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Form	\mathbf{U}		U

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax 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.

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2017 calendar year, or tax year beginning and	ending		
B c a	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre chang				
	Name Chang			46-2	952873
	Initial		Room/suite	E Telephone number	
	Final return				916-6421
_	termin ated			G Gross receipts \$	1,760,966.
	Amen	SAN DIEGO, CA 92121		H(a) Is this a group re	
	Appli tion pend				? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) (or 🛄 527	If "No," attach a	list. (see instructions)
		te: WWW.HONOR.ORG		H(c) Group exemption	
_		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2013	State of legal domicile: CA
Pa	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: ASSI	STS U.	S. SPECIAL	OPERATION
anc		FORCES TRANSITION FROM ACTIVE DUTY MILIT	ARY TO	PRIVATE SE	CTOR
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	14
viti	6	Total number of volunteers (estimate if necessary)		6	17
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		686,281.	1,670,057.
Revenue	9	Program service revenue (Part VIII, line 2g)		93,750.	88,750.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,641.	2,159.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		793,672.	1,760,966.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	5,651.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		681,836.	947,922.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) ► 253,0	84.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		562,407.	675,455.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,244,243.	1,629,028.
	19	Revenue less expenses. Subtract line 18 from line 12		-450,571.	131,938.
s or			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,543,122.	1,791,315.
t As id B	21	Total liabilities (Part X, line 26)		66,382.	66,687.
		Net assets or fund balances. Subtract line 21 from line 20		1,476,740.	1,724,628.
Pa	art II	Signature Block			
Und	er pen	alties of periury. I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	v knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOSEPH MUSSELMAN, CEO Type or print name and title		Date				
Paid	Print/Type preparer's name RICHARD HOTZ	Preparer's signature	Date 08/29/18	PTIN ₫ ₽00452784			
Preparer	Firm's name 🕒 CONSIDINE & CONS		Firm's EIN 🕨				
Use Only	Firm's address 8989 RIO SAN DIE SAN DIEGO, CA 92		Phone no.61	9.231.1977			
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No			
732001 11-2	28-17 LHA For Paperwork Reduction Act Notic			Form 990 (2017)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	2 11-28-17		
40	Total program service expenses 1,096,735.	Forr	n 990 (20
	(Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
	(coordination of the second of		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
	CAREERS.		
	TRANSITION EDUCATION FOR FORMER SPECIAL OPERATIONS INTO PRI		
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$1,096,735. including grants of \$5,651.) (Revenue \$]	9(),909
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	• •	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu	ind by over	505
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es X
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Y	es X
2	Did the organization undertake any significant program services during the year which were not listed on the		
	ASSISTS U.S. SPECIAL OPERATION FORCES TRANSITION FROM ACTIV MILITARY TO PRIVATE SECTOR CAREERS.	E DUTY	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		l
1 01	t III Statement of Program Service Accomplishments		Г
Jar			

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THE HONOR FOUNDATION

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		IX

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
~ ~	Schedule J	23	Δ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a		35a	1	X
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	Х	

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Form	990 (2017) THE HONOR FOUNDATION 46-2952	873	Р	age 5							
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance										
	Check if Schedule O contains a response or note to any line in this Part V										
			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16										
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1									
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1									
	(gambling) winnings to prize winners?	1c	Х								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 14										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х								
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x							
h	If "Yes," enter the name of the foreign country:	14									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00									
u	any contributions that were not tax deductible as charitable contributions?	6a		x							
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua									
D.		6b									
7	Organizations that may receive deductible contributions under section 170(c).	00									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b									
Ŭ	to file Form 8282?	7c		x							
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
	If the organization received a contribution of qualified intellectual property, did the organization file of some of the organization file a Form 1098-C?	79 7h									
8	Sponsoring organization metanological structures, and the organization metanological structures, and the organization metanological structures and the organization										
0		8									
9	sponsoring organization have excess business holdings at any time during the year?										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:	55									
a	Initiation fees and capital contributions included on Part VIII, line 12 10a										
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	•									
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state?	13a									
a	Note. See the instructions for additional information the organization must report on Schedule O.	104									
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
U	organization is licensed to issue qualified health plans										
~											
	Enter the amount of reserves on hand	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u> </u>							
<u> </u>	ה דיט, המשיר חופט מדטרות דבט נט ופטטר נורפש באשוופורנש או דיזט, אוטיוטב מד לגאומומנטו ווד שנורפטעוב ט			/0017							

