efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492135027768 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 B Check if applicable D Employer identification number C Name of organization DESIGN BUILD INSTITUTE OF AMERICA - \square Address change MID ATLANTIC REGION 57-1168227 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 5765 F BURKE CENTER PARKWAY ☐ Final return/terminated (703) 828-3265 City or town, state or province, country, and ZIP or foreign postal code □ Amended return BURKE, VA 22015 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www dbia-mar org **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 49,245 3 Membership dues and assessments 3 14,119 4 4 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 31,018 sum of such gross income and contributions exceeds \$15,000) 🕏 🕟 17,529 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) 6d13,489 7a Gross sales of inventory, less returns and allowances . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 8 Other revenue (describe in Schedule O) 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 76,858 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 30,960 12 Salaries, other compensation, and employee benefits . 12 13 13,084 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 825 15 15 Printing, publications, postage, and shipping 706 16 Other expenses (describe in Schedule O) 16 65,219 17 Total expenses. Add lines 10 through 16 17 110,794 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -33,936 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 113,532 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 79,596 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Part II	Balance Sheets (see the instruction						
	Check if the organization used Schedul	e O to respond to any o	uestion in this				<u></u>
				(A) B	eginning of year		(B) End of year
	vings, and investments				113,532	23	79,596
	sets (describe in Schedule O)					24	
25 Total as	·				113,532		79,596
	abilities (describe in Schedule O).				0	26	0
	ets or fund balances (line 27 of colum				113,532	-	79,596
Part III	Statement of Program Service	<u> </u>		ions for Pa		T	Expenses
	Check if the organization used Schedul	e O to respond to any o	question in this	Part III	🗷		equired for section 501(c)
	organization's primary exempt purpose? E THE DESIGN BUILD METHOD OF CONS) and 501(c)(4) ganizations, optional for
Describe the measured b	e organization's program service accomp y expenses In a clear and concise mann and other relevant information for each pi	lishments for each of its er, describe the service	s three largest es provided, the	program number	services, as of persons	- otl	hers)
See Addition	nal Data Table						
(Grants \$)	If this amou	nt includes foreign gran	nts check here		. ▶ □	28a	
29	II tills alliou	nt includes foreign gran	its, thete here	• •	. , .	29a	
(Grants \$)	If this amou	nt includes foreign gran	nts check here		. ▶ □		
	II tills alliou	The iniciades foreign gran	its, thete here	• •	· • -	120-	
30						30a	
/C + + \	75.11				, n		
(Grants \$)		nt includes foreign grar	its, check here	• •	. ▶ ⊔	4	
	ogram services (describe in Schedule O)						
(Grants \$)		nt includes foreign gran				31a	
	ogram service expenses (add lines 28 List of Officers, Directors, Trustees				•		128,323
Part IV	Check if the organization used Schedul						· · · · □
	(a) Name and title	(b) Average hours per week devoted to position	(c) Repor compensa (Forms W-2 MISC) (if no enter -	ation /1099- o t paid,	(d) Health bend contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
BRAD HUNL	EY	3 00	Circui	0			0 0
PRESIDENT							
BRIAN BRO	BST	3 00		0			0 0
VICE PRESI	DENT						
JESSICA BA		3 00		0			0 0
CECDETABY							
SECRETARY	ORDOVA-GARCIA	3 00		0			0 0
MARICELA	ORDOVA-GARCIA	3 00		U			0
TREASURER							
LEAH ESPER		20 00		30,960			0
EXECUTIVE	DIRECTOR						
JUSTIN HER	ZING	1 00		0			0 0
PROGRAM C	HATR						
RICH BENTO		1 00		0			0 0
EDUCATION		1.00					0 0
CHRISTINE	ANGLETON	1 00		0			0
AWARDS CH	IAIR						
			l		I		F 000 F7 (2017

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗵	
		\square	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	33		No
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)	34		No
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)?	35a		No
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	35b		
c	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	35c		No
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		
	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?	38a		No
h	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	-		
39				
	Initiation fees and capital contributions included on line 9 39a			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
u	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	40ь		
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 sections4912, 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 41	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	40e		No
	The organization's books are in care of ▶ LEAH ESPER Telephone no ▶	(703) 8	28-326	5
		2201	.5	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a			
U	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
		\square	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>	44d		
45=	explanation in Schedule O	45a		No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	\vdash		- 110
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

