#### EXTENDED TO MAY 15, 2018

### Form **990**

632001 11-11-16

**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.

and ending JUN 30, 2017

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning JUL 1, 2016

► Information about Form 990 and its instructions is at www.irs.gov/form990.

	Check if applicat			D Employer ide	ntifi	cation number				
Г	Addr	UNITED PARENTS AND STUDENTS								
$\vdash$	chan	ONTIED PARENTS AND STUDENTS		0.1	2	112762				
v	cnan	Doing business as  Number and expect (or D.O. box if mail is not delivered to expect address)  Deam	/ouito			413763				
H	Final	,	/Suite	E Telephone nu						
	—Jreturr termi	TI45 S HILL SI			3-	<u>565-1600</u>				
_	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		758,563.				
$\vdash$	⊥returr ∏Appli	LOS ANGELES, CA 90015		H(a) Is this a group return						
L	⊥ltion pend	F Name and address of principal officer:LAWRENCE FONDATION				?Yes X No				
		SAME AS C ABOVE	_	H(b) Are all subordin						
		tempt status: X 501(c)(3)	527			list. (see instructions)				
		te: WWW.UNITEDPARENTSANDSTUDENTS.ORG		H(c) Group exem						
		forganization: X Corporation	Year o	f formation: 201	6 N	1 State of legal domicile: CA				
Pa	art I									
e	1	Briefly describe the organization's mission or most significant activities: UNITED								
Governance		MISSION IS PROMOTE THE ADVANCEMENT OF EDUAT:								
ern	2	Check this box  if the organization discontinued its operations or disposed of	more	than 25% of its n	et as	ssets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	3				
æ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	0				
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	0				
Activities &	6	Total number of volunteers (estimate if necessary)			6	350				
₽ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.				
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.				
Revenue				Prior Year		Current Year				
	8	Contributions and grants (Part VIII, line 1h)				58,563.				
	9	Program service revenue (Part VIII, line 2g)				700,000.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)				758,563.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				618,881.				
nS.	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0.				
Expenses		Total fundraising expenses (Part IX, column (D), line 25)								
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				85,645.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				704,526.				
	19	Revenue less expenses. Subtract line 18 from line 12				54,037.				
ces ces			Begi	inning of Current Y	ear	End of Year				
Fund Balance	20	Total assets (Part X, line 16)				204,500.				
25 25 25 25 25 25 25 25 25 25 25 25 25 2	21	Total liabilities (Part X, line 26)				150,463.				
		Net assets or fund balances. Subtract line 21 from line 20				54,037.				
Pa	art II	Signature Block								
Jnde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and si	tateme	nts, and to the best	of my	knowledge and belief, it is				
rue,	, correc	et, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	nas any knowledge.						
Sigr	n	Signature of officer		Date						
ler	е	LAWRENCE FONDATION, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Da	nte Check	( [	PTIN				
aid		MATTHEW S. MILLER		if self-e	mploye	P01385220				
rep	arer	Firm's name VAVRINEK, TRINE, DAY & CO., LLP		Firm's EIN		95-2648289				
lse	Only	Firm's address 10681 FOOTHILL BLVD SUITE 300								
		RANCHO CUCAMONGA, CA 91730		Phone no.	909	9-466-4410				
/lay	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No				

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#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Х	
Ŋ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	404	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	^	Х
14a	District the state of the state	13		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		21
	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		Х
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	140		- 21
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<b>_</b>
	complete Schedule G, Part III	19		X
			222	

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# Form 990 (2016) UNITED PARENTS AND Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
С	• • • • • • • • • • • • • • • • • • • •	24c		
A	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X_
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		_ <u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
0.4	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		_X_
32		32		Х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2016) UNITED PARENTS AND STUDENTS Part V Statements Regarding Other IRS Filings and Tax Compliance

<del></del>	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country:						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>			
6a	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c					
Va		6a		х			
b	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		- 21			
~	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).			4,50			
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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
9	sponsoring organization have excess business holdings at any time during the year?	8					
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	0-					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a					
10	Section 501(c)(7) organizations. Enter:	9b					
	Initiation fees and capital contributions included on Part VIII, line 12	ĺ					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter:	ĺ					
а	Gross income from members or shareholders						
	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.						
	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand  Did the organization receive any payments for indeer tenning consider during the tay year?			v			
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u>X</u>			
Ŋ	in res, rias it nieu a norm rzo to report these payments? II Ivo, provide an explanation in Schedule U	14b	000				

UNITED PARENTS AND STUDENTS 81-3413763 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year ..... 1a 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. 0 b 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? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? Х 8b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

## exempt status with respect to such arrangements? Section C. Disclosure

17	List the states v	vith which a	conv of this	Form 990 is	required to be	filed CA
11	LIST THE STATES V	vitii vviiitii a	CODY OF HIS	1 01111 330 13	reduited to be	

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

taxable entity during the year?

