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 2017

Open to Public Inspection

A	For the 2	2017 cale	endar year, or tax year b	eginning	_January 1	, 2017, a	nd ending	Decen	nber 31	<u>,</u> 20 17	
B	Check if a	pplicable	C Name of organization W	orld Dental Reli	ef, Inc				D Employ	er identification n	umber
\Box	Address c	hange	Doing business as							73-1038668	
Ħ	Name cha		Number and street (or P	O. box if mail is no	t delivered to stree	et address)	Room/suite)	E Telepho	ne number	
ᆷ	initial retur	-	PO Box 747			·			·		
님			0	vince country and	1 ZIP or foreign po	etal code	L			918-251-2612	
片	Final return				z z ii or ioroigii po	Star COGO					
닏	Amended		Broken Arrow, OK 740			.			G Gross re		<u>545,450</u>
Ш	Application	n pending	F Name and address of pni							subordinates? D Yes	
			Dr. Ron Lamb, PO Box	747, Broken A	rrow, OK 74013	-0747	- 50	र्जा		es included? 🔲 Yes	
<u></u>	Tax-exem	pt status	✓ 501(c)(3)	501(c) () ◀ (insert no) L	4947(a)(1) or	L 527/) *	₽ #"N	o," attach a	a list (see instruction	ons)
<u>J_</u>	Website:	► ww	w.worlddentalrelief.com	1				H(c) Group	exemption	number ►	
K	Form of or	ganization	Corporation Trust	Association	Other ►	∬ L Yea	r of formation	n [.] 1976	M State	of legal domicile	OK
Ρ	art I	Summ	nary								
_	1 E	Briefly de	escribe the organization	n's mission or	most significa	ent activities:	World De	ental Relief	helps eq	uip and supply	dental
æ	1		nals for charity service								
ä	"									,	
Governance	2 7	Check th	is box ▶□ if the orga	nization discor	ntinued its one	erations or dis	sposed of	more than	25% of	its net assets	
ŏ			of voting members of						3		_
5			of independent voting	-	•	•			4		
Se	ı		-		-		•		<u> </u>		3
Activities &	1		mber of individuals em		=	=	•		5		4
Ę	1		mber of volunteers (es						6	<u> </u>	4
4	1		elated business reven						7a		0
	d	vet unre	lated business taxable	income from	-om 990-T, lii	ne 34		<u></u>	7b		0
								Prior Ye	ar	Current Ye	ear
Φ	8 (Contribut	tions and grants (Part	VIII, line 1h) .					378,980		450,346
Revenue	9 F	Program	service revenue (Part	VIII, line 2g)					91,260		86,954
ě	10	nvestme	ent income (Part VIII, c	olumn (A), lines	3, 4, and 7d)				38,123		6,963
Œ	11 (Other rev	enue (Part VIII, colum	n (A), lines 5, 6	d, 8c, 9c, 10c	, and 11e) .	🗀		133		1,187
			enue-add lines 8 throi						508,496		545,450
			nd similar amounts pa						0		070,700
			paid to or for member			-	` '		0		
			other compensation, er	=			-10\		167,558	<u> </u>	175 704
Expenses			onal fundraising fees (F		-		-10, <u> </u>				175,794
Ē							· · ⊢		0		0
퐀			draising expenses (Pa					. <u></u>			
_			penses (Part IX, colum				· ·		191,338		389,180
	18 T	otal exp	penses. Add lines 13-1	(must equal	Part Ko bolum	in (A), line 25)	· -		358,896		564,974
		Revenue	less expenses Subtil	actione 48 from	Yline ke	<u> </u>	• •		149,606		<19,524>
Assets or 1 Balances			ـــا "ا				Be	ginning of Cu	rrent Year	End of Ye	ar
seta	20 T	otal ass	ets (Part X, line 16) ulities (Part X, line 26)	GDEN. L	JT · ·] · ·			1	,654,732		1,723,223
\$B	21 T	otal liab	ulitues (Part X, I lno 26)-						0		0
FE	22 N	let asset	ts or fund balances. S	ubtract line 21	from line 20	<u></u>		1	,654,732		1,723,223
Pa	art II	Signat	ture Block				·			·	
Un	der penalti	es of perjui	ry, I declare that have exam	pried this return	ncluding accompa	nying schedules	and stateme	ents, and to th	e best of n	ny knowledge and	belief, it is
tru	e, correct, a	and compl	ry, I declare that have examete Declaration of preparer	(other than officer)	is based on all info	ormation of which	h preparer ha	as any knowle	edge	,	
_		1,1	h (1910 60	m	resi	dead			5-4	4-18	
Sig	an l	Signa	ature of officer	1		1 1		Dat	e	<u> </u>	· · · · · ·
He		์ ำ		emb	Dosid	out-					
	1	Type	or print name and title		I I COLC	<u> </u>					
_		'	pe preparer's name	Prepare	er's signature		Date		Т.	- PTIN	
Pa	id		po propulor o riurito	l'iopai) Date		Check [if	
Pr	eparer	 	 		···	 			self-emp	лоуец	
Us	e Only	Firm's n	ame ▶					Fırm	's EIN ▶		
			ddress ▶		ah a a G			Pho	ne no		
			s this return with the p			nstructions)	· · ·	. <i>.</i>		· · 🗌 Yes	
For	Paperwo	rk Redu	ction Act Notice, see th	e separate inst	ructions.		Cat No	11282Y		Form 9	90 (2017)





