## 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Contributions, gifts, grants, and similar amounts received	A I	or the	2017 calendar year, or tax year beginning January 1 , 2017, and endi	ng	Dec	ember	31 , 20	17	
Number and street (or P.O. box, if mail is not delivered to street address)   Room/suite	В	Check if ap	pplicable: C Name of organization	9.77.77.9	D Emp	loyer ide	entification numbe	r	
Polar testum   Prioral return/Hermitated   Polar town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Number   P Group Exemption   P Group Exemption   Number   P Group Exemption   P Group Exemp	Ц	Address c	Trons Aren corporation	an and a	47-1313289				
Foliar technolominated   Chip or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Application pressing   Chip or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Application pressing   Chip or town, state or province, country, and ZIP or foreign postal code   F Group Exemption   Application   Application   Chip or the province   Chi				ite	(248) 881-3992				
Repetited return   Montrow, State or province, country, and Alf- or toneign postal code   F Group Exemption   Montrow, MD 21770   Montrow, MD 2	$\overline{}$		P.O. Box 8						
Appellation peeding   Montrovia, MD 21770   Number   N	=		City or town, state or province, country, and ZIP or foreign postal code						
Website:   www.trellisarch.org   Taxe-exempt status (check only one)   Z 501(c)(3   501(c)(   1 (irsert no.)   4947(e)(1) or   527   (Form 990, 990-EZ, or 990-PF).	=				Nun	nber 🕨	•		
Website: ► www.trellisarch.org   Tare-exempt status (lenke ton) on	G	Account	ting Method:   ☐ Cash ☐ Accrual Other (specify) ►	Н	Check	▶ 🗸 i	f the organization	is not	
K Form of organization:	1 1	Website	x: ▶ www.trellisarch.org	1000					
K Form of organization:	J T	ax-exen	npt status (check only one) —		(Form 9	90, 990	0-EZ, or 990-PF).		
	K	orm of	organization:   ☐ Corporation ☐ Trust ☐ Association ☐ Other					, i	
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									
Theck if the organization used Schedule O to respond to any question in this Part I    1	(Pa	rt II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$			
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   2   0   0	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see	the	instru	ctions	for Part I)		
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  5b 0  6 Gaming and fundraising events  a Gross income from gaming (attach Schedule G if greater than \$15,000)  b Gross income from gaming (attach Schedule G if greater than \$15,000)  c Less: direct expenses from gaming and fundraising events (not including \$00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  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  7a Gross sales of inventory, less returns and allowances  7b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c 0  8 Other revenue (describe in Schedule O)  9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  11 0  12 Salaries, other compensation, and employee benefits  13 0  14 Occupancy, rent, utilities, and maintenance  14 0  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 1 to through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  Not 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 Not 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)  20 Other changes in net assets or fund balances (explain in Schedule O)  20 Other changes in net assets or fund balances (explain in Schedule O)  20 Other changes in net assets or fund balances (explain in Schedule O)  20 Other changes in net assets or fund	ALL DE		Check if the organization used Schedule O to respond to any question in this P	art I				. 🗸	
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) c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 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 \$ 0 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 line 6c) 7a Gross sales of inventory, less returns and allowances 7 Gross sales of inventory, less returns and allowances 7 Gross sales of inventory, less returns and allowances 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 Gross and similar amounts paid (list in Schedule O) 7 Grants and similar amounts paid (list in Schedule O) 7 Gross income from fundraising events 7 Gross and similar amounts paid (list in Schedule O) 7 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7c) 7 Total expenses (describe in Schedule O) 7 Gross profit or (loss) from sales of inventory (Subtract line 17 from line 9) 7 Gross profit or (loss) from sales of inventory (Subtract line 17 from line 9) 8 Excess or (deficit) for the year (Subtract line 17 from line 9) 9 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) 9 Other expenses		1						97	
3   Membership dues and assessments   3   0   0		2	Program service revenue including government fees and contracts			2			
4		3	Membership dues and assessments			3			
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b Less: cost or other basis and sales expenses . 5b 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c 0 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6b 0 861 c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d 861  7a Gross sales of inventory, less returns and allowances . 7a 0 b Less: cost of goods sold . 7b 0 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 0 8 Other revenue (describe in Schedule O) . 8 0 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 54,652  10 Grants and similar amounts paid (list in Schedule O) . 10 53,731 11 Benefits paid to or for members . 11 0 12 Salaries, other compensation, and employee benefits . 12 0 13 Professional fees and other payments to independent contractors . 13 0 14 Occupancy, rent, utilities, and maintenance . 14 0 15 Printing, publications, postage, and shipping . 15 141 16 Other expenses (describe in Schedule O) . 16 2,532 17 Total expenses. Add lines 10 through 16 . 17 56,404 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 -1,752 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 11,721 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 00		5a	Gross amount from sale of assets other than inventory 5a		0				
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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 \$ 0 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 (add lines 6a and 6b and subtract line 6c). 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. 7b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7c 0  8 Other revenue (describe in Schedule O). 8 0 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 12 0  13 Professional fees and other payments to independent contractors. 13 0  14 Occupancy, rent, utilities, and maintenance. 14 0  15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 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 11,721  20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O).		С				5c	8	0	
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8 Other revenue (describe in Schedule O)		b	Less: cost of goods sold		0				
8 Other revenue (describe in Schedule O)		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		0	
10   Grants and similar amounts paid (list in Schedule O)   10   53,731     11   Benefits paid to or for members   11   0     12   Salaries, other compensation, and employee benefits   12   0     13   Professional fees and other payments to independent contractors   13   0     14   Occupancy, rent, utilities, and maintenance   14   0     15   Printing, publications, postage, and shipping   15   141     16   Other expenses (describe in Schedule O)   16   2,532     17   Total expenses. Add lines 10 through 16   17   56,404     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -1,752     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   11,721     20   Other changes in net assets or fund balances (explain in Schedule O)   20   0		8				8	A 454 SE-24 CONTRACTOR OF THE PARTY OF THE P	0	
10   Grants and similar amounts paid (list in Schedule O)   10   53,731     11   Benefits paid to or for members   11   0     12   Salaries, other compensation, and employee benefits   12   0     13   Professional fees and other payments to independent contractors   13   0     14   Occupancy, rent, utilities, and maintenance   14   0     15   Printing, publications, postage, and shipping   15   141     16   Other expenses (describe in Schedule O)   16   2,532     17   Total expenses. Add lines 10 through 16   17   56,404     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -1,752     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   11,721     20   Other changes in net assets or fund balances (explain in Schedule O)   20   0		9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9		54,652	
11   Benefits paid to or for members   11   0		10				10			
Professional fees and other payments to independent contractors		11	Benefits paid to or for members			11		0	
Professional fees and other payments to independent contractors	S	12	Salaries, other compensation, and employee benefits			12		0	
16 Other expenses (describe in Schedule O)	nse	13	Professional fees and other payments to independent contractors			13		0	
16 Other expenses (describe in Schedule O)	be	14				14			
16 Other expenses (describe in Schedule O)	ŭ	15				15			
Total expenses. Add lines 10 through 16		16				16	No. 1024 Say 4-111	11/2 5/20/45	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	Total expenses. Add lines 10 through 16		. ▶	17		SECTION AND	
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)	S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18			
end-of-year figure reported on prior year's return)	set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a	gree	e with				
20 Other changes in net assets or fund balances (explain in Schedule O)	Ass		end-of-year figure reported on prior year's return)			19	01 = 3	11,721	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et.	20	Other changes in net assets or fund balances (explain in Schedule O)			20		100	
	z	21	그는 이번 사람들은 아니라 아프랑아는 아마를 가는 아니라는 아무리를 하는 것이 되었다면 하는데 아니라 아니라 아니라 아니라 아니라 아니라 아니라 아니다. 아니는 아니는 아니라			21			

