

Short Form

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning January 01, 2017, and ending December 31, 2017

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
Means Database Inc a.k.a. MEANS Database

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
1629 K ST NW, STE 300

City or town, state or province, country, and ZIP or foreign postal code
Washington, DC 20006

D Employer identification number
47-4262060

E Telephone number
202-449-1507

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ <http://meansdatabase.com/>

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **81,553**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1 Contributions, gifts, grants, and similar amounts received																													81,553	
	2 Program service revenue including government fees and contracts																														
	3 Membership dues and assessments																														
	4 Investment income																														
	5a Gross amount from sale of assets other than inventory																														
	b Less: cost or other basis and sales expenses																														
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														
c Less: direct expenses from gaming and fundraising events																															
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															
7a Gross sales of inventory, less returns and allowances																															
b Less: cost of goods sold																															
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8 Other revenue (describe in Schedule O)																															0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																														81,553	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits																														54,935
	13 Professional fees and other payments to independent contractors																														
	14 Occupancy, rent, utilities, and maintenance																														3,836
	15 Printing, publications, postage, and shipping																														342
	16 Other expenses (describe in Schedule O)																														10,488
17 Total expenses. Add lines 10 through 16 ▶																														69,601	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																													11,952	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													19,293	
	20 Other changes in net assets or fund balances (explain in Schedule O)																													0	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶																														31,245

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . .

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ DC		
42a	The organization's books are in care of ▶ Maria Rose Belding Telephone no. ▶ 641-204-2206 Located at ▶ 4100 Massachusetts Ave NW, #504, Washington, DC ZIP + 4 ▶ 20016		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

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

Sign Here	▶ Signature of officer	Date
	▶ Maria Rose Belding Executive Director Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
Means Database Inc

Employer identification number
47-4262060

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					81,553	81,553
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					81,553	81,553
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						81,553

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6					81,553	81,553
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					81,553	81,553
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<input type="checkbox"/>	<input type="checkbox"/>
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
b A family member of a person described in (a) above?	<input type="checkbox"/>	<input type="checkbox"/>
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<input type="checkbox"/>	<input type="checkbox"/>
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule of Contributors

2017

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

Name of the organization
Means Database Inc

Employer identification number
47-4262060

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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) filing 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) filing 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 totaling \$5,000 or more during the year ▶ \$ _____

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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Means Database Inc	Employer identification number 47-4262060
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	American Heart Association, 7272 Greenville Avenue, Dallas, TX-75231	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Valley Venture Mentoring Service, 1500 Main Street, PO BOX 15396, Springfield, MA-01115	\$ 22,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Schultz Family Foundation, 4209 21ST AVE W, STE 401, Seattle, WA-98199	\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Irvin Stern Foundation, 213 West Institute Place, Suite 210, Chicago, IL-60610	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Jim Stanczak, 101 Pine St, Belchertown, MA-01007	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Means Database Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

47-4262060

#1: FormAndLineReferenceDesc: Part I, line 16

ExplanationTxt:

Other Expenses :

Amount :