Part	O (2017			Page 2
	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Brief	ly describe the organization's mission:	<u>· · · · · · · · · · · · · · · · · · · </u>	
•		helps supply dental healthcare professionals going on short term missions of mercy to serve needy populations	with de	ntai
		throughout the world. WDR helps supply faith-based inner city clinics here in the US and charity mission clinics o		
	desp	erately needed dental supplies.		
2	prior		☐ Yes	☑ No
3	Dıd	es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program ces?	ີYes	√ No
	If "Y	es," describe these changes on Schedule O.		
4	Desc expe	cribe the organization's program service accomplishments for each of its three largest program services, a enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca otal expenses, and revenue, if any, for each program service reported.		
4a	(Coc	le: 446199) (Expenses \$ including grants of \$) (Revenue \$		1
Ta	-	provides dental supplies for more than 300 dental charity teams per year, which work in more than 60 countries t	o helo l	/ nurtina
		y people with relief from dental pain. Dr. Lamb has been on more than 180 mission trips himself and serves as a r		
		to pack and how much to pack for dental mission outreach teams. Donated dental supplies arrive at the dental m		
		house from different supply companies for charity use.		
		oothbrush distribution to needy children has grown due to our partnership with Donate A Toothbrush. Paige and		
		been directly responsible for the donation over 200,000 toothbrushes, which have been given to needy children w	ith too	thbrush
	enstr	uctions and a check up.		
4b		le:		_)
4b	WDR	has an inventory of surgical, restorative and hygiene instrument sets available for licensed dental healthcare pro		
4b	WDR rent	has an inventory of surgical, restorative and hygiene instrument sets available for licensed dental healthcare pro for charity outreaches. Dentistry relies on modern equipment, instruments and supplies to render safe and effecti	/e dent	al
4b	WDR rent treat	has an inventory of surgical, restorative and hygiene instrument sets available for licensed dental healthcare pro for charity outreaches. Dentistry relies on modern equipment, instruments and supplies to render safe and effecti ment to needy underserved populations. Whenever possible we give instruments to teams so they can leave the in	/e dent	al
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	(Cod WDR Populat no	has an inventory of surgical, restorative and hygiene instrument sets available for licensed dental healthcare profor charity outreaches. Dentistry relies on modern equipment, instruments and supplies to render safe and effection ment to needy underserved populations. Whenever possible we give instruments to teams so they can leave the intries where there are few or none available. e: 641330) (Expenses \$ including grants of \$) (Revenue \$ helps train healthcare professionals to give immediate emergency dental relief and teach preventive techniques for charge in its entirety. Classes for extractions and ART (Atraumatic Restorative Treatment) have been given to physical surgical professionals and surgical professionals to physical professionals and the physical professionals and the physical professionals and the physical professional pro	ye dent nstrume or need downl ysician	al ents in
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	(Coo WDR Populating Fithic	has an inventory of surgical, restorative and hygiene instrument sets available for licensed dental healthcare profor charity outreaches. Dentistry relies on modern equipment, instruments and supplies to render safe and effection ment to needy underserved populations. Whenever possible we give instruments to teams so they can leave the intries where there are few or none available. e: 641330) (Expenses \$ including grants of \$) (Revenue \$ helps train healthcare professionals to give immediate emergency dental relief and teach preventive techniques for charge in its entirety. Classes for extractions and ART (Atraumatic Restorative Treatment) have been given to physical surgical professionals and surgical professionals to physical professionals and the physical professionals and the physical professionals and the physical professional pro	or need downlysicianse school	olints in Jy Daded Joint Burundi,
	(Cook WDR Populatino Afric	has an inventory of surgical, restorative and hygiene instrument sets available for licensed dental healthcare profor charity outreaches. Dentistry relies on modern equipment, instruments and supplies to render safe and effectionment to needy underserved populations. Whenever possible we give instruments to teams so they can leave the intries where there are few or none available. e: 641330) (Expenses \$ Including grants of \$) (Revenue \$ helps train healthcare professionals to give immediate emergency dental relief and teach preventive techniques for lations. Dr. Ron Lamb's book, Portable Mission Dentistry, is on the WDR website for training purposes and can be charge in its entirety. Classes for extractions and ART (Atraumatic Restorative Treatment) have been given to physical dental hygien pia. We have graduated 100 and they have received their license to practice. Equipment from WDR has been installed.	or neede downly sicianse school lled in	ol in Surundi, e dental

) (Revenue \$

Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$
 Total program service expenses ►



Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	1	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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	_		
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	5		✓
_	"Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		/
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		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		- •	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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		1
С	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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII			_
b		12a		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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	/	
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	•	√
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		<u>▼</u>
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		<u>▼</u> _
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		<u>▼</u>
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		<u>▼</u>
			990	(2017)

Part	Checklist of Required Schedules (continued)			- ugo
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		✓
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			١.
		22	ļ	✓
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	1		
	employees? If "Yes," complete Schedule J		İ	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	-
	\$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	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		+
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?	24c		
d	5	24d		
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	25a		✓
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 pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			,
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	ļ	✓
26	current or former officers, directors, trustees, key employees, highest compensated employees, or		ŀ	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	İ	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		'
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			İ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
	Schedule L, Part IV	28b		1
С	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	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	✓_	
	conservation contributions? If "Yes," complete Schedule M	20	— –	├ ,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		V
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		1
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	33		✓
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	_		,
35a	or IV, and Part V, line 1	34		√
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	550		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,	İ	Ì	
	Part VI	37		✓
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.	38	✓]	