Form 990	(2017)
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THE HONOR FOUNDATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

If ther body of c Enter Did au office Did th of offi Did th Did th Di Did th Di Did th Did th Did th Did th Did th Did th Did th Did th	r the number of voting members of the governing body at the end of the tax year re are material differences in voting rights among members of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain in Schedule 0. r the number of voting members included in line 1a, above, who are independent my officer, director, trustee, or key employee have a family relationship or a business relationsh r, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the ricers, directors, or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year organization contemporaneously document the meetings held or written actions undertaken during the year organization contemporaneously document the maes and addresses in Schedule O B. Policies (<i>This Section B requests information about policies not required by the Internal F</i> the organization have local chapters, branches, or affiliates? as, " did the organization have written policies and procedures governing the activities of such oranches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing bod ribe in Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> officers, directors, or trustees, and key em	1b iip with any other he direct supervision 990 was filed? ssets? appoint one or stockholders, or ear by the following: ached at the Revenue Code.) chapters, affiliates,	3 4 5 6 7a 7b 8a 8b 9	X X Yes
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 b Enter Did an office Did the of office Did the of office Did the of office Did the did the did	In the number of voting members included in line 1a, above, who are independent in the number of voting members or key employee have a family relationship or a business relationship or a business relationship or a dusiness relation form the organization make any significant changes to its governing documents since the prior Form the organization have members or stockholders? The organization have members, stockholders, or other persons who had the power to elect or a members of the governing body? The organization contemporaneously document the meetings held or written actions undertaken during the year organization contemporaneously document the meetings held or written actions undertaken during the year organization is mailing address? If "Yes," provide the names and addresses in Schedule O B. Policies (This Section B requests information about policies not required by the Internal F the organization have local chapters, branches, or affiliates? The organization have exist are consistent with the organization's exempt purposes? The organization provided a complete copy of this For	ip with any other he direct supervision 990 was filed? ssets? appoint one or stockholders, or ear by the following: ached at the <u>Revenue Code.)</u>	2 3 4 5 6 7a 7b 8a 8b 9	X
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perso a The o b Other If "Ye a Did th taxab b If "Ye in joir exem	he organization have a written document retention and destruction policy?		. 14	
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a Did th taxab b If "Ye in joir exem	r officers or key employees of the organization		. 15 b	Х
taxab b If "Ye in joir exem	es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
b If "Ye in joir exem	he organization invest in, contribute assets to, or participate in a joint venture or similar arrange			
in joir exem	ble entity during the year?		. 16 a	
exem	es," did the organization follow a written policy or procedure requiring the organization to evaluate			
	nt venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's		
	npt status with respect to such arrangements?		. 16b	
	C. Disclosure			
	he states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{CA}$			
	ion 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	/) availab	ie
	ublic inspection. Indicate how you made these available. Check all that apply.			
		n in Schedule O)		
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	ribe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	and finand	
	ments available to the public during the tax year.		and finan	
	ments available to the public during the tax year. The name, address, and telephone number of the person who possesses the organization's b		and finan	
110	ments available to the public during the tax year. The name, address, and telephone number of the person who possesses the organization's b RIANNE MCGOVERN - $619-916-6421$		and finan	
006 11-28-	ments available to the public during the tax year. The name, address, and telephone number of the person who possesses the organization's b			990

Part VII	Compensation of Officers,	, Directors, Trustees,	, Key Employees,	Highest (Compensated
	Employees, and Independe	ent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	not c , unle cer an	ss pe	rson	is bot	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSEPH MUSSELMAN CEO	40.00	x		x				150,000.	0.	0.
(2) HAL KUYKENDALL	20.00									
PRESIDENT/TREASURER		x		x				0.	0.	0.
(3) JOE GERACI	3.00									
BOARD MEMBER/AUDIT COMMITTEE		x						0.	0.	0.
(4) JORJA LEAP	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) SCOTT ADAMS	7.00									
BOARD MEMBER		х						0.	0.	0.
(6) CHRISTIAN BOLLINGER	3.00									•
BOARD MEMBER/AUDIT COMMITTEE	10.00	X						0.	0.	0.
(7) KERIANNE MCGOVERN	40.00							00 000	0	0
SECRETARY/DIRECTOR OF OPERATIONS	40.00			X				90,000.	0.	0.
(8) JEFFREY POTTINGER CHIEF OF CURRICULUM	40.00					x		170,000.	0.	0.
CHIEF OF CORRICOLOM		<u> </u>						170,000.	0.	0.
		1								
		1								
		<u> </u>								
732007 11-28-17										Form 990 (2017)