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

Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

THE ORGANIZATION - 323-565-1600 1149 S HILL ST, NO. 600, LOS ANGELES, CA

Form **990** (2016)

X

16a

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(list any hours for related organizations below line)  (1) ALLISON BAJRACHARYA  DIRECTOR/CHAIR  (2) GABRIEL SANCHEZ  DIRECTOR/SECRETARY  (3) ERIKA TORRIZ  DIRECTOR  (4) LAWRENCE FONDATION  (list any hours for related organizations below line)  (I) ALLISON BAJRACHARYA  2.00  X  DIRECTOR  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (W-2/1099-MISC)  (O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A)  Name and Title	(B) Average hours per week	ge per k  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other				
DIRECTOR/CHAIR		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation
(2) GABRIEL SANCHEZ  DIRECTOR/SECRETARY  (3) ERIKA TORRIZ  DIRECTOR  (4) LAWRENCE FONDATION  (2.00  X  0.  0.  0.		2.00	v						_		0
DIRECTOR/SECRETARY   X		2 00	^	<u> </u>		<del> </del>	<del> </del>	<del> </del>	U •	U •	0.
(3) ERIKA TORRIZ  DIRECTOR  (4) LAWRENCE FONDATION  2.00  X  0.  0.		2.00	x						0.	0.	0.
DIRECTOR X 0. 0. (4) LAWRENCE FONDATION 40.00		2.00					ļ —				
A LAWRENCE FONDATION  EXECUTIVE DIRECTOR    O.  O.  O.  O.  O.  O.  O.  O.  O.			X						0.	0.	0.
EXECUTIVE DIRECTOR  X  O.  O.  O.  O.  O.  O.  O.  O.  O.	(4) LAWRENCE FONDATION	40.00									
	EXECUTIVE DIRECTOR			<u> </u>	X				0.	0.	0.
				_			-				
					,						

Form **990** (2016)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Estimate	
		hours per	box	, unle	ss pe	rson	is bot	h an	1	compensation	8	amount	of
		week (list any	<b>—</b>	T T		T	T	T	from the	from related organizations	000	other mpensa	tion
		hours for	Individual trustee or director				ļ,		organization	(W-2/1099-MISC)	1	from th	
		related	96 Or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 111100)	1	rganizat	
		organizations	trust	Institutional trustee		yee	Highest compensated employee		(,			nd relat	
		below	/idual	tution	ie.	Key employee	lest co	ner			or	ganizati	ons
		line)	ğ	Insti	Officer	Key	E E	Former					
								l					
						<u> </u>	<u> </u>						
								ĺ					
				ļ	<u> </u>		<u> </u>	<u> </u>					
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			l	<u> </u>	<u> </u>	L	<u></u>	Ļ	-		+		
	Sub-total								0.	0			0.
С	Total from continuation sheets to Part V								0.	0	_		0.
<u>d</u>	Total (add lines 1b and 1c)								0.	0	•		0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wi	no r	received more than \$100	0,000 of reportable			0
	compensation from the organization											Yes	No
_									1			163	140
3	Did the organization list any former officer												v
_	line 1a? If "Yes," complete Schedule J for s										. 3	-	X
4	For any individual listed on line 1a, is the si											1	х
_	and related organizations greater than \$15										. 4		Α.
5	Did any person listed on line 1a receive or							eiai	ted organization or indiv	idual for services	. 5		х
	rendered to the organization? If "Yes," contion B. Independent Contractors	пріете Ѕспеаиі	e J i	or s	ucn	pers	SOII				5		
	Complete this table for your five highest co	mponeated in	don	ondo	ont c	ont	racto	ore t	that received more than	\$100,000 of compa	neation	from	
1	the organization. Report compensation for										.catioi	5111	
	(A)	the calendar y	Cai	enui	iiig v	VILII	OI W	7161111	(B)	ycar.		(C)	
	Name and business	address	N	ONI	F:				Description of s	services		ensatio	n
				<u> </u>									
***************************************													
2	Total number of independent contractors (	includina but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than			×
	\$100,000 of compensation from the organ		• ••				0	-	,				
												<sub>2</sub> 990 (	2016)