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			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			i
С	reportable gaming (gambling) with backup withholding rules for reportable gaming (gambling) withnings to prize withnoiding rules for reportable gaming (gambling) with backup withholding rules for reportable payments to veridors and	1c		ا
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	7	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		····	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
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		✓,
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
e -	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		- <u>-</u> -
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
b	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L.,
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a 7b	√	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70	✓	
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
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		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļl
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	9a		├
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Section 501(c)(7) organizations. Enter:	-00		
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			<u> </u>
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forn	n 990	(2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins							
Section	on A. Governing Body and Management	<u> </u>	<u></u> -	<u> </u>					
Secu	out a develoring development		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5								
Iu	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.								
ь 2	Enter the number of voting members included in line 1a, above, who are independent 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?	2	-						
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?	3	,	1					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1					
6	Did the organization have members or stockholders?	6		1					
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?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	✓						
b	Each committee with authority to act on behalf of the governing body?	8b							
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	9		1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	1					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓					
b	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?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	✓						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		; -	L J					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓						
13	Did the organization have a written whistleblower policy?	13	✓						
14	Did the organization have a written document retention and destruction policy?	14		/					
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?								
а	The organization's CEO, Executive Director, or top management official	15a	1						
b	Other officers or key employees of the organization	15b	✓	<u> </u>					
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
100	with a taxable entity during the year?	16a		1					
b	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?	16b							
Secti	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed ► Oklahoma Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501(c)(3)s	only)					
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interval of the conflict of interval of the conflict of interval of the conflict of interval of the conflict of interval of the conflict of interval of the conflict of interval of the conflict of interval of the conflict of interval of the conflict of interval of the conflict of interval of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the conflict of the c	erest (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: Dr. Ron Lamb, PO Box 747, Broken Arrow, OK 74013-0747 918-251-2612								

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Form **990** (2017)

Part VII	Compensation of Officers, Direct	tors, Trustees, Key Emp	loyees, Highest Compensate	d Employees, and
	Independent Contractors			

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 r	nor any relate	d org	anız	atio	n c	ompe	ensa	ited any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than out the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the thick the t	n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Ron Lamb	60									
President				1	✓	_	<u> </u>	49,800	0	
(2) David B. Graves	2									
Vice-President				✓					0	
(3) Pamela Lamb	60							İ		
Secretary/Treasurer				✓	✓			46,550	0	
(4) Robert Livingston	0									
Board Member									0	
(5) Steven Deem	0									
Board Member									0	
(6) Moon Cho	0							1		
Advisory Council			ļ.,_						0	
(7) Darrell Durbrow	0]								
Advisory Council			<u> </u>				<u> </u>		0	
(8) Ron Hohenadel	<u> </u>]					ļ			
Advisory Council		L			<u> </u>		<u> </u>		0	
(9) Janet Kearney	0						1			
Advisory Council							<u> </u>		0	
(10) Bob Kinsaul	0			Ì						
Advisory Council							<u> </u>		0	(
(11) Carl Miller	0			Ì						
Advisory Council							<u> </u>		0	
(12) Richard Moussalli	0									
Advisory Council			L						0	
(13) Carolyn Newman	0									
Advisory Council		L							0	
(14) Fred Sharpe	0									
Advisory Council		<u> </u>					<u> </u>	<u> </u>	0	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees	(continu	ied)		
					(0	C)								
	(A)	(B)	/40.5	. a t a b		ition	. thon .		(D)	(E)			(F)	
	Name and title	Average					than o		Reportable	Reportat	ole		mated	
		hours per	office				or/trust		compensation	compensatio			ount of	
		week (list any hours for	유글	5	ō	~	ᆿ포	7,	from the	related organizati			ther	_
		related	불	St at	Officer	Key employee	ghe	Former	organization	(W-2/1099-I			ensatior m the	
		organizations	ctal	🕏	1	필	st co	4	(W-2/1099-MISC)		1		nization	
		below dotted line)	ੋੜ	a	}	οye	ğ	1					related iizations	
		"""	Individual trustee or director	Institutional trustee		0	ens		1			organ	iizali() is	•
			"	8			Highest compensated employee							
(4E)					-			 	 					
(15)			1											
(4.0)			ļ						 					
(16)			!						}					
			_					_						
(17)														
			ļ	_	<u> </u>			 -						
(18)			l						ļ		ļ			
		<u> </u>		<u> </u>				_	<u> </u>					
(19)									İ					
								_						
(20)								1			l l			
			L											
(21)			ļ											
(22)														
(23)														
										l		_		
(24)														
(25)														
	· · · · · · · · · · · · · · · · · · ·													
1b	Sub-total							<u> </u>	96,350					
C	Total from continuation sheets to Part	VII, Sectio	n A					▶						
đ	Total (add lines 1b and 1c)							>	96,350					
2	Total number of individuals (including but							e) w			00.000	of		
	reportable compensation from the organiz							,			00,000	•		
	<u> </u>				-								Yes	No
3	Did the organization list any former off	ficer, direc	tor, c	r tr	uste	e, I	kev e	mp	lovee, or high	est compe	ensated	, 🗀		
	employee on line 1a? If "Yes," complete S											3		√
4	For any individual listed on line 1a, is the	sum of rea	oortab	ale d	com	ner	satio	n a	nd other comp	ensation fr	om the			·
•	organization and related organizations													
	individual											4		1
5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	ion	fror	n anv	้นก	related organiz	ation or inc	dividual		-	<u> </u>
•	for services rendered to the organization?											5		-
Section	n B. Independent Contractors	 -								<u> </u>		101		<u> </u>
1	Complete this table for your five highest of	ompensati	ed inc	lene	nde	ant (contra	acto	ore that receive	d more tha	n \$100	1000 of		
•	compensation from the organization. Rep												n's ta	×
	year.	or compo	loutic	,,,,	,		JICI IGI	u. y	car criaing wit	II OI WIGHII	tile org	umzumo	11014	^
												(0)		
	(A) Name and business addi	ress							(B) Description of se	ervices	((C) Compensa	ation	
		.										 -		
														