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Form 990 (2017)

	990 (2017) THE HONOR									46-2	952	873	P	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box, offic	not cl , unle:	(C Posi heck r ss per d a di	tion ^{more} rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
1b	Sub-total							•	410,000.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A					I		0. 410,000.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	ove	e) wh	no re	eceived more than \$100),000 of reportab	le			2
3	Did the organization list any former officer, of line 1a? If "Yes," complete Schedule J for su											3	Yes	No X
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150	m of reportabl	le co	ompe	ensa	ition	anc	l otl		the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp	ccrue comper	nsati	ion f	rom	any	unr	elat	ted organization or indiv	idual for services		5		х
	tion B. Independent Contractors									\$100.000 of oom		-		
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						n the organization's tax		ipens			
	(A) Name and business a	address	NC	ONE	2			_	(B) Description of s	ervices	C	ompe)		n
								_						
								-						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to	thos (•	stec	d above) who received m	nore than		Form	990 /	2017)

Pa	rt VII						
_		Check if Schedule O contains a respo	onse or note to any li		(5)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns 1a	1				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Am (Fundraising events 1c					
ar fi		Related organizations 1c					
ini,		Government grants (contributions)	5,000.	-			
rion S	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	1,665,057.				
d dri	g	Noncash contributions included in lines 1a-1f: \$					
an	h	Total. Add lines 1a-1f		1,670,057.			
			Business Code	•			
e	2 a	TUITION	611710	88,750.	88,750.		
e Ki	b						
Se	с						
am	d						
Program Service Revenue	е						
Ţ,	f	All other program service revenue					
	g	Total. Add lines 2a-2f		88,750.			
	3	Investment income (including dividends,					
		other similar amounts)					
	4	Income from investment of tax-exempt bo					
	5	Royalties					
		(i) Rea					
	6 a	Gross rents					
	b	Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securit					
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	с	Gain or (loss)					
		Net gain or (loss)					
Ð		Gross income from fundraising events (no					
ň		including \$ of					
eve		contributions reported on line 1c). See					
Other Revenue		Part IV, line 18	а				
the	b	Less: direct expenses					
0		Net income or (loss) from fundraising eve					
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses					
	с	Net income or (loss) from gaming activitie	es				
	10 a	Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold	b				
	с	Net income or (loss) from sales of invento	ory				
		Miscellaneous Revenue	Business Code				
	11 a	OTHER INCOME	900099	2,159.	2,159.		
	b						
	с						
	d	All other revenue					
	е	Total. Add lines 11a-11d	►	2,159.			
	12	Total revenue. See instructions.		1,760,966.	90,909.	0.	-
73200	9 11-28						Form 990 (2017)

THE HONOR FOUNDATION

Form 990 (2017)

08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

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THE HONOR FOUNDATION

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,651.	5,651.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	240,000.	137,576.	66,237.	36,187
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	641,314.	435,810.	79,062.	126,442
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	55.			55
10	Payroll taxes	66,553.	43,057.	10,692.	12,804
11	Fees for services (non-employees):				
а	Management				
b	Legal	10,263.		10,263.	
С	Accounting	49,748.		49,748.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	14,198.	8,875. 26,345.	1,123.	<u>4,200</u> 8,388
12	Advertising and promotion	35,465.	26,345.		8,388
13	Office expenses	24,374.	9,092.	5,016.	10,266
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	95,599.	67,278.	10,029.	18,292
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,260.	43,371.	970.	1,919
23	Insurance	5,113.		5,113.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EVENT SPECIFIC	273,858.	253,636.	2,368.	17,854
b	FACILITIES AND EQUIPMEN	99,465.	62,725.	29,368.	7,372
с	BANK AND MERCHANT	13,815.	3,319.	1,191.	9,305
d	WORKERS COMPENSATION IN	7,297.		7,297.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,629,028.	1,096,735.	279,209.	253,084
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

