# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	2017 cale	ndar year, or tax year beginning $_{ m Jul}$ 1 , 2017, an	nd ending	Jur	30	, <b>20</b> 18					
В	Check if	applicable:	C Name of organization Oil Change International, Inc.			D Employe	er identification n	umber				
	Address	change	Doing business as			20-32	272355					
	Name ch	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephor	ne number					
	Initial ret	turn	714 G Street, SE		(202)	) 518 <b>-90</b> 29						
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return	Washington, DC 20003			G Gross re	ceipts \$ 1,79	6,157.				
	Applicat	ion pending	F Name and address of principal officer:		H(a) Is this a gro	up return for s	subordinates? 🔲 Yes	i ⊠ No				
			Stephen M. Kretzmann, 714 G Street, SE, #202, Washington,	DC 20003	H(b) Are all s	ubordinates	s included? 🔲 Yes	i 🗌 No				
ī	Tax-exe	mpt status:	So1(c)(3)	<u>527</u>	If "No	," attach a	ı list. (see instructio	ons)				
j	Website	ə: ► W	ww.priceofoil.org		H(c) Group e	exemption	number 🕨					
K	Form of	organization:	X Corporation	of formation:	2005	M State	of legal domicile:	DC				
Ρ	art I	Summ	2000 2000 2000	eriologi Transport								
	1	Briefly de	escribe the organization's mission or most significant activities:	To cond	duct one	going	public edu	cation				
8		and re	search regarding the environmental, human rig	hts, ec	onomic,	<b>and</b> n	ational se	curity				
ä		impacts associated with the production and consumption of fossil fuels.										
le.	2	Check th	is box ▶☐ if the organization discontinued its operations or dis	posed of r	nore than	25% of	its net assets.					
Governance	3	Number	of voting members of the governing body (Part VI, line 1a)			3		12				
8	4	Number	of independent voting members of the governing body (Part VI, I	line 1b) .		4		11				
Activities &	5	Total nur	nber of individuals employed in calendar year 2017 (Part V, line	2a)		5		15				
`\$	6		nber of volunteers (estimate if necessary)			6		0				
Ą	7a		elated business revenue from Part VIII, column (C), line 12			7a		0.				
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u> </u>	, , ,	7b		0.				
Revenue				Prior Yea		Current Y						
	8		tions and grants (Part VIII, line 1h)	<u>,517.</u>	1,71	4,433.						
	9	-	service revenue (Part VIII, line 2g)					<del> </del>				
ě	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		120,		999.					
ш	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,300.		0,725.					
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line	e 12)	3,342			6,157.				
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	678	,232,	25	4,153.					
	14		paid to or for members (Part IX, column (A), line 4)									
es	15	•	other compensation, employee benefits (Part IX, column (A), lines 5		942,02		1,30	8,236.				
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)			Pala sa ang akang dise	anagos veresos to a come to a colo	n to early extern				
X	þ		draising expenses (Part IX, column (D), line 25) ► 164, 1			000	0.1					
ш	11	•	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>		,838.		6,777.				
	18	•	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,490			9,166.				
	19	Kevenue	less expenses. Subtract line 18 from line 12			,843.	- / 1. End of Ye	3,009.				
Net Assets or Fund Balances		~~-+-1	-1- (D-1) V US- 10)	Deg	inning of Cur							
Ssel	20		ets (Part X, line 16)	` '	1,508			5,175.				
# F	21		ts or fund balances. Subtract line 21 from line 20	` '	1,450	,654.		7,539. 7,636.				
	22 art I		ture Block	• • 1	1,430	, 043.		1,030.				
			ry, I declare that I have examined this return, including accompanying schedules	and statemen	ats and to th	e hest of n	ny knowledge, and	hellef it is				
tru	ider peria ie, correct	t, and compl	ete. Declaration of preparer (other than officer) is based on all information of which	h preparer ha	s any knowle	dge.	ity knowicago am	2 Doi:C1, 11 13				
			1			1/16/2	019					
Sig	ne	Sign	ature of officer		Date		.013					
He		St	ephen M Kretzmann, Executive Director									
			or print name and title									
		1010 0000	pe preparer's name Preparer's signature	Date		Ob	PTIN					
Pa			las S. Corey, CPA	04/	16/2019		if   ployed P00635	5040				
	epare			101/	1		54-1650356					
US	e Onl	V	ddress ► 10201 Fairfax Blvd, Suite 480, Fairfax	c. VA 22								
Ма	y the IF	RS discuss										

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To conduct ongoing public education
	and research regarding the environmental, human rights, economic, and national securit
	impacts associated with the production and consumption of fossil fuels.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
•	expenses, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 711,565, including grants of \$ 0.) (Revenue \$ 0.)
,	Educate the public regarding international fossil fuel subsidies. Research
	extent of export credit agency support for fossil fuel industry. Research
	World Bank group support for the fossil fuel industry. Research and
	educate the public regarding the need for international finance for adaptation
	to and mitigation of climate change (102).
4b	(Code: ) (Expenses \$ 507, 169. including grants of \$ 0.) (Revenue \$ 0.)
	Research and analyze fossil fuel industry economics and impacts on the environment
	and energy security, with a focus on tar sands production, natural gas
	fracking and Arctic drilling. Educate the public and the investor
	community about the environmental and social impacts of the fossil
	fuel industry (103 & 104).
4c	(Code: ) (Expenses \$ 594,140. including grants of \$ 0.) (Revenue \$ 0.)
	Educate the public about contributions to elected officials from the
	fossil fuel industry. Educate the public regarding domestic fossil fuel
	subsidies and promote awareness about the impacts of fossil fuel on
	our society (101).
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 374, 278. including grants of \$ 0.) (Revenue \$ 0.)
4e	Total program service expenses ▶ 2.187.152.

Part I	V Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<b>y</b>	41.	<u>×</u>
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		Ŷ.	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.	9		
	Part III	5		×
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		×
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		×
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		×
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		×
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	(0) =		
11	VII, VIII, IX, or X as applicable.	VALUE A		
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	×	<u> </u>
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		×
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		<u> </u>
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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	×	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	×	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	×	-
15	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		×
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		
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		×
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	T-1-		
	If "Yes," complete Schedule G, Part III	19		×
		For	m <b>99</b> (	<b>)</b> (2017)