2	Total number of independent contractor	rs (includir	ig bu	t no	ot li	mite	ed to	th	ose listed abo	ove) who				
	received more than \$100,000 of compensa									,				

Part	VIII	Statement of Revenue					_
 		Check if Schedule O contains a res	ponse or note to	(A) Total revenue	Cart VIII . (B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
					revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	0				1
S 5	b	Membership dues 1b	0				
£, ₹	C	Fundraising events 1c Related organizations 1d	0	ļ			
2 5	d	Related organizations 1d Government grants (contributions) 1e	0				
Sis	e f	All other contributions, gifts, grants,					
ğ ğ	•	and similar amounts not included above	450,346		}		(
草る	g	Noncash contributions included in lines 1a-1f: \$	246,068				l ,
Cor	h	Total. Add lines 1a–1f	•	450,346			1
			Business Code				
ven	2 a	Supplies for teams	446199	64,300	64,300		
Re	b	Instrument rental	532000	5,023	5,023		
vice	С						
Ser	d					-1-	
щ	е						
Program Service Revenue	f	All other program service revenue	Shipping	17,631	17,631		
	3	Total. Add lines 2a-2f	▶	86,954	T		T
	3	and other similar amounts)		6,963			6,963
	4	Income from investment of tax-exempt be	<u> </u>	0,503			0,903
	5	Royalties	· · · · · · · · · · · · · · · · · · ·	0			
		(ı) Real	(II) Personal		•		
	6a	Gross rents 0	0				1
	b	Less rental expenses 0	O	1			1
	С	Rental income or (loss)	0				
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				ı
	b	Less cost or other basis and sales expenses . 0	0				1
	С	Gain or (loss) 0	0				
	d	Net gain or (loss)	•				
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
¥		See Part IV, line 18 a	0				
ŧ	ь	Less: direct expenses b					
0		Net income or (loss) from fundraising	events >				
	9a	Gross income from gaming activities. See Part IV, line 19 . a	0				1
	b	Less: direct expenses b Net income or (loss) from gaming acti					
	1 -	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b	———— <u> </u>		į		
	С	Net income or (loss) from sales of inv	entory ►				
		Miscellaneous Revenue	Business Code				
	11a b	Rebate		1,187	1,187		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		1183			
	12	Total revenue. See instructions	<u> • </u>	545,450	88,141		6,963
							Form 990 (2017)

	Statement of Functional Expenses of 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	Il other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respons				· · · · · ·
Do not 8b, 9b,	t include amounts reported on lines 6b, 7b, , 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	0			
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	48,300	48,300	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)				
7	Other salaries and wages	96,945	96,945	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	19,662		19,662	
10	Payroll taxes	10,887	10,887		
11	Fees for services (non-employees):				
a b	Management Legal	0	0	0	
C	Accounting	503		503	
ď	Lobbying	0		0	
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0	0	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	0	0	0	
13	Office expenses	12,187	11,087	1,100	
14	Information technology Telephone Bundle	12,815	12,815	0	
15	Royalties . Pont Floatric Gos Insurance	4,092	4,092	0	
16	Occupancy Auto Travel	87,472	84,472 4.119	3,000	***
17 18	Payments of travel or entertainment expenses	4,119	4,119		
.0	for any federal, state, or local public officials	o	o	o	
19	Conferences, conventions, and meetings .	185	0	185	
20	Interest Bank charges	2,175	2,175	O	
21	Payments to affiliates Mission trips	23,165	23,165	0	
22	Depreciation, depletion, and amortization .	13,595	13,595	0	
23	Insurance	4,842		4,842	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	Ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Repairs	4,108	4,108	0	
b	House repairs	11,640	0	11,640	
C	Supplies shipped	208,282	208,282		
d	All other expenses				
e 25	Total functional expenses. Add lines 1 through 24e	564,974	524,042	40,932	
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 if following SOP 98-2 (ASC 958-720)	304,014	324,042	40,332	

Ρ	art X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in	this Par	tX		🔲
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		4,446	1	4,526
	2	Savings and temporary cash investments	. [5,957		5,669
40	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	. [0	4	0
	5	Loans and other receivables from current and former officers, direct	ctors,			
		trustees, key employees, and highest compensated employees	yees.			
		Complete Part II of Schedule L	. [5	
	6	Loans and other receivables from other disqualified persons (as defined under s 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employee sponsoring organizations of section 501(c)(9) voluntary employees' bene organizations (see instructions). Complete Part II of Schedule L	rs and eficiary		6	
Assets	7	Notes and loans receivable, net	. [7	
As	8	Inventories for sale or use		277,025	8	280,000
	9	Prepaid expenses and deferred charges	. [9	
	10a	Land, buildings, and equipment: cost or	Γ			
		other basis. Complete Part VI of Schedule D 10a	692,862			
	b	Less: accumulated depreciation 10b	379,496	326,961	10c	313,366
	11	Investments—publicly traded securities	. [1,040,343	11	1,119,662
	12	Investments—other securities. See Part IV, line 11	. [12	
	13	Investments—program-related. See Part IV, line 11	. [13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	. [15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,654,732	16	1,723,223
-	17	Accounts payable and accrued expenses	· L		17	
	18	Grants payable	. [18	
	19	Deferred revenue	· L		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	_		21	
es	22	Loans and other payables to current and former officers, direct			1	
Ħ		trustees, key employees, highest compensated employees,				
Liabilities		disqualified persons. Complete Part II of Schedule L	<u> </u>		22	
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties	·		24	
_	<u>25</u>	Other liabilities (including federal income tax, payables to related	third			
		parties, and other liabilities not included on lines 17-24). Complete F	art X			
		of Schedule D	·		25	
_	26	Total liabilities. Add lines 17 through 25	and	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ complete lines 27 through 29, and lines 33 and 34.	and			
<u>a</u>	27	Unrestricted net assets		1,154,732	27	1,223,223
Ва	28	Temporarily restricted net assets			28	
ē	29	Permanently restricted net assets		500,000	29	500,000
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ complete lines 30 through 34.	and			
ts (30	Capital stock or trust principal, or current funds		0	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		0	31	0
Ä	32	Retained earnings, endowment, accumulated income, or other funds		0		0
Net Assets	33	Total net assets or fund balances	_	1,654,732	33	1,723,223
_	34	Total liabilities and net assets/fund balances	•		34	1783 823
	_					Form 990 (2017)