Form **990** (2017)

08300829 757767 HONO15129398

______ if following SOP 98-2 (ASC 958-720)

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Form 990 (2017)

THE HONOR FOUNDATION Part X Balance Sheet

		Check if Schedule O contains a response or not	o to any	line in this Part V			
		Check in Schedule O contains a response of hot	e to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			484,407.	1	1,049,797.
	2	Savings and temporary cash investments			101/10/1	2	1/015//5/1
	2		701,364.	2	255,000.		
	4	Pledges and grants receivable, net			2,954.	4	1,500.
	4 5	Accounts receivable, net Loans and other receivables from current and for		iooro directoro	2,551.	4	1,500.
	5	trustees, key employees, and highest compensation					
			-			5	
	6	Part II of Schedule L Loans and other receivables from other disguali				5	
	0	section 4958(f)(1)), persons described in section	-	· ·			
				-			
<i>(</i> 0		employers and sponsoring organizations of sect				6	
Assets	7	employees' beneficiary organizations (see instr).				6 7	
Ase	7	Notes and loans receivable, net		F		-	
	8	Inventories for sale or use			14,062.	8 9	14,994.
	9	Prepaid expenses and deferred charges			14,002.	9	11,551.
	iua	Land, buildings, and equipment: cost or other	10-	153,890.			
	h	basis. Complete Part VI of Schedule D		60,640.	54,185.	10c	93,250.
		Less: accumulated depreciation		-	54,105.	10C	55,250.
	11	Investments - publicly traded securities		F		12	
	12 13	Investments - other securities. See Part IV, line -				13	
	13 14	Investments - program-related. See Part IV, line				13	
	14 15	Intangible assets	286,150.	14	376,774.		
	15 16	Other assets. See Part IV, line 11			1,543,122.	15	1,791,315.
		Total assets. Add lines 1 through 15 (must equ			66,382.	17	66,687.
	17 18	Accounts payable and accrued expenses	00,502.	17	00,007.		
	10 19	Grants payable				10	
	20	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete l				20	
<i>(</i> 0	21					21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ilidi						22	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelate				23	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines	•				
		Schedule D	-	-		25	
	26	Total liabilities. Add lines 17 through 25			66,382.	26	66,687.
	20	Organizations that follow SFAS 117 (ASC 958			,	20	,
s		complete lines 27 through 29, and lines 33 an					
JCe	27	Unrestricted net assets			764,736.	27	1,184,650.
alar	28	Temporarily restricted net assets			712,004.	28	539,978.
а В	29					29	
Fund Balances		Organizations that do not follow SFAS 117 (A					
ъ		and complete lines 30 through 34.	,	,			
ts (30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ec		F		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Ň	33	Total net assets or fund balances			1,476,740.	33	1,724,628.
	34	Total liabilities and net assets/fund balances			1,543,122.	34	1,791,315.
_							, , , , , , , , , , , , , , , , , , , ,

Form 990 (2017)

HON01511

Form	1990 (2017) THE HONOR FOUNDATION	46	-29528	73	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					2
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	760),9	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	629	9,0	28.
3	Revenue less expenses. Subtract line 2 from line 1	3				38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	476	5,7	40.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6		115	5,9	50.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,	724	1,6	28.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	в,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2017)

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12 08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

SCHEDULE A	
------------	--

Department of the Treasury

(F	orm	990	or	990-	FZ
	01111	330	UI.	330-	

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.