Part VIII Statement of Revenu
-------------------------------

		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
S, G	c	English to the control of the contro						
ar J	d		l l					
S,E	е	0	l l					
i S	f	All other contributions, gifts, gran	ts, and					
t pd		similar amounts not included above	ve 1f	58,563.				
d of	g	Noncash contributions included in lines	1a-1f: \$					
<u>ನ ಕ</u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	58,563.		rtur ur skrigt i 1995. Gregoria	
				Business Code				
e	2 a	CONTRACTED SERV	ICES FE	611710	700,000.	700,000.		
Program Service Revenue	b							
Sun	c	·						
raπ ev	d	I						
og F	е							
₫	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			700,000.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties	ı	1				
		_	(i) Real	(ii) Personal				
	6 a							
	b		ļ					
	С		L	L				
	d							
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		and sales expenses				\$		
	C	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b></b>	*			
	a	Net gain or (loss)		·····				
ne	ва	including \$	of		er .			
Ver		contributions reported on line						
Be		Part IV, line 18						
Other Revenu	h	Less: direct expenses						
ō		Net income or (loss) from fund		<b>&gt;</b>				
		Gross income from gaming ac	-			,		
	9 a	Part IV, line 19				,		
	b							
	5	Net income or (loss) from gam		<b></b>			-*	
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions.		<b>&gt;</b>	758,563.	700,000.	0.	0.
22000								Form <b>990</b> (2016)

# Form 990 (2016) UNITED PARENTS AND STUDENTS Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respons	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	486,678.	486,678.		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
8	Pension plan accruals and contributions (include	400,070.	400,070.	***************************************	
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	91,270.	91,270.		
10	Payroll taxes	40,933.	40,933.		1.5104
11	Fees for services (non-employees):				704 E 154 E 177 -
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	27,036.	2,036.	25,000.	
12	Advertising and promotion				
13	Office expenses	1,810.	1,810.		
14	Information technology	1,182.	1,182.		
15	Royalties	C F03	C F00		
16	Occupancy	6,523.	6,523.		
17	Travel	16,374.	16,374.		
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	1,403.	1,403.		
20	Interest	1,403.	1, 400.		
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	4,630.	4,630.		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				er en
а	COMMUNICATION	12,403.	12,403.		
b	SUPPLIES	10,581.	10,581.		
С	INSTRUCTIONAL MATERIAL	2,871.	2,871.		
d	EQUIPMENT	832.	832.		
е	All other expenses		<b></b>		
25	Total functional expenses. Add lines 1 through 24e	704,526.	679,526.	25,000.	0.
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)				

Form 990 (2016)

Part X Balance Sheet

		20.0				
		Check if Schedule O contains a response or note t	o any line in this Part X		<del></del>	<u></u>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	149,706.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensate	d employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 49				
		employers and sponsoring organizations of section				
ţ		employees' beneficiary organizations (see instr). Co			6	
Assets	7	Notes and loans receivable, net			7	
Ϋ́	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D1	0a 59,424.			
	b	Less: accumulated depreciation1		0.	10c	54,794.
	11	Investments - publicly traded securities			11	
	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 I	0.	16	204,500.	
	17	Accounts payable and accrued expenses			17	150,463.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Par			21	
S	22	Loans and other payables to current and former of	ficers, directors, trustees,			
Liabilities		key employees, highest compensated employees,	and disqualified persons.			
abi		0 1 5 1 1 10 1 1 1 1			22	
<b>=</b>	23	Secured mortgages and notes payable to unrelated	d third parties		23	
	24	Unsecured notes and loans payable to unrelated the	nird parties		24	
	25	Other liabilities (including federal income tax, payat	oles to related third			
		parties, and other liabilities not included on lines 17	7-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	150,463.
		Organizations that follow SFAS 117 (ASC 958), o	check here 🕨 🐰 and	A P		
es		complete lines 27 through 29, and lines 33 and 3	34.			
JIC.	27	Unrestricted net assets			27	54,037.
3ali	28	Temporarily restricted net assets			28	
ρ	29	Permanently restricted net assets		29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC				
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds $\dots$			30	
Ass	31	Paid-in or capital surplus, or land, building, or equip		31		
et '	32	Retained earnings, endowment, accumulated income			32	
Z	33	Total net assets or fund balances		0.	33	54,037.
	34	Total liabilities and net assets/fund balances		0.	34	204,500.