	90 (2017)			Pa	age 12
Par	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	_		45,450
2	Total expenses (must equal Part IX, column (A), line 25)	2		50	64,974
3	Revenue less expenses. Subtract line 2 from line 1	3		<19	9,524>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,6	54,732
5	Net unrealized gains (losses) on investments	5			79,319
6	Donated services and use of facilities	6			
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Prior period adjustments	9			8,696
10	The abbeto of faile balances at one of your combine into o through a three equal that X, into				
	33, column (B))	10		1,7	23,223
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled 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?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:) [)
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				L
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		1 1		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.			,	ļ]
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.	3b		L

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

ctions and the latest information.

Inspection

Employer identification number

		tal Relief, Inc						73-10	38668
Pai	_	Reason for Public Cha							ons.
		zation is not a private founda							. 🔊
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
2 3		hospital or a cooperative ho		-	•				
3 4		medical research organization							/iii) Enter the
-		ospital's name, city, and stat		or jurious.	with a rios	pital acot	JIIDCU III .	3000001170(0)(1)(7)	(m). Linter the
5		n organization operated for		college o	r university	owned o	or operate	ed by a governmen	tal unit described in
		ection 170(b)(1)(A)(iv). (Com		J	,		u.	, , ,	
6	□A	federal, state, or local gover	nment or govern	mental un	it described	d in secti	on 170(b))(1)(A)(v).	
7	✓ A	n organization that normally	receives a subs	tantial pai	t of its sup	port fron	n a gover	mmental unit or fron	n the general public
	d	escribed in section 170(b)(1)	(A)(vi). (Comple	te Part II.)					
8		community trust described i							
9		n agricultural research organ	ization described	d in sectio	n 170(b)(1)	(A)(ix) op	erated in	conjunction with a	and-grant college
	u	r university or a non-land-gra niversity:		•				•	Ü
10	□ A	n organization that normally	receives: (1) mor	e than 331	/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	S	eceipts from activities related upport from gross investmen	t income and un	related bu	siness taxa	ble incon	ne (less s	ection 511 tax) from	n 331/3% of its businesses
	а	cquired by the organization a	ifter June 30, 19	75. See se	ection 509(a	a)(2). (Co	mplete Pa	art III.)	
11		n organization organized and		_	-	-			
12		n organization organized and							
	C	f one or more publicly support theck the box in lines 12a thro	oned Organizatio	scribes the	type of sur	onortina a	a)(I) OI SI	on and complete line	e section 509(a)(3).
а		Type I. A supporting organ				-	_	·	
a		the supported organization							
		supporting organization. Y							000 01 1110
b		Type II. A supporting orga	nization supervis	ed or con	trolled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of							
		organization(s). You must	-						
С		Type III functionally integ							ally integrated with,
	_	its supported organization(-	-			• •	
_ <u>d</u>		Type III non-functionally integrated that is not functionally integrated the functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional functional							
		requirement (see instruction							u an attentiveness
е		Check this box if the organ	•	=	•		•		all Type III
_	_	functionally integrated, or 1							en, Typem
f	Ent	er the number of supported of							
g	Pro	vide the following information	about the supp	orted orga	anization(s).	•			
	(ı) Na	me of supported organization	(ii) EIN	(iii) Type of	organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
					on lines 1–10 instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						\		<u>,</u>	,
						Yes	No		
(A)									
(B)									
(C)		· • • • • • • • • • • • • • • • • • • •							
(D)									
(E)		· · · · · · · · · · · · · · · · · · ·							
Tota									

Part	II Support Schedule for Organiza						
	(Complete only if you checked th						llify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar 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.")	248,274	260,363	217,919	197,730	204,278	1,128,564
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	
4	Total. Add lines 1 through 3	248,274	260,363	217,919	197,730	204,278	1,128,564
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 on B. Total Support						1,128,564
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 4	248,274	260,363	217,919	197,730	204,278	1,128,564
7		248,214	200,303	217,919	197,730	204,278	1,126,564
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources	28,498	8,737	24,197	38,123	6,963	106,518
9	Net income from unrelated business	20,400	0,707	24,107	337.123	0,000	100,010
9	activities, whether or not the business						
	is regularly carried on	o	o	o	0	اه	
10	Other income. Do not include gain or				· · · · · · · · · · · · · · · · · · ·		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,235,082
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the			d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re		<u>.</u> .			. 🕨 📋
Sect	ion C. Computation of Public Suppor	rt Percentag	е	-			
14	Public support percentage for 2017 (line					14	91.4 %
15	Public support percentage from 2016 Scl	nedule A, Part	II, lıne 14 .			15	89.7 %
16a	331/3% support test - 2017. If the organ	zation did not	check the box	con line 13, an	nd line 14 is 33	81/3% or more,	check this
	box and stop here. The organization qua						
b	331/3% support test-2016. If the organi	zation did not	check a box o	n line 13 or 16	a, and line 15		
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	017. If the orga	anızatıon did n	ot check a box	k on line 13, 1	6a, or 16b, and	l line 14 ıs
	10% or more, and if the organization me	eets the "facts	-and-circumsta	ances" test, ch	eck this box a	and stop here.	Explain in
	Part VI how the organization meets the "					s as a publicly	
	organization						. ▶ 🗌
b	10%-facts-and-circumstances test - 2	016. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-d	circumstances"	' test, check	this box and s	top here.
	Explain in Part VI how the organization r		ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and s	see