	(2017)								Page
								Yes	No
	organization engage, directly or indirecates for public office? If "Yes," complete					to	16		Na
	Section 501(c)(3) organization						46		No
	All section 501(c)(3) organizations Check if the organization used Schedule	must answer quest	ions 47-49b and 52	and o	omplete t	he table	s for lu	nes 50	and 5
	Check if the organization used Schedule	O to respond to any q	destion in this Part VI	· · ·	<u></u>	<u></u>		Yes	No
.7 Did the	organization engage in lobbying activiti	es or have a section 50	01(h) election in effect	t durina	the tax ve	ar?			
	" complete Schedule C, Part II						47		
18 Is the o	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	nedule E			48		
9a Did the	organization make any transfers to an	exempt non-charitable	related organization?				49a		
b If "Yes,	" was the related organization a section	527 organization? .					49b		
	ete this table for the organization's five high received more than \$100,000 of com						and key	employ	ees)
	lame and title of each employee	(b) Average	(c) Reportable	(d) Health be	nefits,		timated	
		hours per week devoted to position	compensation (Forms W-2/1099-	b	butions to enefit plans	, and	of othe	er comp	ensatio
			MISC)	defe	erred comp	ensation			
f Total	number of other employees paid over \$	100,000				. ▶			
1 Comple	ete this table for the organization's five h	nighest compensated in		· ·	 ach receive	. ►	nan \$10	0,000 o	— F
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple	ete this table for the organization's five h	nighest compensated in none, enter "None "	·		ach receive		· .	0,000 o	
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in none, enter "None "	·				· .		
1 Comple comper	ete this table for the organization's five hasation from the organization. If there is	nighest compensated in inone, enter "None " ach independent contri	actor				· .		
d Total	ete this table for the organization's five h nsation from the organization. If there is (a) Name and business address of e	ach independent control	\$100,000	(b) T	/pe of servi		· .		
d Total	ete this table for the organization's five hasation from the organization. If there is (a) Name and business address of e	ach independent control s each receiving over the control over the	\$100,000	(b) To	rpe of servi	ce (c) Compo		
d Total 2 Did total and compare to the compare to	number of other independent contractor che organization complete Schedule A? Note that of perjury, I declare that I have examined belief, it is true, correct, and complete actions for the complete schedule A.	ach independent control seach receiving over a seach receiving over a seach this return, including this return, in	\$100,000	(b) To	rpe of servi	ce (c	Composition Year	ensation es	
d Total Did toomper	number of other independent contractor che organization complete Schedule A? Note that of perjury, I declare that I have examined belief, it is true, correct, and complete actions for the complete schedule A.	ach independent control seach receiving over a seach receiving over a seach this return, including this return, in	\$100,000	(b) To	ch a and staten	ce (c	Composition Year	ensation es	
d Total 2 Did t compender penaltinowledge an	number of other independent contractor che organization complete Schedule A? Note that of perjury, I declare that I have examined belief, it is true, correct, and complete actions for the complete schedule A.	ach independent control seach receiving over a seach receiving over a seach this return, including this return, in	\$100,000	(b) To	rpe of servi	ce (c	Composition Year	ensation es	
d Total 2 Did total 32 Did total 32 compander penaltimowledge and as any knowledge	number of other independent contractor the organization complete Schedule A	ach independent control seach receiving over a seach receiving over a seach this return, including this return, in	\$100,000	(b) To	ch a and statened on all inf	ce (c	Composition Year	ensation es	
d Total 2 Did t component	number of other independent contractor the organization of each other independent contractor the organization complete Schedule A? Note that I have example the organization complete schedule A: es of perjury, I declare that I have example the organization complete schedule A: signature of officer LEAH ESPER EXECUTIVE DIRECTOR Type or print name and title	ach independent control ach independent control ach receiving over the seach receiving over the	\$100,000	ust atta	ch a and statened on all inf	ce (c	Composition Year	ensation es	
d Total 2 Did total 32 Did total 33 any know	number of other independent contractor the organization complete Schedule A	ach independent control seach receiving over a seach receiving over a seach this return, including this return, in	\$100,000	ust atta	ch a and statened on all inf	ce (c	Yed to the of whice	ensation es	
d Total 2 Did t component	number of other independent contractor the organization complete Schedule A? es of perjury, I declare that I have exant deleted Schedule A	ach independent control ach independent control ach receiving over: seach receiving over: fore. All Section 501(i	\$100,000	ust atta	ch a	nents, and ormation	Yed to the of whice	ensation es	
d Total 2 Did t component	number of other independent contractor the organization complete Schedule A? es of perjury, I declare that I have exant deleted Schedule A	ach independent control ach independent control ach receiving over: seach receiving over: fore. All Section 501(i	\$100,000	ust atta	ch a	nents, and ormation PTIN P0106 54-1149	Yed to the of whice	ensation es	
d Total Did toomper	number of other independent contractor the organization complete Schedule A? es of perjury, I declare that I have exant deblief, it is true, correct, and complete dedge ****** Signature of officer LEAH ESPER EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name CHRIS FRYE CPA Firm's name YOUNT HYDE & BARB	rs each receiving over: None. All Section 501(a.c.) Declaration of preparation	\$100,000	ust atta	ch a and staten and on all info	nents, and ormation PTIN P0106 54-1149	Yed to the of whice	ensation es	

Additional Data

(Grants \$ 0)

Software ID:

Software Version:

EIN: 57-1168227

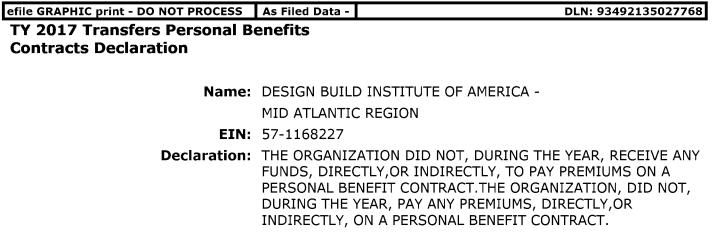
Name: DESIGN BUILD INSTITUTE OF AMERICA -

MID ATLANTIC REGION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	`(c	Expenses quired for section 501)(3) and 501(c)(4) ganizations; optional for others.)
28 TO PROMOTE THE DESIGN BUILD METHOD OF CONSTRUCTION	28a	128,323

If this amount includes foreign grants, check here \cdot \cdot \cdot \triangleright \square



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492135027768 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization DESIGN BUILD INSTITUTE OF AMERICA -MID ATLANTIC REGION 57-1168227 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a)Event #1 (c)Other events (d) Total events **GOLF TOURNAMENT** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 31,018 31,018 2 Less Contributions. 3 Gross income (line 1 minus 31,018 line 2) 31,018 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment **9** Other direct expenses 17,529 17,529 **10** Direct expense summary Add lines 4 through 9 in column (d) . . . 17,529 11 Net income summary Subtract line 10 from line 3, column (d) 13,489 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes____ 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity \mathfrak{g}^2		□Yes	□No	
13	Indicate the percentage of gaming acti	vity conducted in				
а	The organization's facility		13a			%
b	An outside facility		13b			%
14	Enter the name and address of the per	son who prepares the organization's gaming/special events books ar	nd records			
	Name ►					
	Address >					
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No	
b		evenue received by the organization > \$ ar the third party > \$	nd the			
c	If "Yes," enter name and address of the	e third party				
	Name •					
	Address ►					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$	······				
	Description of services provided ►					
	☐ Director/officer	☐ Employee ☐ Independent contractor				
17	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or speties during the tax year $ hildsymbol{ hilder}$ $$	ent			
Pai		on. Provide the explanations required by Part I, line 2b, colu 5c, 16, and 17b, as applicable. Also provide any additional in				s).
	Return Reference	Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPH	IIC print ·	- DO NOT PROCESS	As Filed Data -		DLI	N: 93492135027768	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Supplement Complete to pro Form 990 or Form 990 or			I Information to Form 990 or 990-EZ de information for responses to specific questions on 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2017 Open to Public Inspection	
Internal Receive See Name of the org DESIGN BUILD INS MID ATLANTIC REC 990 Schedule	STITUTE OF A	MERICA - Diemental Informatio	n		Employer ider 57-1168227	ntification number	
Return Reference				Explanation			
FORM 990- EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIP	TION INTEREST INCOM	E AMOUNT 5				

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-	DESCRIPTION SPONSORSHIPS AMOUNT 5,000 DESCRIPTION FOOD AND BEVERAGE AMOUNT 10,956
EZ, PART I,	DESCRIPTION REGION COURSES AMOUNT 34,377 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 62
LINE 16 -	4 DESCRIPTION TRAVEL AMOUNT 1,002 DESCRIPTION OTHER EXPENSES AMOUNT 455 DESCRIPTI
OTHER	ON SCHOLARHIPS EXPENSE AMOUNT 6,500 DESCRIPTION ADVERTISING AMOUNT 5,905 DESCRIPTI
EXPENSES	ON INSURANCE AMOUNT 400 TOTAL TO FORM 990-FZ LINE 16 65 219