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	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		8,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2	70	4,5	26.	
3	Revenue less expenses. Subtract line 2 from line 1	3	5	4,0	37.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4						
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5	4,0	37.	
Pa	rt 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 X Accrual Other	****				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	100			
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				

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

Form **990** (2016)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

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.

**ZU 10** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number

				AND STUDENT				1-3413/63				
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	nis part.) S	ee instructions.					
he	organi	zation is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch										
2	一	A school described in secti					-76-767-					
3	一	A hospital or a cooperative					ii\					
	$\vdash$	A medical research organiz						the heepital's name				
4			ation operated in co	njunction with a nospita	describer	u iii seciic	iii iro(b)( i)(A)(iii). Litter	the nospital s name,				
		city, and state:										
5	Ш	An organization operated for		llege or university owner	d or opera	ited by a g	overnmental unit describ	oed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
7		section 170(b)(1)(A)(vi). (Complete Part II.)										
		section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a land-grant	college				
_		or university or a non-land-g										
		university:	y, a.m. comogo or agmo			,,	,,	,				
10	X		lly receives: (1) more	than 33 1/3% of its sur	nort from	contributi	one membershin fees a	and aross receints from				
.0		•	• • • • • • • • • • • • • • • • • • • •	·	-		•	-				
		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
	,			(less section 511 tax) in	om busine	esses acqu	lired by the organization	arter June 30, 1975.				
		See section 509(a)(2). (Cor										
11		An organization organized a										
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to carry out the	e purposes of one or				
		more publicly supported or						Check the box in				
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete line:	s 12e, 12f, and 12g.					
а	L	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	giving giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	•		tion with it	ts support	ed organization(s), by ha	iving				
		control or management o										
		organization(s). You mus										
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with				
C	L	••	•				• •	eu with,				
		its supported organization		•	•		•	·				
d	L	Type III non-functionally					• • • • • •	* *				
		that is not functionally int	-		-			iveness				
		requirement (see instructi										
е	l	Check this box if the orga					a Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.		r				
f	Ente	r the number of supported o	organizations									
g		ide the following information	,		I /iii) la 46a a-a-	minetian listed	<b>,</b>	<b>,</b>				
	(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
_			l .			I	i					

# Schedule A (Form 990 or 990-EZ) 2016 UNITED PARENTS AND STUDENTS 81-3413763 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	The second					
	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,				말혹 보세 너		
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		<del>p </del>	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>			
	ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	ļ					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				:		
	<b>Total support.</b> Add lines 7 through 10			The second of	Late to		
	Gross receipts from related activities	•				12	
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
500	organization, check this box and storetion C. Computation of Publ	o here De	rcontage				
				- 1 (5)		44	0/
	Public support percentage for 2016 (					14	<u>%</u>
	Public support percentage from 2015 33 1/3% support test - 2016. If the					15	<u>%</u>
108							
	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2015. If the organization</li></ul>						
E.							IS DOX
170	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances tes						or more
118	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	_	
L	10% -facts-and-circumstances tes						
D	more, and if the organization meets the	_					070 UI
	organization meets the "facts-and-cire						
12	Private foundation. If the organization		•	•		***************************************	
10	Trivate roundation. It the organization	an did flot check a	SOX OIT III TO, TO	a, 100, 17a, 01 17L		dule A (Form 990	

# Schedule A (Form 990 or 990 EZ) 2016 UNITED PARENTS AND STUDENTS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed b	elow, please comp	plete Part II.)				
<u>Se</u>	ction A. Public Support		·				
Cale	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					58,653.	58,653.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					700,000.	700,000.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					758,653.	758,653.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						758,653.
	ction B. Total Support				**************************************		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6					758,653.	758,653.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						•
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						The state of the s
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		·				
13	Total support. (Add lines 9, 10c, 11, and 12.)				L	758,653.	758,653.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
15	Public support percentage for 2016 (li	ine 8, column (f) di	ivided by line 13, o	column (f))		15	<u> 100.00 %</u>
	Public support percentage from 2015					16	<u>%</u>
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>16</b> (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	
	more than 33 $1/3\%$ , check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	zation	<b>▶</b> X
b	$33\ 1/3\%$ support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che		•	•		•	▶∐
20	Private foundation If the organization	n did not check a '	hox on line 14 19	a or 19h check t	his hoy and see in	etructions	