Schedule A (Form 990 or 990-EZ) 2017

Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 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)(organization), check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2016 Schedule A, Part III, line 17 18 Investment income percentage for 2016 Schedule A, Part III, line 17 19a 33¹a³% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33¹a¾6, and line 17 is not more than 33¹a¾6, check this box and stop here. The organization qualifies as a publicly supported organization by 33¹a³6 support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹a¾6, and line 15 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and line 16 is more than 33¹a¾6, and	Part	Support Schedule for Organize						
Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) To Gits, grains, controlutions, and membership fees reserved. (Do not incubit any "unusual grains") Caross recepts from admissions, merchandises sold or services performed, or facilities furnished in any activity that is related to the organization's tax-element purpose 3 Gross recepts from activities that are not an unrelated trade or busness 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 other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ Q Amounts from line 6. 10a Gross income from interest, dividends, payments received business taxable income (logs section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated/ business sacutives not included in line 7bb, whether or not the business is egularly carried on to see from the sale of capital assets (Explain in Part VI), 13 Total support; (Add lines 9, 10c, 11, and 12.) First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here Section C. Computation of Investment Income Percentage 15 Public support percentage for 2017 (line 10, column (i) divided by line 13, column (ii) 17 Investment income percentage for 2017 (line 10, column (ii) divided by line 13, column (iii) 17 Investment income percentage for 2017 (line 10, column (ii) divided by line 13, column (iii) 17 In unit and 10 to 10 tax and 10 tax and 1								nder Part II.
Calendar year (or fiscal year beginning in) > 1 6/18, gards, contributors, and membershy being created. (Do not notice any "unusual grants") 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 Gross receipts from admissions, merchandise furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from admission that are not an unrelated trade or business under section 513 Tax evenues leaved for the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization of the organization without charge or the organization of the organization of the organization of the organization of the organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization			under the te	sts listed bel	ow, please co	omplete Part	II.) <u>/</u>	
1 Gifs, grants, controlutions, and membership (see received, (Donot include any "unusual grants") 2 Gross receipts from admissions, merchandises sold or services performed, or facilities furnished in any activity that is related to the organization's Exercise plurpose or consistency of the program of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistency of the consistenc			(0)/2012	(b) 0014	(a) 2015	(4) 2016	, (-) 0047	(0 T-1 1
received, (Do not holded any "unusual grains") Gross receipts from admissiones, merchandles sold or services performed, or facilities furnished any activity that is related to the organization's tak-evempt purpose organization's tak-evempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total, Add lines 1 through 5. Amounts included on lines 1, 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7 and 70. Public support, (Subtract line 7c from line 6.). Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6. Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loss, reits, royalties, and income from similar sources b. Unrelated business taxable income (gess section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. The time sole of capital assets (Explain in Part VI). Total support, (Add lines 9, 10c, 11, and 12). First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here Section C. Computation of Public Support Percentage 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) organization of in the 8 colline of the organization qualifies as a publicly support percentage form 2016 Schedule A, Part III, line 15 Public Support recentage for 2017 (line 10c, council of liveded by line 13, column (f)) 17 Investment income percentage form 2016 Schedule A, Part III, line 17 Investment income percentage form 2016 S			(a) 2013	(D) 2014	(c) 2015	(a) 2016	/ (e) 2017	(t) otal
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activities not included in line 10b, whether or not the business is regularly carned 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)(organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2016 Schedule A, Part III, line 17 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19 331/a% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 331/a%, and line 15 is more than 331/a%, and line 15 is more than 331/a%, and line 15 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and line 16 is more than 331/a%, and lin	11	Net income from unrelated business				\ \		
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loss from the sale of capital assets (Explain in Part VI.)						\		
loss from the sale of capital assets (Explain in Part VI.)	12	Other income. Do not include gain or				<u> </u>		
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)(organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))		//						
and 12.)		(Explain in Part VI.)						
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)(organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	13	Total support. (Add lines 9, 10c, 11,			_			
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))		and 12.)						
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a\sectio	n 501(c)(3)
Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))							`\	. ▶ 🗆
Public support percentage from 2016 Schedule A, Part III, line 15	Secti	on C. Computation of Public Suppor	rt Percentage	е				
Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)	15	Public support percentage for 2017 (line 8	B, column (f) dı	vided by line 1	3, column (f))		15	%
Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)	16	Public support percentage from 2016 Sch	nedule A, Part	<u>III, line</u> 15 .	<u></u>	<u></u>	16	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17		on D. Computation of Investment In	come Perce	ntage				\
18 Investment income percentage from 2016 Schedule A, Part III, line 17	17	Investment income percentage for 2017 (line 10c, colum	nn (f) divided b	y line 13, colur	mn (f))	17	%
19a 33½% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization 33½% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 15 is more than 33½%.					•		18	\ %
17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization \$\\\\$ 33½% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, ar							ore than 331/39	
b 331/3% support tests -2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, ar								
	b			_		•		_
line 18 is not more than $33\frac{1}{13}$ %, check this box and stop here. The organization qualifies as a publicly supported organization	_							
	20			-			=	_