Pa	till Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			11,721		9,969
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			11,721		9,969
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			11,721	27	9,969
Par	그는 그는 그는 그는 그는 그는 그들은					
	Check if the organization used Schedule				/D	Expenses
Wha	t is the organization's primary exempt purpose?	Provide a quality ed	ucation to children liv	ing in poverty.		quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	shments for each of	of its three largest pr	ogram services,	orga	anizations; optional for
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe thach program title.	e services provided	, the number of	othe	ers.)
28	UGANDA - Trellis Arch provides food, shelter, medic	al care, and education	nal expenses to more	than 100		
	homeless boys in the slums of Kivulu. We fund the b	oarding school expe	nses for 9 students a	nd funded a		
	vocational training program for a young man.					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗌	28a	19,508
29	HAITI - Trellis Arch's "Lesmyrla Cadet Scholars Proc	ram" provides 40 ch	ildren with shoes, clo	thing, school		
	supplies, and a quality education in Port-de-Paix. We	also provide shoes	and clothing to childr	en in Cap		
	Haitien. We built a home for the grandmother of one	of our sponsored stu	idents who was recen	tly orphaned.		
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ □	29a	18,928
30	USA - Trellis Arch awarded scholarships, books, and	clothing to 3 studer	its attending Frederic	k Community		
	College. We provided school supplies for 9 children	(5 of them were refu	gees) in Washington,	DC and Silver		
	Spring, MD.					
		includes foreign gra	ants, check here .	▶ 🗆	30a	6,177
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ □	31a	9,118
00					5 Con 10	
32	Total program service expenses (add lines 28a	through 31a)		▶	32	53,731
Par					10000	00/101
-		y Employees (list eac	h one even if not comp ny question in this l	pensated-see the in Part IV	10000	00/101
-	List of Officers, Directors, Trustees, and Ke	y Employees (list eac	h one even if not comp	ensated-see the in	nstru ee (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list eac O to respond to a (b) Average hours per week	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	nstru ee (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list eac O to respond to a (b) Average hours per week	ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e)	ctions for Part IV)
Par David	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title d Greenlees, President & CEO	y Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	ee (e)	ctions for Part IV)
Par David	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list eac O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	ee (e)	ctions for Part IV)
David Lydia Sarid	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title d Greenlees, President & CEO a Greenlees, Secretary & Treasurer the Boston, Board Member	y Employees (list eace O to respond to a (b) Average hours per week devoted to position	h one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	o o	ctions for Part IV)  Estimated amount of other compensation
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Part				_
_	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	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		1
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)?			
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		1
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			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .			
h		38a		1
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	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			
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	404		
С	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	40b		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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 ▶ Delaware, Maryland			
42a		248) 88	31-352	23
	Located at ▶ P.O. Box 8, Monrovia, MD ZIP + 4 ▶	217	770	
. D		42b	Yes	No √
	If "Yes," enter the name of the foreign country:	3,15		
	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 United States?  If "Yes," enter the name of the foreign country:	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
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	169	NO ✓
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	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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)	45b		1