#### 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 Organization
--

			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 <b>Part VI</b> how the organization determined that the supported		Ì	
	organization was described in section 509(a)(1) or (2).	2		
За	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				
	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				
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		T	
	"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		T .	
~	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	75		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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	Landard Control of the Control of th	40	ļ	
Ja	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	Ja		
b		Ela		
_	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
7	Part VI.	6		
′	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).			
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
		00		
L-	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	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.	0.5		
_	,,	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	,			
	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	1		

determine whether the organization had excess business holdings.)

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain i	n Part VI.) <b>See instructions.</b> All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		<u> </u>	The state of the s
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting or	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

line 7: a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: **b** Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

#### **SCHEDULE D**

(Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	UNITED PARENTS AND			81-3413763
Pa	t I Organizations Maintaining Donor Advise	ed Funds or O	her Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	ed funds		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		• • •	
Pa				
1	Purpose(s) of conservation easements held by the organizat			
'	Preservation of land for public use (e.g., recreation or each of the organization organization of the organization of the organization of the orga		7	orically important land area
			Preservation of a certi	
	Protection of natural habitat	ned historic structure		
_	Preservation of open space	···	and the street of the street	of a community of the land
2	Complete lines 2a through 2d if the organization held a quali	ified conservation (	contribution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			l I
С	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguish	ed, or terminated by the	organization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	riodic monitoring, i	nspection, handling of	
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violati	ons, and enforcing cons	ervation easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations,	and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requi	rements of section 170(	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organiza	tion's financial stat	ements that describes t	he organization's accounting for
	conservation easements.			
Pai	t III Organizations Maintaining Collections o	of Art, Historic	al Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line	3.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to rep	ort in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education	, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS		n its revenue statement	and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e	• •		
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre			
2	the following amounts required to be reported under SFAS 1			gain, provide
_	·		-	<b>\$</b>
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ......

	ENTS AND STUD	ENTS	81	-3413763	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation: Cost or end	-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other			·		
(A)					
(B)					
(C)	ļ				
(D)					
(E)					
(F)					
(G)					
(H)				***************************************	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes'		e 11c. See Form 990, Pa	art X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end	-of-year market v	alue
(1)					
(2)					
(3)					
(4)			778 - 2 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		
(5)					
(6)			***************************************		
(7)					
(8)			M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-M-		
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		e 11d. See Form 990, P	art X, line 15.		
(a)	Description			(b) Book va	lue
(1)				· · · · · · · · · · · · · · · · · · ·	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ıe 15.)		<b>&gt;</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 9	990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔀 Schedule D (Form 990) 2016

(6) (7) (8) (9)

Part XI Reconciliation of Revenue per Audited Financi	al Statements With Revenue	e per Return.	
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statement	nts	1	758,563.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	758,563
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	1.4	
a Investment expenses not included on Form 990, Part VIII, line 7b			
<b>b</b> Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			758,563
Part XII Reconciliation of Expenses per Audited Finance	ial Statements With Expens	es per Return	l <b>-</b>
Complete if the organization answered "Yes" on Form 990, Pa	ırt IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	704,526
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0 .
3 Subtract line 2e from line 1		3	704,526
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		황 왕	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b	100	
c Add lines 4a and 4b		4c	0 .
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	5	704,526
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X,	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional information.		
PART X, LINE 2:			
			NA THEOME
UP&S IS A NONPROFIT PUBLIC BENEFIT CO	RPORATION THAT IS I	SXEMPT FRO	M INCOME
TARREST TOTAL CONTROL FOLLOW FOLLOW		ODE AND CI	ACCTETED
TAXES UNDER SECTION 501(C)(3) OF THE	INTERNAL REVENUE CO	DE AND CI	TASSILIED
DV MILE TAMEDALA DEVIENUE CEDVITOR AC OFF	UED MUAN A DOTTAME	ECITATO A MT (	רוזא ג זאר
BY THE INTERNAL REVENUE SERVICE AS OT	HER THAN A PRIVATE	FOUNDATIO	и Аир
QUALIFIES FOR DEDUCTIBLE CONTRIBUTION	C AC DDOWINED IN CI	готтом 17 <i>0</i>	\/B\ /1\
QUALIFIES FOR DEDUCTIBLE CONTRIBUTION	S AS PROVIDED IN SI	SCIION I/C	)(Б) (Т)
(A) (VI). IT IS ALSO EXEMPT FROM STAT	E EDANCUTCE AND THE	ነ ጠር መአሄር	מיםרואוז י
(A) (VI). IT IS ALSO EXEMPT FROM STAT	E FRANCHISE AND INC	OME TAKES	ONDER
SECTION 23701(D) OF THE CALIFORNIA RE	VENITE AND TAYATION	CODE ACC	CODDINGI.V
SECTION 23/01(D) OF THE CALIFORNIA RE	VENUE AND TAXATION	CODE. ACC	CKDINGHI,
NO DECLIFICANT HOD INCOME MAYER HAR DEE	N DEELECMED IN MUEC	ים פדאואאוריו	- <b>7</b> T
NO PROVISION FOR INCOME TAXES HAS BEE	N VELUECIED IN LUES	DE LINHINC	-VT
CTATEMENTS			
STATEMENTS.			
UP&S HAS ADOPTED FINANCIAL ACCOUNTING	STANDARDS ROARD (F	ASB) ACC	TINTTNC
OLAS HAS ADOLIED LIMMICIAN MCCOMITING	PIMPHIND DOWN (I	TIOD / ACCO	, O11 T T11Q