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Part IV	Checklist of R	equirea Scnea	l <b>ules</b> (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		133
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			355 H
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		×
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Ė.	×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	HSS No.		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		Šį.	Mary .
	employees? If "Yes," complete Schedule J	23	.28	×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		¥2.00	
	\$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	04-		.,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		×
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.70		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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 prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	Nitra	×
	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		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
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	000		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
00	Part I	31		×
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		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	υŁ		×_
	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	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Ü
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	OOD		×
	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,		ŀ	
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.			
	101 110 to 111 000 meta are required to complete ochedile o.	38	× 990	(0.04.7)
		rorn	シンシ	(2017)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1	10.0000000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	의		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	의	All	
Ċ	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 . "		. ~
_	reportable gaming (gambling) winnings to prize winners?	10	<b>A</b> .	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_		
	outside the first time of the state of the s	5 2b		5.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	_ <u>Z</u> D	X	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	2000	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	174	×
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			<del> </del>
4a	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: ▶	13.54	14 24	
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	-   10000000 -   100000000000000000000000000000000000		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	∍		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o	r	-	
	gifts were not tax deductible?	6b	,	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	3 [ABA		
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Ì
	required to file Form 8282?	7c		×
d	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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required'			-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	1.472.4	<del> </del>
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	-		
•	Sponsoring organization have excess business holdings at any time during the year?	- 3		1
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	İ .	1
10	Section 501(c)(7) organizations. Enter:			
a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	34.75	1	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	ļ
_	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	AMALA		
	the organization is licensed to issue qualified health plans			

X

14a

14b

14a Did the organization receive any payments for indoor tanning services during the tax year? .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	U(2017)	and f	25.0	"No"
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. Se Check if Schedule O contains a response or note to any line in this Part VI	e inst	ructi	ons.
Conti	on A. Governing Body and Management			
3600	Off A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12	4		
,u	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.  Enter the number of voting members included in line 1a, above, who are independent			
р 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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	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?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		
_	stockholders, or persons other than the governing body?	, 0	<u> </u>	<u>×</u>
8	the year by the following:	0.		< '
а	The governing body?	8a 8b	<u></u>	
b	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	_^_	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	odo l	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Ct	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		×
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	7.0		
U	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	X	
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	×	<u> </u>
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	×	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	×	<u></u>
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	×	<del> </del>
b	Other officers or key employees of the organization	15b	×	<del> </del>
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			
	with a taxable entity during the year?	16a	1 1 1 1 1 1 1 1 1	X
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		
0	ion C. Disclosure	1.00	L	1
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its 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.	า 501	(c)(3)	s only
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, anc
20	State the name, address, and telephone number of the person who possesses the organization's books and re Elizabeth Bast, 714 G Street, SE, #202, Washington, DC 20003 (202)641-7203	cords	:▶	

01111 000 (201	' /				F 43 . L	0	Employees	and
Part VII	Compensation of Officers,	Directors,	, Trustees,	Key Employees,	, Hignest	Compensateu	Employees,	anu
	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 nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization nor  (A)  Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	do x, con directo	ot che inless r and	(C) Posi eck r per	tion more	than of is both or/trusted. Highest compensated.	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Michael Brune	1.00	×						0.	0.	0.
Director (2) Cole Frates Director	1.00	×			541 TV	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0.	0.	0.
(3) Stephen Kretzmann Director	40.00	×				×		109,450.	0.	0.
(4) Thomas Cavanagh Chair	1,00	×	7	×	ļ			0.	0.	0.
(5) Jonathan Kaufman Secretary	1.00	×		×				0.	0.	0.
(6) Jason Scott Director	1.00	×					ļ	0.	0.	0.
(7)John Durkalski Treasurer	1,00	×		×				0.	0.	0,
(8) Jennifer Krill Vice Chair	1.00	×		×			ļ —	0.	0.	0.
(9) Leslie Harroun Director	1.00	×						0.	0.	0.
(10) Renato Redentor Constantino Director	1.00	×						0.	0.	0.
(11) Melissa Mills Director	1.00	×						0.	0.	0.
(12) Rebecca Solnit Director	1.00	×						0.	0.	0.
(13)										
(14)		-								
		REV	03/08	/19 P	RO					Form <b>990</b> (2017)

	<b>(A)</b> Name and title	(do not check more than box, unless person is both officer and a director/trustweek (list any						ee) Reportable compensation		(E) Reportable compensation fron related		(F) Estima amour othe	ated nt of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compen from organiz and re organiza	the ation ated
(15)										7 ( ) a haman	7		
16)											VIVA 3		
17)										A Marione			
18)		~~~											
								500 500 500 500 500 500 500 500 500 500				<del></del>	
					_								
			<u> </u>										
23)			-	(F)	200, 000 200, 000 200		Vision (					·	
24)				200 (M)	SVASSI SVASSI SVASSI		And Sing Co.		and the first state of the stat				
25)						i posti							
C	Sub-total	VII, Sectio	n A	W				<b>*</b> * *	109,450.		0.		0
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	nose	e lis	ted	above			ore than \$10	00,00	0 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	ficer, direc	tor, o						oloyee, or high			<del></del>	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000	)? [	f "Ye	s,"	complete Scl	nedule J for	om th ' <i>suc</i>	e h 4	×
5	Did any person listed on line 1a receive of or services rendered to the organization?	r accrue c	ompe	nsa	tion	fro	m any	y ur	related organi	zation or indi	ividua 	al 5	×
Sectio	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat oort compe	ted in ensati	dep on f	end or t	lent he d	contr calenc	ract dar y	ors that receiv year ending wi	ed more thar th or within t	n \$10 he or	0,000 of ganization	n's tax
	(A) Name and business add	ress						(B) (C) Description of services Compensation				tion	
								-					
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who			

Part	VIII	Statement of Reve			<b>3</b> I		Doub VIII		
		Check if Schedule O	contains a	a resp	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b					
عَ ق	c	Fundraising events .		1c					
ifts Ir A	d	Related organizations		1d					
اة: م	e	Government grants (conf		1e					
Sir	f	All other contributions, gi		,,,					
iğ je	•	and similar amounts not incl		1f	1,714,433.			7 /	
Contributions, and Other Sim		Noncash contributions includ			1,721,1001				
P E	g	Total. Add lines 1a-11		•		1,714,433.		and the Nation	
	<u>h</u>	Total. Aud lines ra-m		· · ·	Business Code	1,111,100.			
Program Service Revenue	0							a contact of the total of the contract of the	
eve	2a								
e e	b								
- <u>Ş</u>	C .						25.	(Val) (A 1997)	
Se	d				· · · · · · · · · · · · · · · · · · ·		-0.000	196.000000000000000000000000000000000000	
a.	е	A-11 - 41					1840a. 18	1.5 5 mm. 1.5 5 mm.	
Бo.	f	All other program serv							
<u>-</u>	g	Total. Add lines 2a-2							sgegggggyvertygguvert er e.g.
	3	Investment income				244		_	114
		and other similar amo				114.	0.	0.	114.
	4	Income from investment	t of tax-exe	mpt bo	ond proceeds	100			
	5	Royalties			<u> </u>			10000000000000000000000000000000000000	
			(i) Real		(ii) Personal				
	6a	Gross rents	16,3	300.					
	b	Less: rental expenses		0.					Maria (Arriva) (Arriva) Maria (Arriva) (Arriva) Maria (Arriva) (Arriva)
	С	Rental income or (loss)	16,3	300.					
	d	Net rental income or (			<u> ▶</u> ;	16,300.	16,300.	0.	0.
	7a	Gross amount from sales of	(i) Securit	es	(ii) Other	(a) F			
		assets other than inventory			885.				
	b	Less: cost or other basis	"		300				
		and sales expenses .			0.				
	c	Gain or (loss)			885.				
	d	Net gain or (loss)		.42500 .41500		885.	0.	0.	885.
	u	Net gain or (1055)	• • •						
enne	8a	Gross income from fuevents (not including \$	ındraising	The second secon	The state of the s				
Other Revenue		of contributions reporte See Part IV, line 18	ed on line 1	c).					
£	b	Less: direct expenses	<b>3</b> }	. b	2.				
O	C	Net income or (loss) f	rom fundra	alsing	events . 🕨				
		Gross income from ga				The second secon			
	b	Less: direct expenses		. b					
	c	Net income or (loss) f		ig acti	vities >				
	10a				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	'*"	returns and allowance		. а					
	ь	Less: cost of goods s	Traige.	-		1			
	5	Net income or (loss) f					The second secon		1
	- 0	Miscellaneous F		~. n. s v '	Business Code				
	44-	100 100 100 100 100 100 100 100 100 100		<del></del>	999999	52,244.	52,244.	0.	0.
	I .	Reimbursements							0.
	b	Contract incom	е		999999	11,796.		0.	0.
	C	Other income			999999	385.	385.	Ų,	U.
	d	All other revenue .		•	L				
	е	Total. Add lines 11a-			•	64,425.			
	12	Total revenue See it	nstructions			1.796,157.	80,725.	0.	999.

