Form 990-EZ

Short Form 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 1545-1150 2017

Department of the Treasury

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ā	For the	2017 calend	ar year, or tax year beginning January 1 , 2017, and ending	Dec	ember	31 , 20 17	
$\overline{}$	Check if ap		C Name of organization	D Empl	oyar id	entification number	
\square	Address c	hange		47-5677755			
	Name cha	inge	lephone number				
Д	Initial retur		5600 Harbord Drive		(80	5) 298-2545	
H		n/lerminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou			
H	Amended - Application		Oakland, CA 94611		ber \$	•	
		ting Method:		Check	<u> </u>	f the organization is not	
	Website	*	t4gs.org			ach Schedule B	
			eck only one) - [501(c)(3)	•		D-EZ, or 990-PF).	
			: ☑ Corporation ☐ Trust ☐ Association ☐ Other	(,	,	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets			
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		> 4	188267,10	
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	e instru	rtions		
_			the organization used Schedule O to respond to any question in this Part			, [Z]	
	1		ons, gifts, grants, and similar amounts received	<u> </u>	1	188,238	
	2		ervice revenue including government fees and contracts		2	0	
	3	-	ip dues and assessments		3	0	
	4	Investmen	,		4		
	5a		ount from sale of assets other than inventory			<u></u>	
	Ь		or other basis and sales expenses				
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0	
	6		nd fundraising events		 -	<u></u>	
	a	_	ome from garning (attach Schedule G if greater than				
₽	-	\$15,000)		n			
Revenue	ь	Gross inco	ome from fundraising events (not including \$ of contribution	l i			
3	_		aising events reported on line 1) (attach Schedule G if the				
			ch gross income and contributions exceeds \$15,000) 6b	0			
) •	c	Less: direc	et expenses from gaming and fundraising events 6c	0	1		
e E	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract	1 1		
7		line 6c)		6d	0		
	7a	Gross sale	s of inventory, less returns and allowances	٥			
Ž	Ь		of goods sold	0	1 !		
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. ,	7c	0	
	8		nue (describe in Schedule O)		8	29	
	9	Total reve	mue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. •	9	188,267	
	10		d similar amounts paid (list in Schedule O)		10	0	
	11		aid to or for members		11	0	
8	12	Salaries, o	ther compensation, and employee benefits		12	0	
nses	13	Profession	al fees and other payments to independent contractors . 🔍 🕃 📜 🚛 👢		13	91,197	
Expe	14	Occupano	y, rent, utilities, and maintenance		14	_ 0	
ш	15	Printing, p	ublications, postage, and shipping		15	191	
	16	Other expe	enses (describe in Schedule O)		16	34,975	
	17		enses. Add lines 10 through 16		17	126,362	
w	18		(deficit) for the year (Subtract line 17 from line 9)		18	61,905	
1	19		or fund balances at beginning of year (from line 27, column (A)) (must agree				
Ą]		ar figure reported on prior year's return)		19	23,553	
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	0	
z	21		or fund balances at end of year. Combine lines 18 through 20		21	85,457	
For	Paper		tion Act Notice, see the separate instructions. Cat. No 10642			Form 990-EZ (2017)	

Peter Carpenter, Director

Dan Berkenstock, Director

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Part	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			П
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Fast	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		<u>,</u> ✓
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		
3 5a	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		./
ь	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		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
ъ 38а	Did the organization file Form 1120-POL for this year? 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?	37b 38a		√
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	- CARG		· •
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
ь	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	40b		*
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			
ď	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
0	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		1
41	List the states with which a copy of this return is filed ► CA (189N)			
42a			8-2545	
ь	Located at ► 5800 Harbord Drive, Oakland, CA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	94611	-3123 Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	, 5.0	7
	-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).			
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:	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041—Check here		. 1	► □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
þ	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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V
45a	District the state of the state	44d 45a	 	1
	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	-1081		_ <u>×</u> _
	Form 990-EZ (see instructions)	45b		✓

Form 99	0-EZ (2017)						P	age 4		
		 			•		Yes	No		
46	Did the organization engage, directly or in									
	to candidates for public office? If "Yes," of	complete Schedule C	,Partl <u></u>			46	<u> </u>	1		
Part '	1,10		-							
	All section 501(c)(3) organization	is must answer que	stions 47-49b and	52, and con	iplete the	tables for	or line	es		
	50 and 51.									
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI				<u>. </u>		
							Yes	No		
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	on in effect di	uring the t	ax T		Γ		
	year? If "Yes," complete Schedule C, Par	tid the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II								
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		48		[₹		
49a	Did the organization make any transfers t					49a		7		
ь	If "Yes," was the related organization a se	-	_			49b				
50	Complete this table for the organization's			ner than office	rs, directo	rs, trustee	es, an	d key		
	employees) who each received more than									
		(b) Average	(c) Reportable	(d) Health b						
	(a) Name and tale of each employee	hours per week	compensation	contributions to benefit plans, a		e) Estimate) other com				
		devoted to position	(Forms W-2/1099-MISC)	compens	ation (•			
None			<u> </u>							
		<u> </u>	<u> </u>							
		l		·						
]	j	<u> </u>						
]		1.						
f	Total number of other employees paid ov	er \$100,000	. >							
51	Complete this table for the organization	's five highest comp	ensated independent	contractors	who each	received	more	than than		
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."	<u> </u>						
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)	Compensati	on			
None			-							
*******			4	1						
	****	.,	4	1						
		•	 	·- 	.					
			4	ĺ						
			 							
	**************************************	**********	-{							
	Total mumb on af sab on to do on the same		2000 000							
EO d		· · · · · · · · · · · · · · · · · · ·								
52	Did the organization complete Schedule	ule A? Note: All se	ection 501(c)(3) orga	anizations mi			. —	N.		
	completed Schedule A	· · · · · · · · · ·				► 🕢 Yes		No		
true, con	enalties of pening, I declare that I have examined this rect, and complete Declination of preparer (other tha	return, including accompar n officer) is based on all infi	rying schedules and statem nomation of which preparer	ents, and to the t has any knowled	xestofmykrx oe	owledge and	1 ipebet	, it is		
	ect, and complete Declinating of preparer (other than officer) is based on all information of which preparer has any knowledge									
Sign	Signathur of Officer			Date	CAPPE [201	<u> </u>			
Here		1		Date						
ЦФІФ	Philip Reiner Type or print name and title	ever								
		Preparer's signature	Tn	ate		PTIN				
Paid	Print/Type preparer's name	Lighter a settiering	١٣	dat n	Check	ıf j				
Prep					self-employed					
Use (Only Firm's name		· · · · · · · · · · · · · · · · · · ·		s EiN ▶					
May th	Firm's address > ne IRS discuss this return with the prepare	r shown above? See	instructions	Phor		Yes	. 🖂	No		
U	····· and an and in the property and the bighting	" " " " " " " " " " " " " " " " " " "	*****************				· L.	110		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2017

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 Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

Tech	nology for Global Security					47-567	
Pai	1 Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	าร
The	organization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only on	ie box.)	_
1	A church, convention of church						\mathcal{D}
2	A school described in section						1
3	A hospital or a cooperative hos	spital service org	janization described ir	n section	170(b)(1)(A)(iii). 🐣	V
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	ital desc	ribed in s	ection 170(b)(1)(A)(i	li). Enter the
5	An organization operated for to section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a governmenta	al unit described in
6 7	☐ A federal, state, or local govern☐ An organization that normally	receives a subs	tantial part of its supp				the general public
8	described in section 170(b)(1) A community trust described in			Part II.)			
9	An agricultural research organi				erated in	conjunction with a la	nd-grant college
	or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ns). Ente	r the naπ	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt full income and uni	nctions—subject to or related business taxab	ertain exc de incom	eptions, e (less se	and (2) no more than ection 511 tax) from t	1 331/3% of its
11	An organization organized and	operated exclus	sively to test for public	: safety. \$	See secti	on 509(a)(4).	
12	An organization organized and						
	of one or more publicly suppo	orted organizatio	ns described in secti	on 509(a)(1) or se	oction 509(a)(2). See	section 509(a)(3).
	Check the box in lines 12a thro						
a							
	the supported organization supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.			
b							
	control or management of organization(s). You must	complete Part (V, Sections A and C.				
С	its supported organization(s) (see instructio	ns). You must comp	ete Part	IV, Secti	ons A, D, and E.	
d	Type III non-functionally i that is not functionally integ						
	requirement (see instructio	•	•				
	— ☐ Check this box if the organ functionally integrated, or 1						-II,-Type III
f	Enter the number of supported of						
g	Provide the following information	n about the supp	orted organization(s).				·
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ar governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)				_			
(C)							
(D)							
(E)							
Tota	<u> </u>			 			

	(Complete only if you checked the						alify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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	on B. Total Support			<u> </u>			
Calend 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014 /	(c) 2015	(d) 2016	(e) 2017	(f) Total
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	<u> </u>					
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he					ear as a sectio	
Section	on C. Computation of Public Suppor						
_	Public support percentage for 2017 (line (1, column-(f))-		14	%
15	Public support percentage from 2016 Sci					15	. %
16a	331/5% support test - 2017. If the organi				nd line 14 is 3	31/3% or more,	check this
Ь	box and stop here. The organization qualifies as a publicly supported organization						
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						
ь	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization.	ition meets th	e "facts-and-c	circumstances	" test, check	this box and	stop here.
18	supported organization	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions	<u> </u>	· · · · ·	<u> </u>	<u> </u>		🕨 📋

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 I fithe organization fails to qualify under the tests listed below, please complete Part II.)	Managed and a selectification of a colored Al	har talan an ilian 40 at 10 at 1 an it sha anni antaratan talian talan annalita yan dan 10 at 11
	(Complete only it you checked t	ne box on line 10 of Part I or if the organization falled to qualify under Part II.
It the organization tails to qualify under the tests listed below, blease complete Hart II.)		
	If the organization fails to quality	/ under the tests listed below, blease complete Part II.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	l of	o	72745	65050	188237.70	326032.7	
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the	i				i		
	organization's tax-exempt purpose	اه	o	أه	o	اه	0	
3	Gross receipts from activities that are not an		<u>-</u>					
	unrelated trade or business under section 513	اه ا	اه	ا	أه	اه	0	
4	Tax revenues levied for the							
	organization's benefit and either paid to			į				
	or expended on its behalf	اه	اه	اه	0	اه	n	
5	The value of services or facilities	<u></u>					_ 	
_	furnished by a governmental unit to the							
	organization without charge	o	o	o	أه	o	0	
6	Total. Add lines 1 through 5	٥	0	72745	65050	188237.70	326032.7	
_	Amounts included on lines 1, 2, and 3			72,40		1,002,01,11,0	02002.7	
	received from disqualified persons .	اه	أه	12000	7300	33130.70	52430.70	
h	Amounts included on lines 2 and 3	<u> </u>		12000	1000	33130.10	32-333.15	
•	received from other than disqualified	! !						
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	اه	ام	اما		ا	٥	
c	Add lines 7a and 7b	0	0	12000	7300	33130.70	52430.70	
8	Public support. (Subtract line 7c from	<u>_</u>		72000	1000	50100.70	02,194.72	
	(ine 6.) ,					i	273602	
Secti	on B. Total Support							
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6	0	0	72745	65050	188237.70	326032.70	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,		İ					
	royalties, and income from similar sources .	اه	0	o	. 0	اه	0	
ь	Unrelated business taxable income (less	·						
	section 511 taxes) from businesses		1					
	acquired after June 30, 1975	اه	o	o	0	o	0	
c	Add lines 10a and 10b	0		72745	65050	188237.70	326032.70	
11	Net income from unrelated business					•		
	activities not included in line 10b, whether							
	or not the business is regularly carned on —		- 0	<u> </u>		0	0	
12	Other income. Do not include gain or		-	-				
	loss from the sale of capital assets	}						
	(Explain in Part VI.)	o	o	o	0	o	. 0	
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	o	o	72745	65050	188237.70	326032.70	
14	First five years. If the Form 990 is for the	ne organization	's first, secon					
	organization, check this box and stop here							
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2017 (line (3, column (f))		15	%_	
16	16 Public support percentage from 2016 Schedule A, Part III, line 15							
	on D. Computation of Investment In							
17	Investment income percentage for 2017 (17	%	
18	Investment income percentage from 2016					18	%	
19a	331/a% support tests-2017. If the organ							
	17 is not more than 331/8%, check this box		_	-		_	_	
ь	331/a% support tests — 2016. If the organiz						·	
	line 18 is not more than 331/3%, check this l							
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instru	ctions 🕨 🔲	

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.)

	ion 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	198	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3ь		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	•	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and ElN 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).			
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?	5e	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
-7 -	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor—(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9Ь	-	
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.	9c	-	
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)? If "Yes," answer 10b below.	10a	-	
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

Schedule A (Form 990 or 990-EZ) 2017	Page 5
Part IV Supporting Organizations (continued)	

Part	V 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?	11a		
ь	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on 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? 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.	1		
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? If "Yes," explain in Part		İ	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		٠ (
	the supported organization(s).	1	-	
Section	on D. All Type III Supporting Organizations	<u></u>		
			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?	١.	-	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			:
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	l	
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	1	\	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	_		- '
Cooti		3	<u> </u>	Ц
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	CTION	s <i>).</i>
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ione)
		.,		<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			\Box
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the] .
	reasons for the organization's position that its supported organization(s) would have engaged in these] - '
_	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
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>	За	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 3	 	\vdash
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>L</u> .	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3		<u> </u>			
4 Add lines 1 through 3.	4		<u></u>			
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)			
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)	1đ					
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	\vdash	<u> </u>				
emergency temporary reduction (see instructions).	6	<u> </u>				
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<u>.</u>
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6	Other distributions (describe in Part VI). See instructions.		<u> </u>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<u> </u>		<u> </u>
9	Distributable amount for 2017 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
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			
а				
b	From 2013			
C	From 2014			
đ	From 2015	<u> </u>		
0	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)			
ì	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			
ь	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.		<u> </u>	<u> </u>
-6	Remaining underdistributions for 2017. Subtract-lines 3h	 		
	and 4b from line 1. For result greater than zero, explain in	1		
	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			
0	Excess from 2017			

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

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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.

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Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Technology for Global Security	47-5677755
US Bank checking account Interest: +29.40	
Fiscal sponsor fees: -70.50	
risual apolitor ices, 70.50	
Outside consultants in support of initiatives: -26964.12	
71444444	
Insurance: -1514.29	
Document processing: 45	
Web services: -1386	
7729 501 1000 1000 1000 1000 1000 1000 1000	
Project expenditures (catering, travel, dinners, etc.): -4824.98	
Board meetings: -169.66	

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