STANDARDS CODIFICATION (ASC) TOPIC 740 THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN

Schedule D (Form 990) 2016

632054 08-29-16

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

	UNITED PARENTS AND STUD	ENTS	81-3413763
FORM 990, PART I	L, LINE 1, DESCRIPTION O	F ORGANIZATION MIS	SSION:
BURDENS OF GOVER	RNMENT BY FOSTERING COMM	UNITY INVOLVEMENT	IN THE EFFORT
TO TRANSFORM PUE	BLIC EDUCATION AND COMMU	NITY SELF-ADVOCACY	7.
FORM 990, PART V	7I, SECTION B, LINE 11B:		
	TEE REVIEWS AND APPROVE		Y ITEMS THEY WOULD
LIKE TO DISCUSS	WITH THE REST OF THE BO	ARD ARE PRESENTED	AT A SUBSEQUENT
BOARD MEETING.			
FORM 990, PART V	7I, SECTION B, LINE 12C:		
ALL BOARD MEMBER	S ARE REQUIRED TO SUBMI	T REPORTS THAT DOC	UMENT ANY POSSIBLE
CONFLICT OF INTE	REST USING THE FORM 700	AS REQUIRED BY OU	R OVERSIGHT
AGENCY. IN ADDIT	TION, BOARD MEMBERS AND	KEY	
FORM 990, PART V	I, SECTION B, LINE 15:		
THE BOARD OF DIR	ECTORS SETS THE COMPENS	ATION FOR THE CEO.	THE CEO SETS THE
COMPENSATION FOR	THE TOP MANAGEMENT OFF	CICIALS. KEY EMPLOY	EE COMPENSATION IS
SET BY A COMPENS	ATION COMMITTEE COMPRIS	ED OF THE TOP MANA	GEMENT OFFICALS
AND THE VICE PRE	SIDENT OF HUMAN CAPITAL	1•	
FORM 990, PART V	I, SECTION C, LINE 19:		
REQUIRED DOCUMEN	TS ARE AVAILABLE AT THE	BUSINESS ADDRESS	DURING NORMAL
BUSINESS HOURS U	PON REQUEST.		

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Open to Public 2016

OMB No. 1545-0047

Employer identification number

Inspection

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(g) Section 512(b)(13) controlled Š entity? Direct controlling Yes × × 81-3413763 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. SREEN DOT PUBLIC GREEN DOT PUBLIC SCHOOLS NATIONAL SCHOOLS NATIONAL Direct controlling End-of-year assets <u>e</u> status (if section 501(c)(3)) Public charity LINE 12A, I LINE 12A Total income Exempt Code ਉ section 501(C)(3) 501(C)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA CALIFORNIA EDUCATIONAL SERVICES Primary activity EDUCATIONAL SERVICES PARENTS AND STUDENTS Primary activity 95-4679811, 1149 S HILL ST SUITE 600, LOS ros Name, address, and EIN (if applicable) 46-5740783, 1149 S HILL ST SUITE 600, GREEN DOT PUBLIC SCHOOLS CALIFORNIA UNITED GREEN DOT PUBLIC SCHOOLS NATIONAL Name, address, and EIN of related organization of disregarded entity 90015 ANGELES, CA Part II Part I