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
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			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.	_ ₁ _		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c	: 	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	5c		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		

Part	Supporting Organizations (continued)			
	the the survey to a sected of the section than for a section following manages?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
Secti	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	· ·	Yes	NO
•	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.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1	-	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
٠	Management of the commentation of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of th		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		<u>:</u>	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the annual to a side to each of the augmented arganizations, but the location of the fifth month of the		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	<u> </u>		
	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		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	ınstru	ction	5).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(see ın	struct	ions).
			Yes	
2	Activities Test. Answer (a) and (b) below.	Γ''	162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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		L	
	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			ĺ
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
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 Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-F	jani	zations			
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 Recovenes 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	1277			
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	<u> </u>			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functional		egrated Type III supports	ng organization (see		
instructions).	<i>y</i> ""	ogracou rypo in oupporti	g c. gar 24.011 (000		

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			-
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of pnor years			
b	Applied to 2017 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
_ <u>_5</u> _	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 3 _j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

	orm 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
+	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2017

Open to Public Inspection

Employer identification number

World	Dental Relief, Inc		73-1038668
Par	Organizations Maintaining Donor Adv		
	Complete if the organization answered		
		(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		
	funds are the organization's property, subject to the	-	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
		<u> </u>	· · · · · · · 🗌 Yes 🗌 No
Par			
	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
C	Number of conservation easements on a certified I		
d	Number of conservation easements included in		
	• • • • • • • • • • • • • • • • • • • •		L
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ten	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation ea		- -
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	\$		
8	Does each conservation easement reported on line	-	
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		011 01111111111111111111111111111111111
Pari			
	Complete if the organization answered		
1a		AS 116 (ASC 958), not to report in its	s revenue statement and balance sneet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sneet
	works of art, historical treasures, or other similar		ducation, or research in futile ance of
	public service, provide the following amounts relat		~ •
	(i) Revenue included on Form 990, Part VIII, line 1		5
_	(ii) Assets included in Form 990, Part X	hartanast taranan	> \$
2	If the organization received or held works of art	, nistorical treasures, or other similal	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		► <u>\$</u>

Part						
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	ck any of the fo	llowing that are a s	ignificant use of its
а	☐ Public exhibition		d 🗌 Loar	or exchange p	rograms	
b	Scholarly research		e 🗌 Othe	r		
C	☐ Preservation for future generations					
4	Provide a description of the organizat XIII.	tion's collections a	and explain how t	hey further the	organization's exen	npt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				
Part						
	Complete if the organization 990, Part X, line 21.					
1a	Is the organization an agent, trustee, included on Form 990, Part X?					ot □ Yes □ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able:	Aı	mount
С	Beginning balance			[1c	
d	Additions during the year			[1d	
е	Distributions during the year			[1e	
f	Ending balance			_	1f	
2a	Did the organization include an amour					
b_	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanation	n has been pro	vided on Part XIII .	<u> </u>
Part						
	Complete if the organization	,				
		(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three years back	(e) Four years back
1a	Beginning of year balance	1,040,343	998,465	974,0	92 892,34	618,928
b	Contributions	0)	0	0 120,000
С	Net investment earnings, gains, and				ļ	
	losses	79,319	41,878	1		
d	Grants or scholarships	0			0	0 (
е	Other expenditures for facilities and	_	_	1		
_	programs	0		ì		0 (
f	Administrative expenses	0		·		0 0
g	End of year balance	1,119,662				2 892,346
2	Provide the estimated percentage of t			j, coluitiii (a)) fie	au as.	
a	Board designated or quasi-endowmer Permanent endowment		%			
b_		% %		.,		
С	Temporarily restricted endowment ►		2004			
20	The percentages on lines 2a, 2b, and a Are there endowment funds not in the			at are bold and	administered for th	Δ.
3a	organization by:	e possession or th	e organization tri	at are nelu ariu	administered for th	Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related of					3b
4	Describe in Part XIII the intended uses					
Part			3 33 77770777			
u an i	Complete if the organization		on Form 990	Part IV. line 11	a. See Form 990	Part X. line 10
	Description of property	(a) Cost or oth			(c) Accumulated	(d) Book value
	Description of property	(investme		other)	depreciation	1-, 555. 1440
	Land					
b	Buildings All assets			692,861	379,496	313,366
C	Leasehold improvements			002,001	373,433	0.10,000
d	Equipment					
e	Other					
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90. Part X. columi	n (B), line 10c.)		313,366

Part VII	Investments—Other Securitie Complete if the organization and		Yes"	on For	m 990. Part IV. I	ne 11b.	See Form	n 990. Part X. line 12.
	(a) Description of security or categor (including name of security)				(b) Book value		(c) Me	thod of valuation d-of-year market value
(1) Financial	derivatives							
(2) Closely-l	neld equity interests			[
						<u> </u>		<u> </u>
(A)								
(B)								·
(C)								· · · · · · · · · · · · · · · · · · ·
(D)								
(E)						ļ		
(F)								
(G)							 .	· · -
(H)	h) must a mal Farm 2000 Port V and (D) Inc 10.) N					<u> </u>		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) Investments — Program Relate							<u>,</u>
Part VIII	Complete if the organization an		Yes"	on For		ne 11c.		
	(a) Description of investment				(b) Book value			thod of valuation I-of-year market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)				-				
(8)						-		
(9)	b) must equal Form 990, Part X, col. (B) line 13)				·	-		
Part IX	Other Assets.					l		
rait in	Complete if the organization and	swered "	Yes"	on For	m 990 Part IV li	ne 11d	See Form	990 Part X line 15
		(a) Descripti		0111 011		110 110.	000 1 0111	(b) Book value
(1)		``						
(2)			•		·			
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	mn (b) must equal Form 990, Part X,	col. (B) lin	e 15.)		<u> </u>		▶	
Part X	Other Liabilities.							
	Complete if the organization and line 25.	swered "	Yes"	on For	n 990, Part IV, li	ne 11e	or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Boo	k value				
(1) Federal ır	ncome taxes							
(2)		T-						
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	b) must equal Form 990, Part X, col. (B) line 25.)							
2. Liability for	uncertain tax positions. In Part XIII, pro	vide the te	xt of th	ne footno	te to the organizati	on's finar	cial stateme	ents that reports the
organization'	s liability for uncertain tax positions unde	er FIN 48 (/	ASC 7	40). Ched	k here if the text of	the footr	ote has bee	en provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements William Complete if the organization answered "Yes" on Form 990, Part IV,		leturn.
	Total revenue, gains, and other support per audited financial statements		1
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
2	Net unrealized gains (losses) on investments 2a		
a	Donated services and use of facilities		
b	Recoveries of prior year grants		
C	Other (Describe in Part XIII.)		
d 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.)		
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			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:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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_
	Supplemental Information. de 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 V. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		
£, i ui	t 74, miles 28 and 18, and 1 art 74, miles 28 and 18, 7800 complete time part to provide	ao any additional line	mation.

	~		

Schedule D (Fo	orm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047
2017

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Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Inspection

Name o	of the organization					Employer id	entification number
	Dental Relief, Inc					73	-1038668
Pan	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organ	ization ansi	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' elegrants or assistance?	igibility for th	e grants or as	ssistance, and the selection			□Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use o	of its grant	s and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table	can be duplicated if additio	nal space is need	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) if activity lists a program se describe specifi service(s) in the	ervice, ic type of	(f) Total expenditures for and investments in the region
(4)			Volunteers				
(1)	Ethiopia Sub-Saharan Africa	0	0	Teaching Dental	Dental School		22,020
(2)	Guatemala	0	0	Mission Trip	Medical Aid		1,145
(3)							
(4)							
(5)							
(6)							
(7)						_	
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Sub-total						23,165
b	Total from continuation sheets to Part I						
c	Totals (add lines 3a and 3b)						23,165

Page 2

Schedule F (Form 990) 2017

Part	V, line 15, for ar	y recipient who re	ceived more than	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	be duplicated if a	dditional space is	needed.	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(z)								
(6)								
(4)								
(2)								
(9)								
(2)								
(8)								
(6)						:		
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total by the IRS	number of recipie , or for which the number of other c	Enter total number of recipient organizations listed ab by the IRS, or for which the grantee or counsel has pr Enter total number of other organizations or entitles	ed above that are re as provided a sectic	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	charities by the foreign coul	ntry, recognized as t	tax-exempt	

Schedule F (Form 990) 2017

(a) Type of great or assistance (b) Begins (c) Number of (d) Amount of (a) Manner of (d) Amount of (d) Description (h) Method of	(h) Begion	(c) Number of	(d) Amount of	(a) Manner of	# Amount of	(a) Description	(h) Method of
to type or grant or according	Coffee (c)	recipients	cash grant	disbursement	noncash assistance	of noncash assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
8							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)				-			
(14)						·	
(15)							
(16)							
(17)							

chedule	F	(Form	990	2017

Page 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization rnay be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Part V	Supplemental Information
r ait	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No 1545-0047

2017

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Inspection
Employer identification number

World Dental Relief, Inc. 73-1038668 Types of Property (c) (a) (b) Noncash contribution Method of determining Check if Number of contributions or amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 1 Art-Historical treasures . . . 2 Art-Fractional interests . . . 3 Books and publications . . 4 Clothing and household 5 goods 6 Cars and other vehicles . . . 7 Boats and planes Intellectual property 8 Securities-Publicly traded . . . 9 10 Securities-Closely held stock . Securities-Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . . Qualified conservation 13 contribution—Historic structures Qualified conservation 14 contribution-Other Real estate-Residential . . . 15 Real estate-Commercial . . 16 Real estate-Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies . . . 246,068 0.25 of retail value 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts . . . 25 Other ► (_____) 26 Other ► (_____) 27 28 Other ▶ (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

	Form 990) 2017 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
The numbe	er 8 in Column B is the number of companies Giving In Kind
	······

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Go to www.irs.gov/Form990 for the latest information.

World Dental Relief, Inc	73-1038668
Part VI A Question 2	
Ron Lamb and Pamela Lamb are married.	
Part VI B Question 11B	
The form 990, support schedules, balance sheets, profit and loss are mailed to the board and reviewed	before being submitted to the IRS.
Then all the financials are discussed and approved along with the old and new business in the board n	neeting.
Part VI B Question 12C	
The WDR board of directors review policies and is vigilant to keep our Articles and Bylaws up to date.	
Part VI B Question 15B	
Each year the board of directors review the Profit and Loss, Balance Sheet and compensation of emplo	yees. The pay scales have been
discussed, compared and documented yearly for more than 20 years.	
Part VI C Question 19	
WDR financial documents are available to the public upon request. In the past we have provided 990's	by mail, but have never had a request
for our governing documents or conflict of interest. They would also be available.	
Part XI Question 9	
We make adjustments to warehouse inventory during year for products arriving damaged and unusable	e, products expiring, discontinued
brands or not appropriate for our work.	