CHECK # 8	\$95
RECURRING PAYMENT AUTHORIZED ON 01/12 HEROKU 866-278-1349 CA S587012579954997 CARD	\$143
PURCHASE AUTHORIZED ON 01/18 PRESIDENTS VOL SRV 404-979-2900 GA S307018502353034	
CARD1606	\$100
PURCHASE AUTHORIZED ON 01/23 AMTRAK .COM 023071 WASHINGTON DC S587023801142911 CARD	\$166
PAYPAL INST XFER 170125 FASTSPRING MEANS DATABASE INC.	\$29
CHECK # 1044	\$106
RECURRING PAYMENT AUTHORIZED ON 01/28 INTUIT *QB ONLINE 800-286-6800 CA	
S587028396877548CARD 0270	\$34
PURCHASE AUTHORIZED ON 01/27 INTUIT *PAYROLL 888-537-7794 CA S387027444755156 CARD	\$33
PURCHASE AUTHORIZED ON 01/31 CORPORATE CREATION 561-694-8107 FL S307030748712014	
CARD0270	\$42
PURCHASE AUTHORIZED ON 02/02 UBER US FEB02 HW HELP.UBER.COM CA S387034124896595 CARD	\$12
PURCHASE AUTHORIZED ON 02/03 GOOGLE *SVCSAPPS_0 cc@google.com CA S467034285904839	
CARD0262	\$5
CHECK # 3	\$69
RECURRING PAYMENT AUTHORIZED ON 02/13 HEROKU 866-278-1349 CA S307045001237128 CARD	\$142
PURCHASE AUTHORIZED ON 02/16 AIRBNB 855-424-7262 CA S587048003719967 CARD 0270	\$237
PURCHASE AUTHORIZED ON 02/16 AMTRAK .COM 047060 WASHINGTON DC S307047803180376 CARD	\$218
PURCHASE AUTHORIZED ON 02/16 SOUTHWES 526248 800-435-9792 TX S587047706884695 CARD	\$191
PURCHASE AUTHORIZED ON 02/16 AMTRAK .COM 047062 WASHINGTON DC S387047711459165 CARD	\$28
PAYPAL INST XFER 170225 FASTSPRING MEANS DATABASE INC.	\$29
PURCHASE AUTHORIZED ON 02/27 INTUIT *PAYROLL 888-537-7794 CA S587058467200006 CARD	\$33

Name of the organization Means Database Inc	Employer identification number 47-4262060
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#2: FormAndLineReferenceDesc: Part I, line 16

ExplanationTxt:

Other Expenses :

Amount :

RECURRING PAYMENT AUTHORIZED ON 02/28 INTUIT *QB ONLINE 800-286-6800 CA S307059360459879CARD 0270	\$34
PURCHASE AUTHORIZED ON 03/02 SQ *PEACE CAB TAXI Windsor CT S587061831050702 CARD 0270	\$79
PURCHASE AUTHORIZED ON 03/05 AMTRAK 064688 BALT-WASH INT MD S587065022313395 CARD	\$4
CHECK # 1133	\$280
RECURRING PAYMENT AUTHORIZED ON 03/09 HEROKU 866-278-1349 CA S307068706213960 CARD	\$142
RECURRING PAYMENT AUTHORIZED ON 03/17 SPRINT *WIRELESS 800-639-6111 KS S587076321994536CARD 0270	\$262
PURCHASE AUTHORIZED ON 03/21 SOUTHWES 526249 800-435-9792 TX S387080741555986 CARD	\$245
PAYPAL INST XFER 170325 FASTSPRING MEANS DATABASE INC.	\$29
PURCHASE AUTHORIZED ON 03/24 WINKING LIZARD - 2 NORTH CANTON OH S587083845680131 CARD0270	\$22
PURCHASE AUTHORIZED ON 03/27 INTUIT *PAYROLL 888-537-7794 CA S467086440954048 CARD	\$33
RECURRING PAYMENT AUTHORIZED ON 03/29 INTUIT *QB ONLINE 800-286-6800 CA S467087789554571CARD 0270	\$34
PURCHASE AUTHORIZED ON 04/03 GOOGLE *SVCSAPPS_0 cc@google.com CA S467093273163338 CARD0262	\$12
PURCHASE AUTHORIZED ON 04/09 AMTRAK 099923 BALT-WASH INT MD S307100040819689 CARD	\$16
RECURRING PAYMENT AUTHORIZED ON 04/11 HEROKU MAR-1096127 866-278-1349 CA S387101727359096CARD 0262	\$142
RECURRING PAYMENT AUTHORIZED ON 04/14 SPRINT *WIRELESS 800-639-6111 KS S587104336738454CARD 0270	\$262
PURCHASE AUTHORIZED ON 04/19 SOUTHWES 526210 800-435-9792 TX S387109692429247 CARD	\$200
PAYPAL INST XFER 170425 FASTSPRING MEANS DATABASE INC.	\$29

Name of the organization Means Database Inc	Employer identification number 47-4262060
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#3: FormAndLineReferenceDesc: Part I, line 16

ExplanationTxt:

Other Expenses :

Amount :

PURCHASE AUTHORIZED ON 04/27 INTUIT *PAYROLL 888-537-7794 CA S387117410392776 CARD	\$33
RECURRING PAYMENT AUTHORIZED ON 04/28 INTUIT *QB ONLINE 800-286-6800 CA S307118357172474CARD 0270	\$34
CHECK # 1079	\$88
PURCHASE AUTHORIZED ON 05/03 GOOGLE *SVCSAPPS_0 cc@google.com CA S307123445526859 CARD0262	\$19
PURCHASE AUTHORIZED ON 05/04 UBER US MAY04 ZU HELP.UBER.COM CA S587124412067112 CARD	\$51
PURCHASE AUTHORIZED ON 05/04 UBER US MAY04 O3 HELP.UBER.COM CA S387124525572287 CARD	\$29
PURCHASE AUTHORIZED ON 05/07 UBER US MAY07 X7 HELP.UBER.COM CA S587127587144534 CARD	\$51
PURCHASE AUTHORIZED ON 05/07 UBER TECHNOLOGIES 866-576-1039 CA S467127401601163 CARD	\$29
RECURRING PAYMENT AUTHORIZED ON 05/09 HEROKU APR-1129064 866-278-1349 CA S307130081947786CARD 0262	\$143
PURCHASE AUTHORIZED ON 05/10 SOUTHWES 526852 800-435-9792 TX S307130740665833 CARD	\$150
PURCHASE AUTHORIZED ON 05/11 AMERICAN AIR001212 FORT WORTH TX S587131505877850 CARD	\$84
PAYPAL INST XFER 170525 FASTSPRING MEANS DATABASE INC.	\$29
RECURRING PAYMENT AUTHORIZED ON 05/29 INTUIT *QB ONLINE 800-286-6800 CA S587148442795259CARD 0270	\$42
PURCHASE AUTHORIZED ON 05/30 INTUIT *PAYROLL 888-537-7794 CA S467150500678432 CARD	\$41
RECURRING PAYMENT AUTHORIZED ON 05/31 NAME-CHEAP.COM NAM 323-375-2822 AZ S387151504477455CARD 0262	\$86
PURCHASE AUTHORIZED ON 06/03 GOOGLE *SVCSAPPS_0 cc@google.com CA S587154043798375 CARD0262	\$9
PURCHASE AUTHORIZED ON 06/05 ARAMARK AT AMERICA WASHINGTON DC S587156536026624 CARD	\$13
PURCHASE AUTHORIZED ON 06/07 UBER TRIP CIYAN HELP.UBER.COM CA S587158552457216 CARD	\$7

Name of the organization Means Database Inc	Employer identification number 47-4262060
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#4: FormAndLineReferenceDesc: Part I, line 16

ExplanationTxt:

Other Expenses :	Amount :
PURCHASE AUTHORIZED ON 06/07 UBER US JUN07 4S HELP.UBER.COM CA S387158521306862 CARD	\$7
PURCHASE AUTHORIZED ON 06/09 UBER TECHNOLOGIES 866-576-1039 CA S387160648247219 CARD	\$12
PURCHASE AUTHORIZED ON 06/11 UBER TECHNOLOGIES 866-576-1039 CA S467162055182032 CARD	\$8
PURCHASE AUTHORIZED ON 06/12 HEROKU MAY-1156776 HEROKU.COM CA S587163828152571 CARD	\$143
PURCHASE AUTHORIZED ON 06/16 EIG*iPage 866-5392854 MA S387167530051678 CARD 0270	\$54
PAYPAL INST XFER 170625 FASTSPRING MEANS DATABASE INC.	\$29
PURCHASE AUTHORIZED ON 06/27 INTUIT *PAYROLL 888-537-7794 CA S587178424752082 CARD	\$41
RECURRING PAYMENT AUTHORIZED ON 06/28 INTUIT *QB ONLINE 800-286-6800 CA S307179351695882CARD 0270	\$42
PURCHASE AUTHORIZED ON 06/29 UBER US JUN29 HA HELP.UBER.COM CA S467180791000318 CARD	\$9
PURCHASE AUTHORIZED ON 06/30 UBER TECHNOLOGIES 866-576-1039 CA S467181163417535 CARD	\$8
PURCHASE AUTHORIZED ON 06/30 US LIABILITYINSURA 866-632-2003 PA S307181687607734 CARD0270	\$930
THE HARTFORD NTCLBIIVRC 14945986 WELLS FARGO BANK	\$455
RECURRING PAYMENT AUTHORIZED ON 07/11 HEROKU JUN-1197469 866-278-1349 CA S587192688570573CARD 0262	\$144
PURCHASE AUTHORIZED ON 07/12 STARBUCKS STORE 07 WASHINGTON DC S467193488307518 CARD	\$27
PURCHASE AUTHORIZED ON 07/14 CORPORATE CREATION 561-694-8107 FL S387194747440321 CARD0270	\$42
PURCHASE AUTHORIZED ON 07/14 STARBUCKS STORE 07 WASHINGTON DC S307195482335552 CARD	\$40
PURCHASE AUTHORIZED ON 07/20 EIG*iPage 866-5392854 MA S587201619491304 CARD 0270	\$23
PAYPAL INST XFER 170725 FASTSPRING MEANS DATABASE INC.	\$29
PURCHASE AUTHORIZED ON 07/26 Z BURGER WASHINGTON DC S387207596184518 CARD 0270	\$64
PURCHASE AUTHORIZED ON 07/27 INTUIT *PAYROLL 888-537-7794 CA S467208420520914 CARD	\$41

Name of the organization Means Database Inc	Employer identification number 47-4262060
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#5: FormAndLineReferenceDesc: Part I, line 16

ExplanationTxt:

Other Expenses :	Amount :
PURCHASE AUTHORIZED ON 07/26 Z BURGER WASHINGTON DC S467207598093801 CARD 0270	\$10
RECURRING PAYMENT AUTHORIZED ON 07/28 INTUIT *QB ONLINE 800-286-6800 CA S467209324718166CARD 0270	\$53
PURCHASE AUTHORIZED ON 08/02 GOOGLE *SVCSAPPS_0 cc@google.com CA S467214830391297 CARD0262	\$1
PURCHASE AUTHORIZED ON 08/07 UBER US AUG07 4ANA 800-5928996 CA S467219540343059 CARD	\$20
PURCHASE AUTHORIZED ON 08/07 SOUTHWES 526875 800-435-9792 TX S387219616598172 CARD	\$282
RECURRING PAYMENT AUTHORIZED ON 08/09 HEROKU JUL-1238349 866-278-1349 CA S387221748135759CARD 0262	\$143
CHECK # 1080	\$250
PURCHASE AUTHORIZED ON 08/09 FOUR POINTS BY SHE WARWICK RI S467220819613098 CARD 0270	\$108
PURCHASE AUTHORIZED ON 08/21 SQ *RPDSON@GMAIL.C PAWTUCKET RI S587234157695455 CARD	\$8
PURCHASE AUTHORIZED ON 08/22 UBER US AUG22 ZB6P 800-5928996 CA S307234482629417 CARD	\$14
PURCHASE AUTHORIZED ON 08/22 UBER US AUG22 NM HELP.UBER.COM CA S307234499139158 CARD	\$6
PAYPAL INST XFER 170825 FASTSPRING MEANS DATABASE INC.	\$29
PURCHASE AUTHORIZED ON 08/26 SQC*ZOEY JORDAN SA 8774174551 CA S307238618745762 CARD	\$269
RECURRING PAYMENT AUTHORIZED ON 08/28 INTUIT *QB ONLINE 800-286-6800 CA S587240299132080CARD 0270	\$53
PURCHASE AUTHORIZED ON 08/28 INTUIT *PAYROLL 888-537-7794 CA S387240534119832 CARD	\$41
PURCHASE AUTHORIZED ON 09/06 EXPEDIA 7293752608 EXPEDIA.COM WA S307249641221830 CARD	\$91
PURCHASE AUTHORIZED ON 09/06 SOUTHWES 526876 800-435-9792 TX S467249647442072 CARD	\$162
PURCHASE AUTHORIZED ON 09/06 SOUTHWES 526876 800-435-9792 TX S387249649486228 CARD	\$142
RECURRING PAYMENT AUTHORIZED ON 09/13 HEROKU AUG-1280036 866-278-1349 CA S467256846698145CARD 0262	\$143

Name of the organization Means Database Inc	Employer identification number 47-4262060
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#6: FormAndLineReferenceDesc: Part I, line 16

ExplanationTxt:

Other Expenses :

Amount :

PURCHASE AUTHORIZED ON 09/18 UBER TECHNOLOGIES 866-576-1039 CA S387261433406772 CARD	\$20
PAYPAL INST XFER 170925 FASTSPRING MEANS DATABASE INC.	\$29
PURCHASE AUTHORIZED ON 09/27 INTUIT *PAYROLL 888-537-7794 CA S387270417646589 CARD	\$41
RECURRING PAYMENT AUTHORIZED ON 09/28 INTUIT *QB ONLINE 800-286-6800 CA S307271448112980CARD 0270	\$53
PURCHASE AUTHORIZED ON 10/03 GOOGLE *SVCSAPPS_0 cc@google.com CA S467275850259804 CARD0262	\$1
RECURRING PAYMENT AUTHORIZED ON 10/12 HEROKU SEP-1322604 866-278-1349 CA S307285747238918CARD 0262	\$143
PURCHASE AUTHORIZED ON 10/18 UBER TECHNOLOGIES 866-576-1039 CA S587291111693852 CARD	\$18
PURCHASE AUTHORIZED ON 10/17 UBER US OCT17 AQ HELP.UBER.COM CA S467290585577722 CARD	\$16
PAYPAL INST XFER 171025 FASTSPRING MEANS DATABASE INC.	\$29
PURCHASE AUTHORIZED ON 10/26 UBER TRIP CPOH5 HELP.UBER.COM CA S387299584684897 CARD	\$24
PURCHASE AUTHORIZED ON 10/26 UBER TECHNOLOGIES 866-576-1039 CA S587299434457191 CARD	\$17
RECURRING PAYMENT AUTHORIZED ON 10/28 INTUIT *QB ONLINE 800-286-6800 CA S587301307054639CARD 0270	\$53
PURCHASE AUTHORIZED ON 10/27 UBER US OCT27 MD HELP.UBER.COM CA S307300647308299 CARD	\$18
PURCHASE AUTHORIZED ON 10/27 UBER US OCT27 PL HELP.UBER.COM CA S307300585127772 CARD	\$14
PURCHASE AUTHORIZED ON 10/29 UBER US OCT29 IL HELP.UBER.COM CA S587303075499282 CARD	\$13
PURCHASE AUTHORIZED ON 10/30 UBER TECHNOLOGIES 866-576-1039 CA S587302798025176 CARD	\$10
PURCHASE AUTHORIZED ON 11/01 UBER TRIP NAAGE HELP.UBER.COM CA S307305125970247 CARD	\$5
PURCHASE AUTHORIZED ON 10/31 UBER TRIP 6THRW HELP.UBER.COM CA S387304836978227 CARD	\$4
PURCHASE AUTHORIZED ON 11/04 UBER TRIP 6GLWP HELP.UBER.COM CA S387308516453065 CARD	\$2
RECURRING PAYMENT AUTHORIZED ON 11/09 HEROKU OCT-1366656 HEROKU.COM CA	

Name of the organization Means Database Inc	Employer identification number 47-4262060
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#7: FormAndLineReferenceDesc: Part I, line 16

ExplanationTxt:

Other Expenses :	Amount :
S387313815091702CARD 0262	\$143
PURCHASE AUTHORIZED ON 11/09 UBER EATS 4FIW4 HELP.UBER.COM CA S467313805830925 CARD	\$17
PURCHASE AUTHORIZED ON 11/11 UBER BJVYM HELP.UBER.COM CA S587315417367882 CARD 0270	\$42
PURCHASE AUTHORIZED ON 11/10 UBER 7JD2G HELP.UBER.COM CA S467314750404969 CARD 0270	\$10
PURCHASE AUTHORIZED ON 11/10 UBER TRIP M6OEU HELP.UBER.COM CA S587314695223518 CARD	\$6
BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171120 14419609 MEANS Database	\$28
PURCHASE AUTHORIZED ON 11/18 UBER *TRIP 5O7KX 800-592-8996 CA S387322224176926 CARD	\$3
PURCHASE AUTHORIZED ON 11/20 UBER TRIP 2B54L HELP.UBER.COM CA S307324626006766 CARD	\$11
PURCHASE AUTHORIZED ON 11/20 UBER TRIP O76BE HELP.UBER.COM CA S467324575199676 CARD	\$10
PURCHASE AUTHORIZED ON 11/22 UBER *EATS A6I22 800-592-8996 CA S587326743050870 CARD	\$26
PAYPAL INST XFER 171125 FASTSPRING MEANS DATABASE INC.	\$29
BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171127 14770019 MEANS Database	\$10
RECURRING PAYMENT AUTHORIZED ON 11/25 BIRCH GROVE SOFTWA 214-4578878 TX	
S307329817146022CARD 0270	\$336
PURCHASE AUTHORIZED ON 11/27 UBER TRIP IC6GL HELP.UBER.COM CA S467332122302093 CARD	\$43
PURCHASE AUTHORIZED ON 11/27 UBER TRIP G2LHT HELP.UBER.COM CA S387332042057521 CARD	\$38
PURCHASE AUTHORIZED ON 11/27 SOUTHWES 526878 800-435-9792 TX S307332074851882 CARD	\$191
PURCHASE AUTHORIZED ON 11/27 SOUTHWES 526878 800-435-9792 TX S307332090764760 CARD	\$100
RECURRING PAYMENT AUTHORIZED ON 11/28 INTUIT *QB ONLINE 800-286-6800 CA	
S467332363670046CARD 0270	\$53
PURCHASE AUTHORIZED ON 11/29 UBER EATS APRBL HELP.UBER.COM CA S387333229504173 CARD	\$16
PURCHASE AUTHORIZED ON 11/28 UBER *TRIP PJFJB 800-592-8996 CA S467332338769064 CARD	\$7
PURCHASE AUTHORIZED ON 11/28 TAXI SVC LAS VEGAS LAS VEGAS NV S587332677718416 CARD	\$29
PURCHASE AUTHORIZED ON 11/30 UBER TRIP E73IH HELP.UBER.COM CA S387334173316219 CARD	\$23

Name of the organization

Employer identification number

Means Database Inc

47-4262060

#8: FormAndLineReferenceDesc: Part I, line 16

ExplanationTxt:

Other Expenses :

Amount :

PURCHASE AUTHORIZED ON 11/28 TAXI SVC LAS VEGAS LAS VEGAS NV S387332745599148 CARD	\$12
PURCHASE AUTHORIZED ON 11/29 FLAMINGO HOTEL LAS LAS VEGAS NV S467332684802823 CARD	\$34
PURCHASE AUTHORIZED ON 11/29 PIZZA POINT LAS VEGAS NV S587333649384833 CARD 1606	\$9
BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171204 15350441 MEANS Database	\$1
PURCHASE AUTHORIZED ON 12/06 GRUBHUBWINGOS GRUBHUB.COM NY S387340047196087 CARD 1606	\$57
BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171211 15794881 MEANS Database	\$5
RECURRING PAYMENT AUTHORIZED ON 12/11 HEROKU NOV-1420906 HEROKU.COM CA	
S587345836467556CARD 0262	\$142
BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171218 16287189 MEANS Database	\$16
PAYPAL INST XFER 171225 FASTSPRING MEANS DATABASE INC.	\$29
BUSINESS TO BUSINESS ACH APIntegoInsuranc ACHTRANS 171226 16800999 MEANS Database	\$1
RECURRING PAYMENT AUTHORIZED ON 12/28 INTUIT *QB ONLINE 800-286-6800 CA	
S467362392205728CARD 0270	\$53

Name of the organization

Employer identification number

Means Database Inc

47-4262060

#9: FormAndLineReferenceDesc: Part III

ExplanationText:

MEANS Database modernizes food recovery by connecting excess food to organizations and individuals who need it. In the 2017 fiscal year we recovered approximately 1.3 million pounds of food that would have otherwise been thrown out and redirected them to our nonprofit partners throughout the country. We built new partnerships with both food donors and nonprofits throughout the year and are now present in 48 states and the District of Columbia.