Part IX Statement of Functional Expenses

Part	IX Statement of Functional Expenses	t to all actions A	II othor organizations	s must complete col	umn (A).
Section	n 501(c)(3) and 501(c)(4) organizations must com	ipiete ali columns. Al	on this Part IX		
<b>5</b>	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C)	(D) Fundraising
Do по 8b, 9b	, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	12,103.	12,103.		
2	Grants and other assistance to domestic	2 050	2,050.		
	individuals. See Part IV, line 22	2,050.	2,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	240,000.	240,000.		
4	Benefits paid to or for members		•		
5	Compensation of current officers, directors,				
•	trustees, and key employees	109,450.	72,511.	9,577.	27,362.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			2005 TAN 1995	
	persons described in section 4958(c)(3)(B)			F0.460	76,126.
7	Other salaries and wages	957,235.	821,949.	59,160.	70,120.
8	Pension plan accruals and contributions (include		- Ala		
	section 401(k) and 403(b) employer contributions)	156,286.	120,821.	21,218.	14,247.
9	Other employee benefits	85,265.	71,073,	11,175.	3,017.
10	Payroll taxes	65,205.	4	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	
11	Fees for services (non-employees):  Management			444.44	
a	Legal		-435		
b c	Accounting	18,521.	0.	18,521.	0.
d	Lobbying		**************************************		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)		204.	0.	0.
12	Advertising and promotion	204,	13,316.	3,215.	2,201.
13	Office expenses	Service Control of the Control of th	13,310.	5,210.	
14	Information technology				
15	Royalties	102,455.	87,469.	5,894.	9,092.
16 17	Travel	141,961.	123,566.	7,942.	10,453.
18	Payments of travel or entertainment expenses.				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	3 310	7 710	0.	0,
22	Depreciation, depletion, and amortization .	7,718.		2,105.	13.
23	Insurance	2,281.	163.	2,103.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_			454,843.	3,295.	14,846.
a b	7 (95 ) (20)	72,405			
i.		62,145.	62,145.		0.
d		32,533.			
e	All other expenses	14,838			
25	Total functional expenses. Add lines 1 through 24e		. 2,187,152.	157,887.	164,127.
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			§	ļ
	following SOP 98-2 (ASC 958-720)	DEV 03/08/10 PPI	^		Form <b>990</b> (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . . . (B) (A) End of year Beginning of year 198,149. 1 479,707. 2 Savings and temporary cash investments . . . . . . . . . 2 3 676,059 947,068. 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 Assets 7 7 8 8 7,528. 56,639. 9 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 41,359. 15,039. 10b 16,485. 10c 26,320. Less: accumulated depreciation . . . . 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 14 8,400. 15 8,400. 15 905,175. 1,508,299. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 17 47,539. 57,654. 17 120,000. 18 18 19 Deferred revenue . . . . . . . . . . . . . . . . . 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 167,539, 26 Total liabilities. Add lines 17 through 25 57,654, 26 Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 22,088. 27 478,577. Unrestricted net assets 27 715,548. 972,068. 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 737,636. 1,450,645. 33 33 905,175. 34 1,508,299. Form 990 (2017)

orm 990				
Part	XI Reconciliation of Net Assets			П
	Check if Schedule O contains a response or note to any line in this Part XI	1,796	15	<u></u> 7:
1	Total revenue (must equal Part VIII, Column (A), line 12)	2,509		
2	Total expenses (must equal Part IX, column (A), line 20)			
3	Povenue less expenses Stiffract line 2 from line 1	<del>-713</del>		
4	Net assets or fund balances at peginning of year (must equal Fait X, fine 55, 55,65,65,65)	1,450	,64	3.
5	Net unrealized gains (losses) on investments	1944.		·
6	Donated services and use of facilities	estan.	120	<del>:-</del>
7	Investment expenses	Signera. Villa		
8	Prior period adjustments	4. ii		
9	Other changes in not seedte or fund naighbes lexibiall ill oblicuuid V		<u></u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	737	, 63	16
	33, COLUMN (B))		700	
Part	XII Financial Statements and Reporting			X
	Check if Schedule O contains a response or note to any line in this Part XII	·	es	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," explain 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 complied or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	01-	.	
b	Were the experization'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 separate basis, consolidated basis, or both:			÷ * <u>.</u>
	Separate basis Consolidated basis Both consolidated and separate basis	[ 44 A	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the guidit, review, or compilation of its financial statements and selection of an independent accountant?	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	Todanos sacres si annin, in principal si annin si anni si annin si	Form	990	(2017

#### **SCHEDULE A** (Form 990 or 990-EZ)

**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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

	f the organization				- 1	0-3272355		
il (	Change International, In Reason for Public Charit	IC.	ganizatione must co	omplete	this part	t.) See instructions	S	
Part	Reason for Public Charit ganization is not a private foundation	y Status (All Of	(For lines 1 through 1	2. check	only one	box.)		
he or	ganization is not a private foundation  A church, convention of churche	e or association	of churches describe	d in sect	ion 170(l	b)(1)(A)(i).		
_	[] A sebagi described in section 1	70/61/11/ <b>A</b> 1(ii), (At	tach Schedule E (For	m aan or	990-112/	)		
							P - 1	
4	☐ A hospital or a cooperative hosp ☐ A medical research organization	operated in conj	junction with a hospit	al describ	ed in <b>se</b>	ction 170(b)(1)(A)(III)	). Enterthe	
						(050500)	A CONTRACT OF THE CONTRACT OF	
	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6		1	ental unit described in	section	170(b)(1	)(A)(V). contal unit or from t	the general public	
7	An organization that normally re	eceives a substa	utiai bart oi its supp	ort from a	govern	neritar drift of from	THO BOLLET PETERS	
	described in section 170(b)(1)(A	A)(vi). (Complete	Part II.)	and II \	6%			
8	☐ A community trust described in		· · · · · · · · · · · · · · · · · · ·	Mind And	rated in c	oniunction with a lar	nd-grant college	
9	An agricultural research organizer or university or a non-land-gran	t college of agric	filtite (266 manacion	Ден (1916)	75000			
10	university:  An organization that normally re	eceives: (1) more	than 33½% of its sur	port from	n <b>co</b> ntribi	itions, membership	fees, and gross	
10	receipts from activities related t	in some and unre	lated husiness taxab	e income	(less sec	ction 511 tax) from b	usinesses	
	.l Le., Abo organization of	TOT UIDE 311 1977:	1 256 366001 200101			/		
11							v out the numnees	
12							section 509(a)(3).	
	An organization organized and of one or more publicly support Check the box in lines 12a through	rted organization	s described in <b>sectio</b>	in busia) Sorting of	ganizatio	n and complete lines	12e, 12f, and 12g.	
		المملاسينيين والا	auporuleed or contro	illed by it	s sunnon	ed organization(s), t	ypically by giving	
а	Type I. A supporting organity the supported organization	zation operated, (s) the nower to r	egularly appoint or ele	ect a maj	ority of th	e directors or truste	es of the	
	Value organization Va	vu must complet	te Part IV. Sections/	4 anu p.				
h	• •		-l Ilad in car	maction v	with its su	ipported organization	on(s), by having	
b	control or management of t	he supporting or	ganization vested in t	he same	persons i	that control or mana	ge the supported	
	1 1 Var mitot	romnioto Parti IV	. Sections Alanu V.					
С	organization(s). You must be Type III functionally integral.	rated. A support	ing organization oper	ated in co eta Part	mnection IV Section	ons A. D. and E.	ny meogratoa man	
	its supported organization(	s) (see i <b>ns</b> truction	is), <b>Tou</b> must compr	oporated	in conne	ection with its suppo	rted organization(s)	
d	Type III non-functionally integrated is not functionally integrated in that is not functionally integrated.	ntegrated. A sur	oporting organization sization deperally mus	operated t satisfy:	a distribu	tion requirement and	d an attentiveness	
	that is not functionally integreed requirement (see instruction	grated. The organ ns) You must co	mplete Part IV, Sec	tions A a	nd D, an	d Part V.		
	Objects this boy if the organ	ization received	a written determination	n from th	ne IRS tha	atitis a Type I, Type	II, Type III	
e	functionally integrated, or	Type III non-funct	tionally integrated sur	porting o	organizati	on.		
f	Enter the number of supported (	organizations .						
ç	and the the following information	n about the supp	orted organization(s).			(v) Amount of monetary	(vi) Amount of	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in you	rganization ir governing nent?	support (see instructions)	other support (see instructions)	
			above (see instructions))					
		\		Yes	No			
(A)								
	verse Salas. Salas				1			
(B)								
(C)								
(D)								
(E)								
Tot	al						000 000 E7/ 001	

### **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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pal	IL V.)	180	<del></del> .
Section	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 properties was described in section 509(a)(1) or (2).	2		
3a	/hl and (c) heigh	За		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(b)	3с		<u> </u>
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 <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		
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 <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) ourposes	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 <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	designated in the organization's organizing document?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services of 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 <b>Part VI</b> .	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 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		
<b>9</b> a	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 <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.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer 10b below.	10:	a	
ł	the tax year? (Use Schedule C, Form 4/20, to	101	)	

Scheduk	A (Form 990 or 990-EZ) 2017			
Part I	Supporting Organizations (continued)		Yes	No
	the following persons?			â.
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	- 5	
	below, the governing body of a supported organization?	11b	a de la companya de	
b		11c		W.
С	A 35% controlled entity of a person described in (a) or (b) above? If Tes to a, b, or e, provide described in (a) or (b) above? If Tes to a, b, or e, provide described in (a) or (b) above?		ilo.	
Secti	on B. Type I Supporting Organizations	Was	Yes	No
4-	t t - l the mount to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
·				
	a water that a post M how the connected arounds and an endounced are seen as	-82		
	the second to angular and/or remove directors of trustees were allocated arriving the second arriving the		A STA	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	10.000	
_	Did the organization operate for the benefit of any supported organization other than the supported			
2	The state of the s			-
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated,  VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	l	
Sect	on C. Type II Supporting Organizations		Yes	No
	the toy year also, a majority of the directors		100	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	Were a majority of the organization's directors of trustees during the tax year also strong or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or trustees of each of the organization was vested in the same persons that controlled or managed		1000	
	or management of the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the supporting organization was vested in the same personal and the support of t	1	ļ	
	the supported organization(s).		<u></u>	
Sect	ion D. All Type III Supporting Organizations		Yes	No
		1011000	169	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	W = walker setion decompled the limb allo allough the provided setting and			
	Cit. C OOD That woo mont recently filed as III the Date in boundaring grow in vortex v			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided by	1	<u> </u>	
_	the supported or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization(s) the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	By reason of the relationship described in (2), digitally organization of the organization's significant voice in the organization's investment policies and in directing the use of the organization's			
	significant voice in the organization's investment policies and all the role the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1833		
	income or assets at all times during the tax yearsh Tool does not a second and the regard	3		
	supported organizations played in this regard.	ــــــــــــــــــــــــــــــــــــــ		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		tio	nel
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	HISUI	JUHO.	13).
•	The exception satisfied the Activities Test. Complete line 2 below.			
a				
t	The experience of a governmental entity. Describe in Part VI now you supported a government entity	(see i	nstru	ctions
(	; [ ] The organization supported it governments.		Ye	s N
2	Activities Test. Answer (a) and (b) below.	75.75	+ -	3 14
	the tay year directly further the exempt purposes of			
á				
	how the organization was responsive to those supported organizations, and now the organization	45.57		
	that these activities constituted substantially all of πs activities.	2a	1	
	the (a) penetitute activities that but for the organization's involvement, one or more			-
l	The state of the s			
	of the organization's supported organization(s) would have been digaged in the reasons for the organization's position that its supported organization(s) would have engaged in these	A STA		
	reasons for the organization is position that its supported organization of most	2k	۱ (	
	activities but for the organization's involvement.	9.00		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	38		Ì
	trustees of each of the supported organizations? Provide details in Part VI.	38	2   	
	and activities of each	124	.54.4	
	b Did the organization exercise a substantial degree of direction of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	31	J	

niz	ations	in Port VII See
LICT	'AB NOV 20 1370 GADIGII	
	(A) Prior Year	(B) Current Year (optional)
1		
		100 m
5	, and of the con-	
8		(B) Current Year
ļ	(A) Prior Year	(B) Current Tear (optional)
73.25 (1) 1 (1)		
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10		
		Current Year
1		73 33
2		
		(i)
		(A) (A)
5	GA.	
6		
lly i	ntegrated Type III supporti	ng organization (se
	1 2 3 4 5 6 7 8 8 1 1 2 3 3 4 4 5 6 6 7 8 8 1 5 6 6 7 8 8 1 5 6 6 7 8 8 1 1 2 2 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 1 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 2 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 2 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 2 2 2 3 3 3 4 4 5 5 6 6 7 8 8 1 2 2 2 3 3 3 4 4 5 5 6 6 7 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1

Schedule A (Form 990 or 990-EZ) 2017

Schedule	A (Form 990 or 990-EZ) 2017	Organiz	ations (continued)	
Part \		Supporting Organiz	ations (continues)	Current Year
		kempt purposes	ad	
	Amounts paid to perform activity that directly furthers exer	lea		
~	organizations, in excess of income from activity	Compared organ	izations	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	IZALIOTIO	
4	A-sounts poid to acquire exempt-use assets			
5	Qualified sot-aside amounts (prior IRS approval required)	<u></u>		245 Sept.
6	Other distributions (describe in Part VI). See Instructions.			
7			oncive	
<del>.</del>	Distributions to attentive supported organizations to Which	the organization is resp	JOHSIVC	
·	(provide details in <b>Part VI</b> ). See Instructions.		1	4 % h. - 3 % h.
9	Distributable amount for 2017 from Section C, line 6		3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m	
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.			
	Excess distributions carryover, if any, to 2017			
3_	EXCess distributions carry			
a	From 2013			
b				
<u>C</u>				
d		<u> </u>		
е	From 2016			
f	Applied to underdistributions of prior years			
	Applied to direct distributable amount  Applied to 2017 distributable amount			
<u>_</u> _	Carryover from 2012 not applied (see instructions)	A 100 A		
<u>i</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
<u>j</u>	Remainder, Subtract lines og, on, una s			
4	Distributions for 2017 from			
	Applied to underdistributions of prior years  Applied to 2017 distributable amount			
	c Remainder, Subtract lines 4a and 4b from 4.			
	Remainder, Subtract lines 4a and 15 harders for years prior to 2017. If			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
	Remaining underdistributions for 2017. Subtract lines 3	in		
6	and 4b from line 1. For result greater than zero, explain	in		
	Part VI. See instructions.			
	Part VI. See instructions.			
7				
	and 4c.			
	Breakdown of line 7:			
	a Excess from 2013			
	b Excess from 2014			
	c Excess from 2015			
	d Excess from 2016			
	e Excess from 2017	To see a see against a see	Sched	ule A (Form 990 or 990-EZ) 20°

Schedule A (	III, line 12; Par	Information. Provide the Information. Provide the IV, Section A, lines 1, 2, 32; Part IV, Section C, line 1 art V, line 1; Part V, Section 6. Also complete this part	; Part IV, Sectio	n D, lines 2 and 3; P	art iv, dection 2; ii	a or 17b; Part t IV, Section nes 1c, 2a, 2b, t V, Section E,
	lines 2, 5, and	6. Also complete the party		tion. Poimburs	ements 2015:	
Pt II	Ln 10: Other	Income Part II, Lin	e 10 Descrip	SEIOH: REIMBULD	intion	· Andrews
1333.	2017: 52244.	Description: Sublea	ise 2016: 113	300. 2017: 1630	O, Description	
	2017: 12181.					
Other	20171 1222					<u> </u>
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				*		*
				BBO	Schedule /	4 (Form 990 or 990-EZ) 20

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury **Schedule of Contributors** 

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

Employer identification number Internal Revenue Service Name of the organization 20-3272355 Oil Change International, Inc. Organization type (check one): Section: Filers of: 3 ) (enter number) organization 反 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Name of organization

Oil Change International, Inc.

Employer identification number

20-3272355

			andad
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeueu.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 70,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 214,717.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	, DA (b)	(c) Total contributions	(d) Type of contribution
<b>No.</b> 3	Name, address, and ZIP + 4	\$ 50,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	, NL	\$120,944.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 153,500.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 60,247.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number 20-3272355

il Cha	nge International, Inc.		-3272333
Part I	Contributors (see instructions). Use duplicate copies of F		(d)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
<b>No.</b> 7	Name, dudicos, una	\$ 200,000.	Person  Payroll  Noncash  Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 4197962.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 81,670.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b>No.</b>		\$ 50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

20-3272355

Oil Change International, Inc. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Noncash Property (see instructions). Use duplicate copies of		
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	
	Description of noncash property given  (b)  Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (see instructions.)  (d) FMV (or estimate) (see instructions.)  (e) FMV (or estimate) (see instructions.)  (f) FMV (or estimate) (see instructions.)  (g) FMV (or estimate) (see instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (see instructions.)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions.)  (c) FMV (or estimate) (see instructions.)  (d) FMV (or estimate) (see instructions.)

	-orm 990, 990-EZ, or 990-PF) (2017)			Employer identification number			
	ganization nge International, Inc.			20-3272355			
Part III	Exclusively religious, charitable,	or the year from any or rations completing Part	<b>ne contributor.</b> ( III, enter the total	scribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc.			
	Use duplicate copies of Part III if a	dditional space is neede	ed				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	1	(d) Description of how gift is held			
		(e) Transfe					
	Transferee's name, address,	and ZIP + 4	Relation	ship of transferor to transferee			
		***************************************					
(a) No. from	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held			
Part I							
		,		<u> </u>			
-	(e) Transfer of gift						
	Transferee's name, address	, and ZIP + 4	Relation	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held			
Paili							
	(e) Transfer of gift						
	Transferee's name, address	, and ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
Part I							
		_					
ļ							
		(e) Transfe					
L	Transferee's name, address	, and ZIP + 4	Relatio	nship of transferor to transferee			

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of organization 20-3272355 Oil Change International, Inc. Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 Volunteer hours for political campaign activities (see instructions) 3 Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political (d) Amount paid from (c) EIN (b) Address (a) Name contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-. (1)(2)(3)(4)(5)

(6)