Schedule R (Form 990) 2016

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

Page 2

81-3413763

Schedule R (Form 990) 2016 UNITED PARENTS AND STUDENTS

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

Schedule R (Form 990) 2016 General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 乏 Percentage ownership Yes No Ξ Code V-UBI amount in box r 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income Ξ Share of end-of-year assets <u>(g</u> Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ Legal domicile (state or foreign country) 32 છ Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 632162 09-06-16 Part IV

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

						l
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes No	<u>o</u>
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?			- 1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α			<b>1</b> a	^	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				9	×	ы
c Gift, grant, or capital contribution from related organization(s)				5	×	м
d Loans or loan guarantees to or for related organization(s)				5	×	<b>5</b> 4
:				<u>1</u>	^	×
f Dividends from related organization(s)				#	^	×
g Sale of assets to related organization(s)				1g	_	×
h Purchase of assets from related organization(s)				두	×	ы
				;=	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				į	^	×
k Lease of facilities, equipment, or other assets from related organization(s)				1	^	×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			11	ζ	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	^	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1-	^	×
o Sharing of paid employees with related organization(s)				9	_	×
p Reimbursement paid to related organization(s) for expenses				1p	×	
q Reimbursement paid by related organization(s) for expenses				1q	×	
r Other transfer of cash or property to related organization(s)				1	~	×
s Other transfer of cash or property from related organization(s)				1s	^	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	who must complete th	is line, including covered	relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) GREEN DOT PUBLIC SCHOOLS NATIONAL	д	25,000.	25,000.ACCRUAL			
(2) GREEN DOT PUBLIC SCHOOLS CALIFORNIA	Ø	700,000.ACCRUAL	ACCRUAL			
(3)						
(4)						
(5)						
(9)				*		
632163 09-06-16	33		Schedule R (Form 990) 2016	(Form	990) 20	18

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

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

(k) centage nership						) 2016
or Perce						rm 990
General or managing partner?					and the second s	R (Fo
(h)         (i)         (j)         (k)           Disproportional branch tinds allocations? of schedule K-1 partners of Form 1065)         General or Percentage connecting ownership ownership of Schedule K-1 partners of Form 1065)						Schedule R (Form 990) 2016
Disproportionate allocations?						]
<u> </u>						
(g) Share of end-of-year assets						
(f) Share of total income						
٠ - ١ <b>٥</b>						
(e) Are all partners sec. 501(c)(3) Jer Yes No						
(d) Predominant income (related, unrelated, excluded from tax under-sections 512-514)						
(d) nant incident inc						
edomin elated, uded fro						
Pre excit	<b>47</b> ,					
(c) Legal domicile (state or foreign country)						
(c) egal domic ate or fore country)						
(st Lt						
vity						
(b) Primary activity						
Prima			,			
N EIN						
ss, and						
(a) Name, address, and EIN of entity						
lame,						
(a) (b) (c) (d) (d) (d) (d) (elated graph of entity (state or foreign sections 512-514)						

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Schedule F	R (Form 990) 2016	UNITED	PARENTS	AND	STUDENTS	81-3413763 Page 5
Part VII	R (Form 990) 2016  Supplemental Info	rmation.				
	• •	nation for respor	ases to question	s on Sci	hedule R. See instructions.	
	1 TOVIGO GGGILIOTIGI IITIOTT	lation for recipor	ioco to question	0 011 001	reduie 11. Coe metraetione.	
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CANADA CA						
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# 2016 DEPRECIATION AND AMORTIZATION REPORT

FOR	Я	FORM 990 PAGE 10						990							
ýŽ Y	Asset No.	Description	Date Acquired	Method	Life	o n o No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	<b>H</b>		07/01/16	S	5.00	16	59,424.				59,424.			4,630.	4,630.
		* 990 PAGE 10 TOTAL PROGRAM SERVICES * GRAND TOTAL 990 PAGE 10 DEPR			4.1 (1)	· ·	59,424.				59, 424. 59, 424.	. 0		4,630.	4,630.
							. *								
				· .	-										
					· .										
6281	111 0	628111 04-01-16					(D) - Asset disposed	peso		*	TC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revital	ization Deduc	ion, GO Zone

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone