		5,593,563.	9,518,760.
		4,409,981.	2,234,968.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Karen Wegmann 8/15/18
Signature of officer Date

▶ Karen Wegmann, CFO
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name SCOTT THOMPSETT Preparer's signature Scott Thompson Date 8/15/2018 Check ☐ if self-employed **PTIN** P00741490

Firm's name ▶ GRANT THORNTON LLP Firm's EIN ▶ 36-6055558

Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013 Phone no 212-599-0100

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

949 10

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ 10,911,875 including grants of \$ 8,092,258) (Revenue \$ 567,309)

ATTACHMENT 2

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 10,911,875

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 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	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 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 services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
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	11c	X
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f 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	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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.	X	
22 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.		X
23 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," complete Schedule J.		X
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 complete Schedule K. If "No," go to line 25a.		X
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 to defease any tax-exempt bonds?		
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," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 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? If "Yes," complete Schedule L, Part II.		X
27 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 of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒ X

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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.	2a 0		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b 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		X
b If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</u>			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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).			
a 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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
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.			
a 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section 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		
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		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		X
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**.

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ 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 interest 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 records **►**
KAPEN WEGMANN 633 THIRD AVENUE NEW YORK, NY 10017-6706 212-727-4200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.

- List all of the organization's **former** officers, key employees, and 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 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.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN GROSSMAN DIRECTOR	1 00 0	X						0	0	0
(2) ANGELA DIAZ DIRECTOR	1 00 0	X						0	0	0
(3) DANIEL SIMKOWITZ PRESIDENT	1 00 0.	X		X				0	0	0.
(4) DAVID LANDAU TREASURER	1 00 0.	X		X				0	0	0
(5) HERBERT STURZ SECRETARY	1 00 0	X		X				0	0	0
(6) JENNIFER SCOTT VICE PRESIDENT	1 00 0	X		X				0	0	0
(7) JOHN KENNEDY TREASURER	1 00 0	X		X				0	0	0
(8) MICHAEL W WEINSTEIN CHAIRMAN	0 0	X		X				0	0	0
(9) STEPHEN TOUPS DIRECTOR	1 00 0	X						0	0	0
(10) PETER EDELMAN DIRECTOR (THRU 02/2017)	1 00 0	X						0	0	0
(11) R. GILES WHITING DIRECTOR	1 00 0	X						0	0	0
(12) KAREN WEGMANN CFO FOR FEDCAP	1 00 40 00			X				0	0	0
(13) CHRISTINE MCMAHON PRESIDENT & CEO FOR FEDCAP	1 00 40 00			X				0	0	0
(14) JOSEPH GIANNETTO COO FOR FEDCAP	1 00 40 00			X				0	0	0

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
---	---	---

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0
---	--	---

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,247,375				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		11,247,375				
Program Service Revenue	2a	REHABILITATION AND VOCATIONAL PROGRAMS	Business Code 624310	567,309	567,309			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		567,309				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		2,129			2,129
4		Income from investment of tax-exempt bond proceeds		0				
5		Royalties		626,500			626,500	
		(i) Real	(ii) Personal					
6a		Gross rents						
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)		225,658			225,658	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)		0				
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events		0				
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS REVENUE	900099	54			54		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		54					
12	Total revenue. See instructions		12,669,025	567,309		854,341		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete 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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,092,258	8,092,258		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	2,205,155	1,672,881	373,967	158,307
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,959	27,299	5,272	388
9 Other employee benefits	322,327	216,964	89,209	16,154
10 Payroll taxes	158,857	123,383	23,708	11,766
11 Fees for services (non-employees)				
a Management	10,018		10,018	
b Legal	13,440		13,440	
c Accounting	41,294		41,294	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	324,182	220,534	103,648	
12 Advertising and promotion	0			
13 Office expenses	149,233	88,148	61,018	67
14 Information technology	163,888	111,703	52,185	
15 Royalties	0			
16 Occupancy	449,851	172,335	277,516	
17 Travel	94,439	46,118	47,835	486
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,899	270	5,629	
20 Interest	26		26	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	156,708		156,708	
23 Insurance	3,204		3,204	
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 BANK FEES	5,851		5,851	
b BAD DEBT EXPENSE	1,432		1,432	
c STIPEND	1,296	1,296		
d MISCELLANEOUS EXPENSES	198,321	138,686	59,635	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,430,638	10,911,875	1,331,595	187,168
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,360	1	79,423
	2 Savings and temporary cash investments	7,342,274	2	1,387,358
	3 Pledges and grants receivable, net	1,507,102	3	2,324,083
	4 Accounts receivable, net	233,430	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 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) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	117,728	9	46,380
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 957,614		
	b Less accumulated depreciation	10b 156,288	10c	801,326
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	271,790	15	7,115,158
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,003,544	16	11,753,728	
Liabilities	17 Accounts payable and accrued expenses	319,420	17	4,283,971
	18 Grants payable	2,394,824	18	0
	19 Deferred revenue	2,485,700	19	4,814,019
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	393,619	25	420,770
	26 Total liabilities. Add lines 17 through 25	5,593,563	26	9,518,760
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-989,034	27	800,551
	28 Temporarily restricted net assets	5,399,015	28	1,434,417
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,409,981	33	2,234,968
	34 Total liabilities and net assets/fund balances.	10,003,544	34	11,753,728