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								7	Yes	No
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  27  28  29  20  20  20  20  20  20  20  20  20	and the second second				C, Part I	<u> </u>		. 46		<b>✓</b>
So and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  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  Is the organization as school as described in section 170(h)(1)(A)(h)? If "Yes," complete Schedule E  Is the organization as achieve any transfers to an exempt non-charitable related organization?	Part \					50 and an		- 4-1-1 4	I:	
Check if the organization used Schedule O to respond to any question in this Part VI    Vas   No				s must answer que	estions 47–49b and	52, and co	mpiete tri	e tables i	or iin	es
Ves   No   No   No   No   No   No   No   N				adula O ta raspan	d to any avection in	thic Dort VI				
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			Check if the organization used Sci	reduie O to respond	a to any question in	uiis Part VI	<del></del>	· · · ·	Van	- <u> </u>
48 st he organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E   48	47	Did t	ne organization engage in Johnving	activities or have a	section 501/h) election	on in effect i	during the	tav [	res	INO
Set the organization a school as described in section 170(tb)(1)(A)(iii)? If "Yes," complete Schedule E					Section 30 (ii) election	on in enect	auring the			1
49a		400000000000000000000000000000000000000			ii)? If "Ves " complete	Schedule E			-	- V
b If "Yes," was the related organization a section 527 organization?  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  NONE  f Total number of other employees paid over \$100,000 . ▶ 0.  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  (e) Compensation  (e) Compensation  (f) Total number of other independent contractor  (g) Name and business address of each independent contractor  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  NONE  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  (g) Type of service  (g) Compensation  NONE    Did the organization complete Schedule A7, Note: All section 501(c)(3) organizations must attach a complete Schedule and information of which preparer has any knowledge and belief, it is note, correct, and complete, Declaration group greater than officer is based on all information of which preparer has any knowledge and belief, it is note, correct, and complete, Declaration group greater than officer is based on all information of which preparer has any knowledge and belief, it is note, correct, and complete, Declarations preparer's name    Preparer   Date   Print   Pr									1	V
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  (c) Reportable compensation  (d) Reportable compensation  (e) Reportable compensation  (e) Reportable compensation  (forms W-2/1099-MISC)  (e) Estimated amount of other compensation from the organization. If there is none, enter "None."  (g) Name and title of each employees paid over \$100,000 . ▶ 0  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."  (g) Name and business address of each independent contractor  (h) Type of service  (g) Compensation  (g) Type of service  (g) Type of service  (g) Type of service  (g) Compensation  (g) Type of service  (g) Type			•					-	+	A
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 compensation of the employee enter the part of each deferred compensation of the enter plans, and deferred compensation  (d) Total number of other employees paid over \$100,000 ▶ 0  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  (d) Total number of other independent contractors each receiving over \$100,000 . ▶ 0  4 Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ 2 Yes  No Under penalties of perjury, if declare than have examined this return, including accompanying schedules and statements, ato to the best of my knowledge and belief, it is runc, correct, and complete. Occination of Preparer's signature  Paid Preparer    Point   Prim's EIN   Preparer's signature   Date   Check								ev linearen		l kev
(a) Name and title of each employee   (b) Average   (c) Reportable compensation (controllation to employee   (c) Reportable (compensation (controllation to employee part of the compensation (pms W-2/109-MISC)   (c) Estimated amount of other compensation (pms W-2/109-MISC)   (c) Estimated amount of other compensation (pms W-2/109-MISC)   (c) Reportable										
(a) Name and title of each employee   hours per week   devoted to position   compensation   com				• • • • • • • • • • • • • • • • • • •						30 70
Total number of other employees paid over \$100,000 . ▶ 0  Stomplete this table for the organization is 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 . ▶ 0    52		(a)	Name and title of each employee	hours per week	compensation	bonofit plane				
f Total number of other employees paid over \$100,000 ▶ 0  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				devoted to position	(Forms W-2/1099-MISC)			d other compensation		
f Total number of other employees paid over \$100,000 ▶ 0  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	NONE					1				
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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 . ▶ 0  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 than I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete. Declarationly frequency there than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid Preparer  Use Only  Prim/Type preparer's name  Preparer's signature  Prim's address ▶  Phone no.								SE - 1/10 -		