Sch	dule	e C (Form 990 or 990-EZ) 2017				F 5700 (-1-	ation under	
Pa	rt II	II-A Complete if the organizati section 501(h)).						
Ā	Che	neck ► ☐ if the filing organization belo	ongs to an affiliated	d group (and list in	Part IV each affil	ated group memb	er s name,	
		address, EIN, expenses, an	d share of excess	lobbying expenditi	ires).			
В	Che	neck 🕨 🗌 if the filing organization che	cked box A and "l	imited control" pro	visions apply.		(b) Affiliated	
		Limits on Lo	bbying Expenditu	res		(a) Filing organization's totals	group totals	
		(The term "expenditures"	means amounts p	oald or incurred.)			<b>Y</b>	
1	а	Total lobbying expenditures to influen-	ce public opinion (	grass roots lobbyir	ng)	5,595.		
	b	Total lobbying expenditures to influen	ce a legislative boo	dy (direct lobbying)		2,149. 7,744.		
	c Total lobbying expenditures (add lines 1a and 1b)					2,179,408.		
	d	Other exempt purpose expenditures		2,1/9,408.	1925:			
	е	Total exempt purpose expenditures (a		2,1631,132.	**************************************			
	f	Lobbying nontaxable amount. Ente	er the amount fro	om the following	table in both	259,358.		
		If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amount	is:		4	
		Not over \$500,000	20% of the am	ount on line 1e.				
		Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess o	ver \$500,000.	7.7		
	-	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	ver \$1,000,000	647 (		
	<b> </b>	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.				
	-	Over \$17,000,000	\$1,000,000.		\$. ************************************	- ME		
	g	Grassroots nontaxable amount (enter				64,840.		
	h	Subtract line 1g from line 1a. If zero c	or less, enter -0-			0.		
	ì	Cubtract line of from line to If zero of	r less, enter -0-			0.		
	j	If there is an amount other than ze reporting section 4911 tax for this ye	ero on either line	1h or line 1i, did	the organization	file Form 4720	Yes X No	
		4 (Some organizations that made a See	-Year Averaging I section 501(h) ele the separate instr	uctions for lines a	e to complete all 2a through 2f.)	of the five colum	nns below.	
_		Lobby	ing Expenditures	During 4-Year Av	eraging Period			
		Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) Total	
	<b>2</b> a	Lobbying nontaxable amount	239,734.	56,109.	259,051	259,358.	814,252.	
	b	Lobbying ceiling amount (150% of line 2a, column (e))					1,221,378	
	С	: Total lobbying expenditures	14,668.	8,962.	5,348	7,744.	36,722	
	d							
	е	Grassroots ceiling amount						

REV 03/08/19 PRO

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Part II	C (Form 990 or 990-EZ) 2017  Complete if the organization is exempt under section 501(c)(3) and has NOT f	iled I	-orm	5708
	(election under section 501(h)).	(a	)	(b) :
For ea descrip	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed bition of the lobbying activity.	Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a b	Volunteers?	0.95.00		
_	Modio advertisaments?		\$:	
d	Mailings to members, legislators, or the public?	E.		
е	Publications, or published or broadcast statements?		l	7 (12)
f	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?	17.72	50500	
g	Direct contact with legislators, their stans, government officials, of a legislative busy. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
h	Other activities?	-		
!	Total. Add lines 1c through 1i			
)	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	e de la companya della companya della companya de la companya della companya dell		
2a b	15 "Vee." enter the amount of any tax incurred under section 4912			
_	If "Vos." onter the amount of any tax incurred by organization managers under section 4912	NAME:		
ď	1011 Street amonitoring incurred a section 4912 tax, did if tile Form 4/20 for this year?	\/F\	27.00	Avion
Part		;)(0),	orse	CHOH
	501(c)(6).			Yes !
				1
1	Were substantially all (90% or more) dues received nondeductible by members?			2
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the	 e prio:	r vear	
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 110, 10, 10, 10, 10, 10, 10, 10, 10, 10	OR (b	) Pai	t III-A, line 3,
1	Dues, assessments and similar amounts from members	s of		
2	political expenses for which the section 527(f) tax was paid).		Virginia.	
	Current year		2a	
a	Carryover from last year		2b	
b	Total		2c	
с 3	Agreement amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	111
4	the amount on line 3, what portion to	) (LIO		
·	excess does the organization agree to carryover to the reasonable estimate of nondeductible too	~,9	4	AND
	and political expenditure next year?		5	
5	Taxable amount of lobbying and political expenditures (see instructions)			
Par	Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gl	roup	ist); P	art II-A, lines 1
Provid	the descriptions required for Part FA, line 1, Part FB, line 4, 1 art FB, line 3, 1 art FB, line 3, 1 art FB, line 3, 1 art FB, line 1, Part FB, line 4, 1 art FB, line 3, 1 a	•	,,	
2 (see	I-B Line 1: Direct lobbying includes visits with Senate and House			
	I-B Line 1: staff and members on legislation on the Keystone XL			
	I-B Line 1: pipeline and the crude oil export ban. Grassroots			
	I-B Line 1: lobbying includes communications via e-mail to our lis			
	I-B Line 1: members asking them to contact legislators regarding			
Pt ]	II-B Line 1: legislation on the Keystone XL pipeline and the crude			

Schedule C (Forr	m 990 or 990-EZ) 2017			Page 4
Part IV	Supplemental Information (continued)			
Pt II-B L	Line 1: oil export ban.			
				Sint .
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Page 4

#### 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

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

Open to Public Inspection

Name of	the organization		Employer Identification number
Oil	Change International, Inc.		20-3272355
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	as of Accounts.
,	Complete if the organization answered '	"Yes" on Form 990, Part IV, lifte 6. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	
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	advisors in writing that the assets h	eld in donor advised
5	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🔲 Yes 🗌 No
•	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds can be used
6	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		,隐。② 爲.. 🗌 Yes 🗌 No
Dar	Conservation Easements.		
rai	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1	Durnago(a) of conservation easements held by the	organization (check all that apply).	
•	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation c	of a certified historic structure
	Drosonyation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		Heid at the End of the Tax Tear
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	its	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired aπer 7/25/06, and not	2d
	historic structure listed in the National Register		
3	Number of conservation easements modified, tran	isterred, released, extinguished, or ter	Itilitated by the organization daming the
	tax year ▶	amentic located	
4	Number of states where property subject to conse Does the organization have a written policy re	payding the periodic monitoring in	spection, handling of
5	violations, and enforcement of the conservation en	asements it holds?	Yes 🗌 No
_	Staff and volunteer hours devoted to monitoring, Inspec	cting handling of violations, and enforcing	conservation easements during the year
6	Start and volunteer hours devoted to monitoring, inspec	zang, manaling of riolations, and	
7	Amount of expenses incurred in monitoring, inspecti	ing handling of violations, and enforcing	conservation easements during the year
7	<b>▶\$</b>		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		, Yes   No
9	In Doct VIII, describe how the organization reports	conservation easements in its revenu	e and expense statement, and
•	balance sheet, and include, if applicable, the text	of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easem	nents.	
Par	t III Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	),
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in it	ducation or research in furtherance
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	ar assets field for public exhibition, of the footnote to its financial statements the	at describes these items.
	If the organization elected, as permitted under	CEAS 116 (ASC 958) to report in its	s revenue statement and balance she
b	works of art, historical treasures, or other similar	ar assets held for public exhibition.	education, or research in furtherance
	public service, provide the following amounts rela	eting to these items:	
	public service, provide the following amounts rea	1	<i>.</i> . <b>▶</b> \$
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		> \$
_	If the organization received or held works of a	rt historical treasures, or other simil	ar assets for financial gain, provide th
2	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these	items:
_	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
a	Assets included in Form 990 Part X		, <b>▶</b> \$

Part	Organizations Maintaining Col	lections of Art, Hist	orical Treasures,	or Other Similar Ass	ets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply):				initicant use of its
а	☐ Public exhibition	d [	Loan or exchange	e programs	4.
b	Scholarly research	<b>e</b> [	Other		
С	Droponyation for future generations				
4	Provide a description of the organization's XIII.				
5	During the year, did the organization solid assets to be sold to raise funds rather than	n to be maintained as p	of art, historical tre art of the organization	easures, or other similar on's collection?	☐ Yes ☐ No
Part	V Escrow and Custodial Arrange	ements.			
	Complete if the organization and	swered "Yes" on Forr	ກ 990, Part IV, line	9, or reported an amo	ount on Form
	990, Part X, line 21.				100 100 100 100 100 100 100 100 100 100
1a	Is the organization an agent, trustee, cus	stodian or other interm	ediary for contributi	ons or other assets not	
	included on Form 990, Part X?				∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part X	(III and complete the fo	lowing table:		
				200	nount
С	Beginning balance			1c	
d	Additions during the year			11d	
е	Distributions during the year			1e	
f	Ending halance		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
2a	Did the organization include an amount of	n Form 990. Part X. line	21, for escrow or cu	istodial account liability	Yes   No
b	If "Yes," explain the arrangement in Part	(III. Check here if the ex	planation has been	provided on Part XIII .	<u> Ll</u>
Par	V Endowment Funds.		27 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -		
	Complete if the organization an	swered "Yes" on For	m 990, Part IV, line	10.	T
	(4	a) Current year (b) Pri	or year (c) Two year	s back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions	1			
c	Net investment earnings, gains, and				
•	losses	. 22.224	,		
d	Grants or scholarships				
ě	Other expenditures for facilities and				
_	programs		Section 2		
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	current year end balanc	e (line 1g, column (a	)) held as:	
a	Board designated or quasi-endowment	<b>-</b> %			
b	Permanent endowment	%			
c	Temporarily restricted endowment ▶	%			
•	The percentages on lines 2a, 2b, and 2c	shou <b>ld equal</b> 100%.			
3a	Are there endowment funds not in the po	ossession of the organi	zation that are held	and administered for th	e C
==	organization by:	op.			Yes No
	(i) unrelated organizations	<b>.</b>			3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related orga	nizations listed as requ	ired on Schedule R?		3b
4	Describe in Part XIII the intended uses of	the organization's end	owment funds.		
Par	I and Buildings, and Equipme	ent.			D 1 V " 10
	Complete if the organization ar	swered "Yes" on Fo	m 990, Part IV, line	e 11a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
4.0	Land				
1a	Buildings				
b	Leasehold improvements				
9	Equipment		41,359.	26,320.	15,039.
d e	Other				
Total	Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Part	X, column (B), line 10	Oc.)	15,039.

art VII	Investments – Other Securities.  Complete if the organization answere	ed "Yes" on For	m 990, Part IV, lir	ie Lipr gee Louit goo't greyd me re-
	(a) Description of security or category		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(including name of security)			
Financial	derivatives			
	neld equity interests			
(A)				
B)				
(C)				
(D)  (E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		<u></u>	
art VIII				Goo Form GOO Part X line 13
	Complete if the organization answer	red "Yes" on Fo	orm 990, Part IV, I	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	Cost or end-of-year market value
)				
2)			(4)% (4)%	
3)			,Attivité	
4)				
				YYY 12.
				50 A2
5)				
5) 6)				
5) 6) (7)				
(8)		4		
(5) (6) (7) (8)	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
(5) (6) (7) (8) (9) otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.		200 Part IV	line 11d. See Form 990. Part X, line 15
5) 6) 7) (8) (9) otal. (Column	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15
5) 6) 7) 8) 9) otal. (Column	Other Assets.  Complete if the organization answer		orm 990, Part IV,	line 11d. See Form 990, Part X, line 190, Book value
5) 6) 7) 8) 9) otal. (Columi Part IX	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 18
5) 6) 7) 8) 9) otal. (Column Part IX	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15
5) 6) 7) 8) 9) otal. (Column Part IX (1) (2)	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15
5) 6) 7) 8) 9) otal. (Column Part IX (1) (2) (3)	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
5) 6) 7) 8) 9) otal. (Column Part IX  (1) (2) (3)	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
5) 6) 7) 8) 9) otal. (Column Part IX  (1) (2) (3) (4)	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 19 (b) Book value
5) 6) 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15 (b) Book value
5) 6) 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answer	ered "Yes" on F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 18 (b) Book value
5) 6) 7) 8) 9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) D	ered "Yes" on F	orm 990, Part IV,	
(5) (6) (7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answer (a) D	ered "Yes" on Foescription  7. (B) line 15.)		
(5) (6) (7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) D	ered "Yes" on Foescription  7. (B) line 15.)		
(5) (6) (7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answer (a) Description (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answer.	ered "Yes" on Foescription  7. (B) line 15.)		
5) 6) (7) (8) (9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answer (a) Description (b) must equal Form 990, Part X, col.  Other Liabilities. Complete if the organization answer line 25.	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  7. (B) line 15.)		
5) 6) 7) 8) 9) 1tal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Co	Other Assets. Complete if the organization answer (a) Description (b) must equal Form 990, Part X, col.  Other Liabilities. Complete if the organization answer line 25.	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) tal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Co	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) tal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federa (2) (3)	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) tal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Co Part X  (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) tal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co Part X  (1) Federa (2) (3) (4) (5) (6) (7) (8) (7) (8)	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  (B) line 15.)		
5) 6) 7) 8) 9) otal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Co Part X  1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9)	Other Assets. Complete if the organization answer (a) Description of liability  Other Liabilities. Complete if the organization answer (a) Description of liability	ered "Yes" on Foescription  (B) line 15.)		

Part	Reconciliation of Revenue per Audited Financial Statemen	ents with Revenue per	netun	11.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	1	1,796,157.
1	Total revenue, gains, and other support per audited financial statements			1,190,101,
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		Andre 1
а	Net unrealized gains (losses) on investments	2b	-	
b	Donated services and use of facilities	2c		
C	Recoveries of prior year grants	2d		
d	Other (Describe in Part XIII.)	<u> </u>	2e	
е	Add lines 2a through 2d		3	1,796,157.
3	Subtract line 2e from line 1	i	3	1,130,1311
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	145	2.7	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b	Other (Describe in Part XIII.)	<u> </u>	4c	
C	Add lines 4a and 4b	12)	5	1,796,157.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line  XII Reconciliation of Expenses per Audited Financial States	nents With Expenses r		
Part	Complete if the organization answered "Yes" on Form 990,	Part IV line 12a.	ģ.	
	Complete if the organization answered Tes of Form 990,		41	2,509,166.
1	Oldi expenses and iosses per addited interiord oversition			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
а	Donated services and use of facilities	2b		
b	Prior year adjustments	2c 2c		
C	Other losses	2d		
d	Other (Describe in Part XIII.)	20	2e	
е	Add lines 2a through 2d		3	2,509,166.
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	46		
b			4c	}
C	Add lines 4a and 4b		5	2,509,166.
5		Managara A.		
Part	the state of the state of the Bort II lines 3 5 and 9 Part III lines 1a at	nd 4: Part IV, lines 1b and	2b; Parl	V, line 4; Part X, line
Provi	to the descriptions required for Part II, lines 3, 3, and 3, 1 art III, and a triple this part XI, lines 2d and 4b. Also complete this part	t to provide any additional	informa	ation.
2, Fa	[[ Al, lilles 2d and 4b, and 1 are All, lilles ad and 1			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
D+ 5	k, Line 2: The Organization evaluated its tax posi	tions		
P+ 3	(, Line 2: and determined it has no uncertain tax	positions as of		
Pt S	K, Line 2: June 30, 2018. The Organization's 2015	5 through 2017 tax		
Pt 3	K, Line 2: years are open for examination by feder	cal taxing		
Pt :	x, Line 2: authorities.			
	(S. 20° No. 201			
			,,	

Schedule D (Fo	rm 990) 2017	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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#### **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Oil Change International, Inc. Employer identification number 20-3272355

Part	Form 990, Part IV, line 1	l4b.		ne United States. Comp		
1	For grantmakers. Does the assistance, the grantees' eligerants or assistance?	gibility for the	grants or as:	sistance, and the selection	ount of its grants and other criteria used to award the	⊠Yes □No
2	For grantmakers. Describe assistance outside the Unite		he organizatio	on's procedures for monit	oring the use of its grant	s and other
3	Activities per Region. (The fo	Ilowing Part	, line 3 table c	an be duplicated if additior	nal space is needed.)	•
	(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 listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) E	Curope	0	0	program services	global subsidies	240,000.
(2)						
(3)		,				
(4)						
(5)						
(6)						
(7)				_443		
(8)						
(9)		200 Will W 200 H				
(10)						
(11)						
(12)						
(13)						
(14)				**************************************		
(15)		100 100 100 100 100 100 100 100 100 100				
(16)						
(17)	Cub total	0	0			240,000.
3a b	Sub-total Total from continuation sheets to Part I	0	0			210,000.
С	Totals (add lines 3a and 3b)	0	0			240,000.

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Schedule F (	Schedule F (Form 990) 2017	Page Z
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	rorm 890,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

t of n fV. ther)											California de la Califo				- Wasan		
(f) Method of valuation (book, FMV, appraisal, other)	actual	actual															
(h) Description of noncash assistance	160000	80000								1				1100	- Andrews		
(g) Amount of noncash assistance	0	0							7,71,11,11,11,11,11,11,11,11,11,11,11,11								
(f) Manner of cash disbursement	transfer	transfer		The state of the s			· · · · · · · · · · · · · · · · · · ·	And the state of t									
(e) Amount of cash grant	160,000.	80,000						- ANGELOWAY		777777777777777777777777777777777777777	TANKS AND			, the result		- Andrew Prince - Andrew - An	
(d) Purpose of grant	Fossil fuel subsidy	file										The state of the s		And the state of t	n private and priv		
te of (b) IRS code (c) Region section and EIN (if applicable)	Europe		3	The second secon		La Constitution of the Con											
(b) IRS code section and EIN (if applicable)													1				
(a) Name of organization					TEN STATE												
-	E	୍ର	) ()	∫ ∃	9	9	<u> </u>	) @	(	(10)	] {	\ <u>\</u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(£3)	<u>4</u>	(19)	(16)	

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

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Schedule F (Form 990) 2017

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Schedule F (Form 990) 2017

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance Part III (11) (14) (18) (10) (12)(13) (15)(16) (17) Ξ <u>a</u> 9  $\mathbf{\epsilon}$ 8 <u>6</u> 3 ල 

Schedule F (Form 990) 2017

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Part	IV 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 may 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)		⊠ 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)		⊠ 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

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Schedule F (Form 990) 2017

# Part V 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.

Pt I Line 2: OCI meets with all prospective grantees. They are	
Pt I Line 2: furnished an official award notification that includes	
Pt I Line 2: the terms of the grant.	
Pt I Line 2: For grants \$3,000 and above, grantees must agree to:	
Pt I Line 2: 1) use all funds for charitable, scientific, literary or	
Pt I Line 2: educational purposes, 2) funds will not be used to	
Pt I Line 2: influence the outcome of public elections or intervene	
Pt I Line 2: in any political campaign, 3) funds will not be used to	***************************************
Pt I Line 2: carry on propaganda or influence legislation,	
Pt I Line 2: 4) maintain financial records that demonstrate use of all	
Pt I Line 2: funds and keep records for 4 years, 5) allow OCI staff	<b>, , , , , , , , , , , , , , , , , , , </b>
Pt I Line 2: to conduct audits and evaluations of the use of grant	
Pt I Line 2: funds, 6) provide a 1-2 page narrative and financial	
Pt I Line 2: report detailing the use of funds and 7) return any	
Pt I Line 2: grant funds not expended in accordance with terms of the	
Pt I Line 2: agreement.	************
Pt I Line 3 Col (F): Grants are accounted for using the accrual method.	
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#### SCHEDULE O (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 2001 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

20-3272355 Oil Change International, Inc. Pt VI, Line 11b: Board members have the opportunity to review the 990 Pt VI, Line 11b: ask any questions prior to filing. Pt VI, Line 15a: The board of directors determines the executive director Pt VI, Line 15a: salary based on comparative data. Pt VI, Line 18: The Organization will provide the 990 upon request. Pt VI, Line 12c: The Organization has a very small staff. The board Pt VI, Line 12c: and Executive Director monitor compliance with the Pt VI, Line 12c: conflict of interest policy. Pt XII, Line 2c: The finance committee has expanded its responsibilities to Pt XII, Line 2c: include oversight of the audit. Pt VI, Line 15b: The executive director determines compensation of Pt VI, Line 15b: employees based on comparative industry data. Pt VI, Line 19: Documents are available upon request. Pt III, Line 4d: Expenses: \$374,278 including grants of: \$0 Revenue: \$0 Description: Educate the public about alternative energy, including wind power, and corporate responsibility (107). Pt IX, Line 24e: Description: Filing and registration fees Total: \$2,290 Program services: \$1,980 Management and general: \$310 Fundraising: \$0 Description: Bank charges Total: \$2,625

Name of the organization	Employer identification number
Oil Change International, Inc.	20-3272355
Program services: \$328	
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Management and general: \$2,202	
Fundraising: \$95	
Description: Copying and printing	
Total: \$1,826	
Program services: \$1,592	
Management and general: \$222	
Fundraising: \$12	
Description: Membership fees	
Total: \$1,221	
Program services: \$1,221	
Management and general: \$0	
	<u> </u>
Fundraising: \$0	
Description: Payroll fees	
Total: \$6,876	
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Program services: \$0	
Management and general: \$6,876	
Fundraising: \$0	
Fundraising. 40	