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,669,025
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,430,638
3	Revenue less expenses Subtract line 2 from line 1	3	238,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,409,981
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-515,819
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,897,581
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,234,968

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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? 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 Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations.
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2017

JSA
7E1210 1 000

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V 17-6 3F

6436930-53802

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	26,616,686	33,254,157	23,971,644	15,812,573	11,247,375	110,902,435
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total Add lines 1 through 3	26,616,686	33,254,157	23,971,644	15,812,573	11,247,375	110,902,435
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).						0
6 Public support Subtract line 5 from line 4						110,902,435

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	26,616,686	33,254,157	23,971,644	15,812,573	11,247,375	110,902,435
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,399	9,036	60,317	19,170	2,129	108,051
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) - ATCH. 1	45,534	19,765	10,692	177,910	54	253,955
11 Total support Add lines 7 through 10						111,264,441
12 Gross receipts from related activities, etc (see instructions)					12	2,957,153
13 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	99.67%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.11%
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 more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
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 more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% 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. ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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	
c 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	

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 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	

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

	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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.		
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	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide 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)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in 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			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018 Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS	45,534	19,765	10,692	177,910	54	253,955
TOTALS	<u>45,534</u>	<u>19,765</u>	<u>10,692</u>	<u>177,910</u>	<u>54</u>	<u>253,955</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SINGLE STOP USA, INC

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.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number

20-8837690

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year.		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Temporarily restricted endowment ► _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 179,946 | 32,268 | 147,678 |
| d Equipment | | 29,214 | 5,822 | 23,392 |
| e Other | | 748,454 | 118,198 | 630,256 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) | | | | 801,326 |

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ►

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY ACCTS RECEIVABLE	7,115,158
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	7,115,158

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE OBLIGATION	420,770
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	420,770

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48.

SINGLE STOP USA, INC DOES NOT RECEIVE ITS OWN STANDALONE AUDITED FINANCIAL STATEMENTS, ITS OPERATIONS ARE INCLUDED WITHIN THE FINANCIAL STATEMENTS OF ITS PARENT ORGANIZATION FEDCAP REHABILITATION SERVICES, INC THE FIN-48 FOOTNOTE REPRODUCED BELOW IS FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

FRS, WILDCAT, RESERVE, CWS, ESNY, 1184, GP, ESRI, SEACOAST AND SS FOLLOW GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED

FRS, WILDCAT, RESERVE, CWS, ESNY, GP ESRI, SEACOAST AND SS ARE EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR RESPECTIVE EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE THESE ORGANIZATIONS HAVE PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF THEIR TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE THEIR FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH THEY HAVE NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED

Part XIII Supplemental Information (continued)

TAX POSITIONS

FRS, WILDCAT RESERVE, CWS, ESNY, GP, ESRI, SEACOAST AND SS HAVE
DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT
REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

OMB No 1545-0047

2017

Open to Public Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALAMANCE COMMUNITY COLLEGE POST OFFICE BOX 8000 GRAHAM, NC 27253	58-1511004	501 (C) (3)	38,000				GENERAL SUPPORT
(2) ARIVA, INC 69 E 167TH ST BRONX, NY 10452	32-0028598	501 (C) (3)	104,500				GENERAL SUPPORT
(3) BEDFORD STUYVESANT RESTORATION CORPORATION 1368 FULTON STREET BROOKLYN, NY 11216	11-6083182	501 (C) (3)	81,250				GENERAL SUPPORT
(4) BROOKLYN CHINESE AMERICAN ASSOC 5002 8TH AVE BROOKLYN, NY 11220	11-3065859	501 (C) (3)	37,500				GENERAL SUPPORT
(5) CENTER FOR URBAN COMMUNITY SERVICE 198 E 121 ST 6TH FL NEW YORK, NY 10035	13-3687891	501 (C) (3)	319,548				GENERAL SUPPORT
(6) CENTRAL PIEDMONT COMMUNITY COLLEGE PO BOX 35009 CHARLOTTE, NC 28235	56-0890420	501 (C) (3)	135,000				GENERAL SUPPORT
(7) CHINESE AMERICAN PLANNING COUNCIL 150 ELIZABETH ST NEW YORK, NY 10012	13-6202692	501 (C) (3)	37,500				GENERAL SUPPORT
(8) COMMUNITY COLLEGE OF PHILADELPHIA 1700 SPRING GARDEN PHILADELPHIA, PA 19130	23-2612698	501 (C) (3)	116,845				GENERAL SUPPORT
(9) COMMUNITY LEGAL SVCS OF PHILADELPHIA 1424 CHESTNUT ST PHILADELPHIA, PA 19102	23-1671562	501 (C) (3)	31,650				GENERAL SUPPORT
(10) CUCS-CENTER FOR URBAN COMMUNITY SVCS 198 E 121ST ST 6TH FL NEW YORK, NY 10035	13-3687891	501 (C) (3)	585,000				GENERAL SUPPORT
(11) DAVIDSON COMMUNITY COLLEGE PO BOX 1974 LEXINGTON, NC 27293	23-7079347	501 (C) (3)	19,000				GENERAL SUPPORT
(12) DAVIS RESEARCH FOUNDATION 1601 BAYSHORE HWY BURLINGAME, CA 94010	94-3081979	501 (C) (3)	21,535				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DELGADO COMMUNITY COLLEGE 501 CITY PARK AVE NEW ORLEANS, LA 70119	72-1123204	501 (C) (3)	20,625				GENERAL SUPPORT
(2) ESSEX COUNTY COLLEGE 303 UNIVERSITY AVE NEWARK, NJ 07102	51-0171183	501 (C) (3)	28,456				GENERAL SUPPORT
(3) FOOD BANK OF NEW YORK CITY 39 BROADWAY, 10TH FL NEW YORK, NY 10006	13-3179546	501 (C) (3)	1,584,235				GENERAL SUPPORT
(4) FORTUNE SOCIETY 29-76 N BLVD LONG ISLAND CITY, NY 11101	13-2645436	501 (C) (3)	152,750				GENERAL SUPPORT
(5) GODDARD RIVERSIDE COMMUNITY CENTER 593 COLUMBUS AVENUE NEW YORK, NY 10024	13-1893908	501 (C) (3)	133,250				GENERAL SUPPORT
(6) GOOD SHEPHERD SERVICES 305 SEVENTH AVE 9TH FL NEW YORK, NY 10001	13-5598710	501 (C) (3)	346,000				GENERAL SUPPORT
(7) GRAND STREET SETTLEMENT 80 PITT STREET NEW YORK, NY 10002	13-5562230	501 (C) (3)	78,000				GENERAL SUPPORT
(8) GROW BROOKLYN 1474 MYRTLE AVE BROOKLYN, NY 11237	26-1410513	501 (C) (3)	55,000				GENERAL SUPPORT
(9) HEALTH LEADS 24 SCHOOL ST 6TH FL BOSTON, MA 02108	45-0484533	501 (C) (3)	250,000				GENERAL SUPPORT
(10) HENRY STREET SETTLEMENT 265 HENRY STREET NEW YORK, NY 10002	13-1562242	501 (C) (3)	26,560				GENERAL SUPPORT
(11) HUNGER FREE NEW YORK 50 BROAD ST STE 1103 NEW YORK, NY 10004	13-3471350	501 (C) (3)	78,000				GENERAL SUPPORT
(12) JAMES SPRUNT COMMUNITY COLLEGE PO BOX 398 KENANSVILLE, NC 28349	23-7405675	501 (C) (3)	71,250				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

OMB No 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LEGAL AID SOCIETY 199 WATER STREET NEW YORK, NY 10038	13-5562265	501 (C) (3)	110,250				GENERAL SUPPORT
(2) LIFT 999 N CAPITOL ST NE WASHINGTON, DC 20002	52-2168409	501 (C) (3)	65,000				GENERAL SUPPORT
(3) LIVEON NYC 460 W 34TH ST 15TH FL NEW YORK, NY 10001	13-2945229	501 (C) (3)	10,000				GENERAL SUPPORT
(4) MADISON STRATEGIES 1250 BROADWAY, SUITE 810 NEW YORK, NY 10001	27-2323749	501 (C) (3)	52,000				GENERAL SUPPORT
(5) MAKE THE ROAD 301 GROVE ST BROOKLYN, NY 11237	11-3344389	501 (C) (3)	15,000				GENERAL SUPPORT
(6) MEDICARE RIGHTS CENTER 266 WEST 37TH STREET NEW YORK, NY 10018	13-3505372	501 (C) (3)	39,000				GENERAL SUPPORT
(7) MET COUNCIL 339 LAFAYETTE STREET NEW YORK, NY 10012	13-3539627	501 (C) (4)	37,500				GENERAL SUPPORT
(8) NASH COMMUNITY COLLEGE PO BOX 7488 ROCKY MOUNT, NC 27804	258-1587982	501 (C) (3)	65,616				GENERAL SUPPORT
(9) NEW YORK COMMON PANTRY FORMERLY - YORKVILLE 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501 (C) (3)	225,000				GENERAL SUPPORT
(10) NEW YORK COUNTY DISTRICT ATTORNEY'S OFFICE 1 HOGAN PL NEW YORK, NY 10013			125,000				GENERAL SUPPORT
(11) NEW YORK IMMIGRATION COALITION 131 W 33RD ST STE 610 NEW YORK, NY 10001	13-3573409	501 (C) (3)	42,000				GENERAL SUPPORT
(12) NEW YORK LEGAL ASSISTANCE GROUP 7 HANOVER SQ 18TH FL NEW YORK, NY 10004	13-3505428	501 (C) (3)	442,000				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

OMB No 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW YORK-PRESBYTERIAN HOSPITAL 55 PALMER AVE BRONXVILLE, NY 10708	13-1740110	501 (C) (3)	61,250				GENERAL SUPPORT
(2) PART OF SOLUTION 2759 WEBSTER AVE BRONX, NY 10458	13-3425071	501 (C) (3)	70,000				GENERAL SUPPORT
(3) PROJECT HOSPITALITY 100 PARK AVE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)	317,232				GENERAL SUPPORT
(4) PUBLIC HEALTH SOLUTIONS 40 WORTH ST 5TH FLOOR NEW YORK, NY 10013	13-5669201	501 (C) (3)	224,639				GENERAL SUPPORT
(5) QUEENS COMMUNITY HOUSES 108-25 62ND DR QUEENS, NY 11375	11-2375583	501 (C) (3)	23,300				GENERAL SUPPORT
(6) RIKERS 993 CARROLL ST APT D3 BROOKLYN, NY 11225	81-4128135	501 (C) (3)	578,500				GENERAL SUPPORT
(7) RIVER FUND 89-11 LEFFERTS BLVD RICHMOND HILL, NY 11418	11-3450363	501 (C) (3)	115,000				GENERAL SUPPORT
(8) ROBIN HOOD FOUNDATION 826 BROADWAY 9TH FLOOR NEW YORK, NY 10003	13-3441066	501 (C) (3)	40,000				GENERAL SUPPORT
(9) SEEDCO 22 CORTLANDT ST NEW YORK, NY 10007	13-2875743	501 (C) (3)	37,500				GENERAL SUPPORT
(10) ST JOHN'S BREAD AND LIFE 795 LEXINGTON AVE BROOKLYN, NY 11221	11-3174514	501 (C) (3)	100,000				GENERAL SUPPORT
(11) SUNNYSIDE COMMUNITY HOUSES 43-31 39TH STREET SUNNYSIDE, NY 11104	51-0189327	501 (C) (3)	35,120				GENERAL SUPPORT
(12) THE FINANCIAL CLINIC 254 36TH ST STE B321 BROOKLYN, NY 11232	76-0833915	501 (C) (3)	130,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶▶
- 3 Enter total number of other organizations listed in the line 1 table ▶▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

OMB No 1545-0047

2017

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE FORTUNE SOCIETY 29-76 N BLVD LONG ISLAND CITY, NY 11101	13-2645436	501 (C) (3)	6,457				GENERAL SUPPORT
(2) UNITED WAY OF GREATER PHILADELPHIA 1709 BENJAMIN FNKLIN PHILADELPHIA, PA 19103	23-1556045	501 (C) (3)	50,087				GENERAL SUPPORT
(3) URBAN JUSTICE CENTER 40 RECTOR ST NEW YORK CITY, NY 10006	13-3442022	501 (C) (3)	162,500				GENERAL SUPPORT
(4) URBAN UPBOUND 12-11 40TH AVE LONG ISLAND CITY, NY 11101	86-1096987	501 (C) (3)	75,427				GENERAL SUPPORT
(5) WAKE TECH COMMUNITY COLLEGE 9101 FAYETTEVILLE RD RALEIGH, NC 27603	23-7017752	501 (C) (3)	42,500				GENERAL SUPPORT
(6) WAKE TECHNICAL FOUNDATION 9101 FAYETTEVILLE RD RALEIGH, NC 27603	23-7017752	501 (C) (3)	21,250				GENERAL SUPPORT
(7) WEST SIDE CAMPAIGN AGAINST HUNGER 263 W 86TH ST NEW YORK, NY 10024	71-0908184	501 (C) (3)	150,000				GENERAL SUPPORT
(8) WINSTON SALEM STATE UNIVERSITY 601 S MLK JR DR WINSTON-SALEM, NC 27110	56-0989620	501 (C) (3)	38,000				GENERAL SUPPORT
(9) WOMANS HOUSING & ECO DEV CORP (WHEDCO) 50 E 168TH ST BRONX, NY 10452	11-3099604	501 (C) (3)	84,500				GENERAL SUPPORT
(10) NEW YORK PUBLIC LIBRARY 476 FIFTH AVENUE NEW YORK, NY 10018	13-1887440	501 (C) (3)	125,000				GENERAL SUPPORT
(11) THE CHILD CENTER OF NEW YORK 118-35 QUEENS BLVD FOREST HILLS, NY 11375	11-1733454	501 (C) (3)	11,200				GENERAL SUPPORT
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 57
- 3 Enter total number of other organizations listed in the line 1 table 2

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FORM 990, SCHEDULE I

SINGLE STOP USA UNDERTAKES RIGOROUS PROCEDURES TO MONITOR THE USE OF GRANTED FUNDS TO THE VARIOUS ORGANIZATION IT SUPPORTS PAYMENTS ARE ONLY MADE TO GRANTEES AFTER A GRANT AGREEMENT IS DULY EXECUTED BETWEEN THE PARTIES GRANTEES ARE REQUIRED TO SUBMIT EXPENSE REPORTS ON EITHER AN ANNUAL OR A SEMI-ANNUAL BASIS, (DEPENDING ON THE SIZE OF THE GRANT) TO SUBSTANTIATE THE BUSINESS PURPOSE OF ALL PAYMENTS (TO ENSURE THEY ALIGN WITH THE ORGANIZATION'S TAX-EXEMPT MISSION AND THE TERMS OF THE GRANT AGREEMENT) ADDITIONAL PAYMENTS ARE MADE ONCE THE GRANTEE HAS ESTABLISHED THAT IT HAS MET ALL GRANT REQUIREMENTS AND SINGLE STOP HAS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

APPROVED THE ISSUED INTERIM OR FINAL REPORTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

SINGLE STOP USA, INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

20-8837690

FORM 990, PART V, LINES 1A AND 2A

SINGLE STOP USA WAS ACQUIRED BY FEDCAP REHABILITATION SERVICES, INC IN
2017 SINGLE STOP USA FORMERLY OPERATED ON A CALENDAR YEAR BASIS, TO
BRING IT INTO CONFORMITY WITH THE FINANCIAL YEAR OF ITS NEW PARENT
(FEDCAP), IT ELECTED TO CHANGE ITS YEAR END TO SEPTEMBER 30 THE FORM
990, PART V, LINES 1A AND 2A REQUIRE REPORTING OF DATA THAT IS COMPILED
ON FORMS FILED FOR THE 2017 CALENDAR YEAR, ACCORDINGLY, SINGLE STOP IS
REPORTING 0 AS NO SUCH FILINGS WERE COMPLETED FOR THE SHORT PERIOD ENDING
SEPTEMBER 30, 2017 THIS DATA WILL BE REPORTED ON SINGLE STOP'S
SUCCEEDING YEAR FORM 990

FORM 990, PART VI, LINE 4

SINGLE STOP USA, INC AMENDED ITS BYLAWS IN DECEMBER OF 2017 TO REFLECT
ITS ACQUISITION BY FECA REHABILITATION SERVICES, INC (ITS NEW PARENT
ORGANIZATION) THE AMENDMENTS TO THE BYLAWS REFLECTED THE NEW POWERS
AND RESPONSIBILITIES OF THE ORGANIZATION'S SOLE MEMBER - FEDCAP
REHABILITATION SERVICES, INC

FORM 990, PART VI, LINE 6

SINGLE STOP USA, INC 'S SOLE MEMBER IS ITS PARENT ORGANIZATION, FEDCAP
REHABILITATION SERVICES, INC

FORM 990, PART VI, LINE 7A

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

FEDCAP REHABILITATION SERVICES, INC IS THE SOLE MEMBER OF SINGLE STOP
USA, INC THE MEMBER SHALL SELECT FO THE BOARD OF DIRECTORS OF THIS
CORPORATION AND SHALL HAVE THE POWER TO REMOVE ANY DIRECTOR OR OFFICER,
WITH OR WITHOUT CAUSE

FORM 990, PART VI, LINE 7B

CERTAIN ACTIONS, AS IDENTIFIED IN THE SINGLE STOP BYLAWS, REQUIRE THE
PRIOR AFFIRMATIVE VOTE OR WRITTEN CONSENT OF THE SOLE MEMBER BEFORE THE
BOARD OF DIRECTORS CAN ACT

1 AMENDING, RESTATING OR REVOKING ITS CERTIFICATE OF INCORPORATION OR
ITS BY-LAWS,

2 PERMIT OR APPROVE ITS MERGER OR CONSOLIDATION WITH OR INTO ANY OTHER
ENTITY OR

3 PERMIT OR APPROVE ITS CONVERSION INTO ANOTHER FORM OF ENTITY;

4 TAKE ANY ACTION, OR KNOWINGLY FAIL TO TAKE ANY ACTION, AS A RESULT OF
WHICH ACTION OR INACTION THE CORPORATION SHALL CEASE TO QUALIFY AS A
NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM TAXATION UNDER SECTION 501(C)(3)
OF THE U S INTERNAL REVENUE CODE, AS AMENDED (THE "CODE"),

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

- 5 ADOPT A BUDGET OR MAKE A MATERIAL CHANGE TO AN EXISTING BUDGET,
- 6 DIVEST ITSELF OF ANY LINE OF BUSINESS, OR ANY OTHER BUSINESS ENTITY,
OWNED OR CONTROLLED BY IT,
- 7 PERMIT OR APPROVE THE FILING BY IT OF A PETITION FOR BANKRUPTCY
- 8 PERMIT OR APPROVE THE SALE OF ALL OR SUBSTANTIALLY ALL OR ANY MATERIAL
PART OF ITS ASSETS,
- 9 COMMENCE A LAWSUIT OR OTHER LEGAL PROCEEDING AGAINST ANY PERSON,
- 10 ADMIT A NEW MEMBER,
- 11 PERMIT OR APPROVE THE ACQUISITION OF ANY BUSINESS OR ENTITY, OR
- 12 PERMIT OR APPROVE THE INCURRING OF ANY INDEBTEDNESS FOR BORROWED
MONEY

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN
CONJUNCTION WITH FEDCAP'S FINANCIAL DEPARTMENT THE FORM 990 IS REVIEWED
BY SENIOR MANAGEMENT PRIOR TO DISTRIBUTING A COPY TO THE FULL BOARD OF
DIRECTORS FOR ITS REVIEW AND COMMENT UPON APPROVAL BY THE BOARD, THE 990

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE

FORM 990, PART VI, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

SINGLE STOP ADOPTED THE CONFLICT OF INTEREST POLICY OF ITS PARENT ORGANIZATION, FEDCAP REHABILITATION SERVICES, INC. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO THE BOARD OF DIRECTORS AND TO ALL EMPLOYEES ON AN ANNUAL BASIS. INDIVIDUALS ARE EXPECTED TO SIGN THE CONFLICT OF INTEREST POLICY AND CONFIRM THAT NO CONFLICTS EXIST. VIOLATIONS OF THE POLICY WILL SUBJECT AN EMPLOYEE TO DISCIPLINARY ACTION OR IMMEDIATE DISCHARGE. EMPLOYEES WHO HAVE KNOWLEDGE OR SUSPICION OF IMPROPER CONDUCT OR ACTIVITIES BY OTHER EMPLOYEES OR OUTSIDE PARTIES DOING BUSINESS WITH FEDCAP, ARE EXPECTED TO IMMEDIATELY BRING IT TO THE ATTENTION OF THE CEO OR DIRECTOR OF HUMAN RESOURCES.

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION

SINGLE STOP USA, INC. IS NOT REQUIRED TO DISCLOSE ANY COMPENSATION ON THIS FORM 990 FOR THE SHORT PERIOD OF JANUARY 1, 2017 THROUGH SEPTEMBER 30, 2017. COMPENSATION IS REPORTED BASED ON THE CALENDAR YEAR THAT FALLS WITHIN THE TAX YEAR REPORTED ON THE 990, SINCE NO CALENDAR YEAR FALLS WITHIN THIS SHORT PERIOD, THE 2017 COMPENSATION PAID TO THESE INDIVIDUALS WILL BE REPORTED ON THE SUCCEEDING YEAR'S FORM 990 FOR THE YEAR ENDING SEPTEMBER 30, 2018.

NEVERTHELESS, SINGLE STOP USA, INC. NOTES THAT IT DOES NOT COMPENSATE ANY

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

OF THE OFFICERS REPORTED ON THE FORM 990; THAT COMPENSATION IS PAID BY ITS SOLE MEMBER, FEDCAP REHABILITATION SERVICES, INC (THE PARENT ORGANIZATION) THE PROCESS THAT FEDCAP UNDERTAKES TO DETERMINE COMPENSATION IS AS FOLLOWS

THE BOARD OF DIRECTORS HAS ESTABLISHED A COMPENSATION COMMITTEE OF INDEPENDENT PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION AGREEMENT IN DETERMINING THE PRESIDENT'S COMPENSATION PACKAGE, THE COMPENSATION COMMITTEE CONDUCTS AN ANALYSIS OF INDUSTRY COMPARABLES FOR INDIVIDUALS PERFORMING SIMILAR JOB FUNCTIONS THE COMPENSATION COMMITTEE ULTIMATELY MAKES THE DECISIONS ABOUT THE PRESIDENT'S COMPENSATION AND MEMORIALIZES ITS DECISION IN THE BOARD MINUTES COMPENSATION AGREEMENT IN DETERMINING THE PRESIDENT'S COMPENSATION PACKAGE, THE COMPENSATION COMMITTEE CONDUCTS AN ANALYSIS OF INDUSTRY COMPARABLES FOR INDIVIDUALS PERFORMING SIMILAR JOB FUNCTIONS THE COMPENSATION COMMITTEE ULTIMATELY MAKES THE DECISIONS ABOUT THE PRESIDENT'S COMPENSATION AND MEMORIALIZES ITS DECISION IN THE BOARD MINUTES

FORM 990, PART VI, LINE 19

DISCLOSURE

SINGLE STOP USA, INC MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS THE FORM 990 IS, LIKEWISE, PUBLISHED ON WWW GUIDESTAR ORG SINGLE STOP'S ANNUAL REPORT, CONFLICT OF INTEREST POLICY, CODE OF ETHICS AND WHISTLEBLOWER POLICIES AVAILABLE, AS WELL AS ITS GOVERNING DOCUMENTS, ARE NOT ORDINARILY MADE AVAILABLE TO THE

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION

MANAGEMENT'S DISCRETION

FORM 990, PART XI, LINE 9

NET INHERENT CONTRIBUTION (\$1,947,081)

RESCINDED/REFUNDED GRANT \$49,500

TOTAL TO PART XI, LINE 9 (\$1,897,581)

ON FEBRUARY 1, 2017, FEDCAP REHABILITATION SERVICES, INC ACQUIRED AND BECAME THE SOLE MEMBER OF SINGLE STOP USA, INC THE AMOUNT REPORTED ON PART XI, LINE 9 REPRESENTS THE NET INHERENT CONTRIBUTION MADE BY FEDCAP DURING THE ACQUISITION (REPRESENTING THE EXCESS OF THE FAIR MARKET VALUE OF THE IDENTIFIABLE ASSETS OVER THE LIABILITES ON THE DATE OF ACQUISITION)

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SINGLE STOP HARNESSES AMERICA'S MOST EFFECTIVE ANTI-POVERTY TOOLS TO CREATE ECONOMIC MOBILITY FOR LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH A UNIQUE ONE-STOP SHOP, SINGLE STOP PROVIDES COORDINATED ACCESS TO A SAFETY NET WORTH NEARLY \$1 TRILLION AND SERVICES PROVIDED BY ALMOST A MILLION NONPROFITS - CONNECTING PEOPLE TO THE RESOURCES THEY NEED TO ATTAIN HIGHER EDUCATION, OBTAIN GOOD JOBS, AND ACHIEVE FINANCIAL STABILITY

AT OVER 100 SITES ACROSS 9 STATES, SINGLE STOP PARTNERS WITH

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ORGANIZATIONS THAT SERVE LOW-INCOME FAMILIES TO PROVIDE WRAPAROUND
SERVICES AND ENSURE THEIR CLIENTS HAVE ACCESS TO ALL THE MAJOR
ANTI-POVERTY RESOURCES AVAILABLE

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

OVER 46 MILLION AMERICANS LIVE IN POVERTY. CONNECTING FAMILIES TO
RESOURCES TO GET THEM OUT OF POVERTY IS A PROBLEM OF LOGISTICS,
AND SOLVING IT MEANS MOVING MILLIONS OF PEOPLE TOWARDS ECONOMIC
SECURITY. SINGLE STOP IS CREATING A NEW PATHWAY FOR ECONOMIC
MOBILITY IN AMERICA. OUR INNOVATIVE APPROACH BREAKS THE CYCLE OF
POVERTY BY LEVERAGING EXISTING FINANCIAL RESOURCES WITH
OPPORTUNITIES FOR COMPETITIVE WORKFORCE AND STRENGTHENING LOCAL
COMMUNITIES.

SINGLE STOP MEETS INDIVIDUALS AND FAMILIES ON THEIR TERMS AT THE
PLACE THEY FREQUENT MOST. OUR "ONE-STOP-SHOP" MODEL PROVIDES
UNPRECEDENTED EASE OF ACCESS TO A HOLISTIC SET OF SERVICES, IN ONE
PLACE AT ONE TIME, UTILIZING TECHNOLOGY TO CREATE MAXIMUM IMPACT.
SINCE 2007, WE HAVE CONNECTED 1 MILLION HOUSEHOLDS WITH NEARLY \$3
BILLION IN SUPPORT AND SERVICES.

SINGLE STOP WORKS WITH VARIOUS PARTNERS TO ACCOMPLISH ITS
MISSION.
LOCAL COMMUNITY ANCHORS - SINGLE STOP HELPS COMMUNITIES BREAK THE

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

ATTACHMENT 2 (CONT'D)

INTERGENERATIONAL CYCLE OF POVERTY - ONE FAMILY AT A TIME WORKING THROUGH FOOD PANTRIES, SCHOOLS, CRIMINAL JUSTICE AND HEALTH CARE CENTERS, SENIOR CENTERS, AND LIBRARIES, SINGLE STOP CONNECTS FAMILIES TO THE RESOURCES THEY NEED TO THRIVE IMPROVEMENTS IN FAMILY FINANCE HAVE BEEN SHOWN TO KEEP FAMILIES IN THEIR HOMES AND PUT FOOD ON THE TABLE IT ALSO HELPS THEIR CHILDREN STAY HEALTHY AND DO BETTER IN SCHOOL IN FACT, PARENTAL INCOME IS THE #1 PREDICTOR OF COLLEGE GRADUATION

VETERANS ORGANIZATIONS - SINGLE STOP WORKS WITH VETERANS AND THEIR FAMILIES TO MAKE THE TRANSITION BACK TO CIVILIAN LIFE MORE MANAGEABLE WHILE 6.6 MILLION VETERANS LIVE IN POVERTY, THEY ARE SOME OF THE LEAST LIKELY TO ACCESS THE SERVICES AVAILABLE TO THEM SINGLE STOP'S GOAL IS TO CHANGE THIS LANDSCAPE AND MAKE SURE THAT ALL VETERANS AND THEIR FAMILIES, REGARDLESS OF SERVICE AND DISCHARGE STATUS, HAVE ACCESS TO THE RESOURCES, SUPPORT, JOBS, AND EDUCATION THEY NEED TO SUCCEED IN CIVILIAN LIFE

COMMUNITY COLLEGES - OF THE 12 MILLION STUDENTS ENROLLED IN COMMUNITY COLLEGE, HALF DROP OUT MANY DO SO BECAUSE OF FINANCIAL BARRIERS COMPLETING SCHOOL IS NOT MERELY AN EDUCATIONAL ACHIEVEMENT, BUT LEADS TO BETTER JOBS AND A MORE SECURE FINANCIAL FUTURE THE UNEMPLOYMENT RATE FOR THOSE WITH AN ASSOCIATE'S DEGREE IS JUST OVER 4% EARLY REPORTS SHOW THAT SINGLE STOP CAN INCREASE RETENTION BY DOUBLE DIGITS, HELPING FAMILIES, INCREASING THE

Name of the organization

SINGLE STOP USA, INC

Employer identification number

20-8837690

ATTACHMENT 2 (CONT'D)

SKILLED LABOR FORCE, AND GROWING THE NATIONAL ECONOMY

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

▶ Attach to Form 990

Department of the Treasury
Internal Revenue Service

Name of the organization

SINGLE STOP USA, INC

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

Employer identification number

20-8837690

OMB No 1545-0047

2017Open to Public
Inspection**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	SINGLE STOP ACQUISITION LLC 123 WILLIAM STREET NEW YORK, NY 10038 27-0158389	SOFTWARE/TECH	NY	0	0	SSUSA
(2)	SINGLE STOP TECHNOLOGIES LLC 123 WILLIAM STREET NEW YORK, NY 10038 27-0156625	SOFTWARE OP	NY	0	0	SSUSA
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	FEDCAP REHABILITATION SERVICES 633 THIRD AVENUE NEW YORK, NY 10017 13-5645879	WORKFORCE DEV	NY	501 (C) (3)	7	N/A	X
(2)	RESERVE ELDER SERVICES, INC 633 THIRD AVENUE NEW YORK, NY 10017 81-0665063	WORKFORCE DEV	NY	501 (C) (3)	7	FEDCAP	X
(3)	COMMUNITY WORKSHOPS, INC 174 PORTLAND STREET BOSTON, MA 02114 04-2103560	WORKFORCE DEV	MA	501 (C) (3)	10	FEDCAP	X
(4)	EASTER SEALS NEW YORK, INC 633 THIRD AVENUE NEW YORK, NY 10017 13-5596808	WORKFORCE DEV	NY	510 (C) (3)	7	FEDCAP	X
(5)	GRANITE PATHWAYS 10 FERRY STREET, SUITE 307 CONCORD, NH 03301 27-0327352	WORKFORCE DEV	NH	501 (C) (3)	10	FEDCAP	X
(6)	EASTER SEALS RHODE ISLAND, INC 231 ROBINSON STREET WAKEFIELD, RI 02879 26-0833287	WORKFORCE DEV	RI	510 (C) (3)	7	FEDCAP	X
(7)	WILDCAT SERVICE CORPORATION 633 THIRD AVENUE, 6TH FLOOR NEW YORK, NY 10017 13-2725423	WORKFORCE DEV	NY	501 (C) (3)	10	FEDCAP	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990

▶ Go to www.irs.gov/Form990 for instructions and the latest informationDepartment of the Treasury
Internal Revenue Service
Name of the organization

SINGLE STOP USA, INC

Employer identification number
20-8837690

OMB No. 1545-0047

2017**Open to Public
Inspection****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	SEACOAST PATHWAYS P O BOX 1528 PORTSMOUTH, NH 03802 46-2658558	WORKFORCE DEV	NH	501 (C) (3)	7	GRANITE	X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		1a X
b	Gift, grant, or capital contribution to related organization(s).		1b X
c	Gift, grant, or capital contribution from related organization(s).		1c X
d	Loans or loan guarantees to or for related organization(s).		1d X
e	Loans or loan guarantees by related organization(s).		1e X
f	Dividends from related organization(s).		1f X
g	Sale of assets to related organization(s).		1g X
h	Purchase of assets from related organization(s).		1h X
i	Exchange of assets with related organization(s).		1i X
j	Lease of facilities, equipment, or other assets to related organization(s).		1j X
k	Lease of facilities, equipment, or other assets from related organization(s).		1k X
l	Performance of services or membership or fundraising solicitations for related organization(s).		1l X
m	Performance of services or membership or fundraising solicitations by related organization(s).		1m X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		1n X
o	Sharing of paid employees with related organization(s).		1o X
p	Reimbursement paid to related organization(s) for expenses.		1p X
q	Reimbursement paid by related organization(s) for expenses.		1q X
r	Other transfer of cash or property to related organization(s).		1r X
s	Other transfer of cash or property from related organization(s).		1s X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA

Schedule R (Form 990) 2017

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.