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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 . ▶ 0  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 than I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete. Declarationly frequency there than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid Preparer  Use Only  Prim/Type preparer's name  Preparer's signature  Prim's address ▶  Phone no.										
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 . ▶ 0  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 than 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. Declarationly fleeper their than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid Preparer  Use Only  Prim/Type preparer's name  Preparer's signature  Prim's address ▶  Phone no.							S	27310-2-1-731		
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 . ▶ 0  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 than 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. Declarationly fleeper their than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid Preparer  Use Only  Prim/Type preparer's name  Preparer's signature  Prim's address ▶  Phone no.						10				
\$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 .    Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A .    Version Nounder penalties of perjury, I declare this have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellef, it is true, correct, and complete. Declarationly fleagues of their than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type or print name and title  Preparer's signature  Preparer's signature    Date	f	Total	number of other employees paid over	er \$100,000	▶0					
(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 . ▶ 0  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 than 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 perjury is perjury between than officer │ Date │ Print/Type or print name and title │ Preparer's signature │ Print/Type preparer's name │ Preparer's signature │ Print/Type or print name and title │ Preparer's signature │ Print/Type or print name and title │ Preparer's signature │ Print/Type or print name and title │ Preparer's signature │ Print/Type or print name ▶ │ Print/Type or print/T						contractors	who eacl	n received	more	than
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  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 than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Declaration of perjury active than officer is based on all information of which preparer has any knowledge.  Sign   Signature of officer   Date   Date   Check   if self-employed   Firm's name   Firm's name   Firm's name   Firm's address   Firm's address   Phone no.		\$100,	000 of compensation from the orga	nization. If there is n	one, enter "None."					
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a)	Name and business address of each independ	ent contractor	(b) Type of ser	vice	(c	) Compensat	ion	
d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  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 than have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declarationly depart other than officer) is based on all information of which preparer has any knowledge.  Sign  Baid  Print/Type or print name and title  Preparer  Use Only  Firm's name ▶ Firm's address ▶ Phone no.					.,,,,					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NONE									
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completed Schedule A			·			-				
Under penalties of perjury, I declare than 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 to their than officer) is based on all information of which preparer has any knowledge.  Sign    Signature of officer   Date				le A? Note: All s	WE DANG THE		iust attac			A
Sign Here    David Greenlees, President     Type or print name and title   Print/Type preparer's name     Preparer     Use Only     Firm's address     Firm's address     Phone no.				<u> </u>						
Sign Here  David Greenlees, President Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's name  Firm's address  Phone no.	Under pe	enalties rect an	of perjury, I declare that I have examined this red	eturn, including accompar officer) is based on all inf	nying schedules and statem ormation of which preparer	ents, and to the has any knowle	best of my k dae.	nowledge and	d belief,	, it is
Paid Preparer Use Only     David Greenlees, President Type or print name and title     Preparer's signature     Date     Check if self-employed     PTIN       Firm's name ►     Firm's EIN ►       Firm's address ►     Phone no.		1	hilley-				2/12/	10		-
Paid Preparer     Print/Type preparer's name     Preparer's signature     Date     Check if self-employed     PTIN       Use Only     Firm's name     Firm's saddress     Phone no.	Sign		Signature of officer			Date	2/12/	18		
Type or print name and title  Paid Preparer Use Only  Firm's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's EIN ▶  Phone no.			1			tru.				
Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶  Firm's address ▶  Phone no.	110.0		CONTROL OF THE PROPERTY OF THE						- 10	
Paid Preparer Use Only Firm's name ► Firm's address ► Phone no.				Preparer's signature	I D	ate	T	PTIN		_
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Firm's address ▶ Phone no.	1000	2000	Einele name					,1		
	Use C	only							-	
	May th	e IRS		shown above? See	instructions			▶ ☐ Yes	<b>П</b>	No

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

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE REAL PROPERTY.	LIS ARCH CORPORATION						13289	
Par					-		ns.	
The c	organization is not a private found				0.7	75		
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 <b>section 170(b)(1)(A)(iii)</b> . 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 gove	rnment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).		
7 An organization that normally receives a substantial part of its support from a governmental unit or from the godescribed 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 orgal or university or a non-land-gruniversity:							
10	An organization that normally receipts from activities related support from gross investment acquired by the organization	d to its exempt funt income and un	inctions—subject to c related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its	
11	An organization organized an	d operated exclu	sively to test for public	c safety. S	See secti	on 509(a)(4).		
12	An organization organized and	d operated exclus	sively for the benefit o	f, to perfo	rm the fu	inctions of, or to car	ry out the purposes	
	of one or more publicly supp Check the box in lines 12a thr							
а	☐ Type I. A supporting orgalithe supported organization supporting organization. Yellow the supporting organization.  ☐ Type I. A supporting organization. Yellow the supporting organization. Yellow the supporting organization. Yellow the supporting organization.  ☐ Type I. A supporting organization. Yellow the supporting organization. Yellow the support of the supp	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
							/-X I I !	
b	Type II. A supporting organization(s). You must	the supporting of	organization vested in	the same		(CEUS)	10 Table 10	
С	Type III functionally inte	grated. A suppor	ting organization oper	rated in co			ally integrated with,	
d	Type III non-functionally that is not functionally interrequirement (see instructional see instructions).	egrated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
е	<ul> <li>Check this box if the orga functionally integrated, or</li> </ul>						e II, Type III	
f	Enter the number of supported				. 12 .			
g	Provide the following information							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
-								
(D)								
(E)		35	N					

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.)

Secti	on A. Public Support				2		
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		2989	12992	28806	53791	98578
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		0	0	0	0	0
4	Total. Add lines 1 through 3		2989	12992	28806	53791	98578
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)						6709
6	Public support. Subtract line 5 from line 4			51.5			91869
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	//	2989	12992	28806	53791	98578
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on		0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		0	0	0	0	. 0
11	Total support. Add lines 7 through 10						98578
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop her	re					
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6					14	%
15	Public support percentage from 2016 Sch					15	<u>%</u>
16a	331/3% support test—2017. If the organi						
b	box and <b>stop here.</b> The organization qual 33 <sup>1</sup> / <sub>3</sub> % support test—2016. If the organization						
_	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts facts-and-circ	-and-circumsta	nces" test, ch st. The organiz	eck this box a ation qualifies	and <b>stop here.</b> as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the eets the "fac	ne "facts-and-c ts-and-circums	ircumstances" tances" test. 7	test, check the organization	this box and <b>s</b> on qualifies as	top here. a publicly ▶ □
18	<b>Private foundation.</b> If the organization di instructions						

#### 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.

2017

Employer identification number

OMB No. 1545-0047

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

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

Open to Public Inspection

TRELLIS ARCH CORPORATION 471313289 Part I, Line 10: Project expenses in Uganda, Haiti, Nepal, India, and the United States. Tangible resources through strategic partnerships with local providers, schools, and skilled individuals. Resources include education expenses (tuition, uniforms, and school supplies), food, water, clothing, shelter, furniture and furnishings, housing, transportation, emergency support, and training in self-sufficiency skills to children and families regardless of their abilities, race, gender identity, religion, ethnicity, sexual orientation, or nationality. Part I, Line 16: Required Delaware and Maryland State fees, annual rent for P.O. Box, web hosting & e-mail, PayPal & banking wire fees Part III, Line 31: School supplies for 100 orphans in Khemasole, India; college scholarships for two young women in India; and educational expenses for 21 children (18 of them orphans) in Nepal.