	2017					
	Open to Public Inspection					
identification number						

OMB No. 1545-0047

I

Internal Revenue Service				Go to www.irs.gov	/Form990 for instruction		he latest i	nformation.		Inspection
Nam	e of t	the organizati							Employer	identification number
			THE	HONOR FOUN	DATION				4	6-2952873
Pa	rt I	Reason	for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a	a private found	lation because it is: ((For lines 1 through 12, c	check only	one box.)			
1	Ľ				on of churches describe					
2		-			Attach Schedule E (Forn		• • •			
3					anization described in s e			ii).		
4					njunction with a hospita)(iii). Enter	the hospital's name.
		city, and stat	-		· · J -··· - · · · · · · · · · · · · · ·				<i>X7-</i>	···- ··,
5				or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	ped in
-				Complete Part II.)						
6					mental unit described in	section 17	70(b)(1)(A)	(v).		
7			· ·	-	antial part of its support 1				he general	public described in
-		-		omplete Part II.)		. en a ger			ne general	
8					(1)(A)(vi). (Complete Par	t II.)				
9					l in section 170(b)(1)(A)(ed in coniı	unction with a	land-grant	college
•					culture (see instructions).					
		university:		9. u				,,		,
10	X		on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	poort from	contributi	ons, member	ship fees, a	and gross receipts from
					ct to certain exceptions,					
					e (less section 511 tax) fr					
				mplete Part III.)					9aa	
11					ively to test for public sa	afetv. See	section 50)9(a)(4).		
12		-	-	-	sively for the benefit of, to	•			arrv out the	e purposes of one or
		-	-		ed in section 509(a)(1) o	-			-	
					of supporting organizatio					
а			-		supervised, or controlled		-		-	/ aivina
					gularly appoint or elect a	•	-			
			-	complete Part IV, Se	• • • •					
b				-	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	avina
				-	anization vested in the s			•		-
			•	t complete Part IV,		•			5 1	I.
с		¬ -			g organization operated	in connec	tion with.	and functiona	llv integrat	ed with.
		••	-	•	s). You must complete I				, ,	,
d		-	-		oorting organization oper				rted organ ⁱ	ization(s)
			-		zation generally must sa				-	
			-		nplete Part IV, Sections	•		-		
е					written determination fro				II. Type III	
			•		onally integrated support			··· / ·, · /	···, · / - · ···	
f	Ente									
g				n about the supporte						•
		(i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	imonetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
-										
							1			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

Schedule A (Form 990 or 990 EZ) 2017 THE HONOR FOUNDATION

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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.)

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization'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						
	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.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Publ		-				
	Public support percentage for 2017 (I					14	%
	Public support percentage from 2016					15	%
1 6a	33 1/3% support test - 2017. If the c	-					x and
	stop here. The organization qualifies						▶∟
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						•
	organization meets the "facts-and-circ		-		• • • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 17a, or 17b	o, check this box a	ind see instruction	s 🏲 📖

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 THE HONOR FOUNDATION

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

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

Sec	ction A. Public Support						
Cale	ndar 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.")	84,351.	442,286.	2,385,896.	686,281.	1,670,057.	5,268,871.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			34,500.	93,750.	88,750.	217,000.
3	Gross receipts from activities that			-	-	-	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	84,351.	442,286.	2,420,396.	780,031.	1,758,807.	5,485,871.
	Amounts included on lines 1, 2, and	-	-		-		
	3 received from disqualified persons			35,000.	27,630.	30,200.	92,830.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b			35,000.	27,630.	30,200.	92,830.
	Public support. (Subtract line 7c from line 6.)						5,393,041.
Sec	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	84,351.	442,286.	2,420,396.	780,031.	1,758,807.	5,485,871.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						, , , , , , , , , , , , , , , , , , , ,
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			3,367.	12,481.	2,159.	18,007.
13	assets (Explain in Part VI.)	84,351.	442,286.	2,423,763.	792,512.	1,760,966.	5,503,878.
	First five years. If the Form 990 is for	-				, ,	ation.
	check this box and stop here		,,	, , <u>, -</u> ,	,		► X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (I			olumn (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Invest	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the					3 1/3% , and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	iis box and see ins	structions	>
						edule A (Form 990	
				15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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.*
- **c** 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.
- **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.*
- **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.
- **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.*
- 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 EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).*
- 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).*
- **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.**
- **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.**
- 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.**
- **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.*
 - **b** 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.)

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Schedule A (Form 990 or 990-EZ) 2017

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
Sec	tion 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
<u></u>	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
	Did the evention time state and of the event of evention in the last day of the fifth month of the		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	-		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> " <i>No</i> ," <i>explain in</i> Part VI <i>how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	~		
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
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.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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			
	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-ЕZ)	2017
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Schedule A (Form 990 or 990-EZ) 2017 THE HONOR FOUNDATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 THE HONOR FOUNDATION

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	Ŭ
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 THE HONOR FOUNDATION

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

46-2952873

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$102,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)

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Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 8 Person Payroll 21,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Х Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 11,197. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 23 08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

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Name of organization

Employer identification number

46-2952873

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 13 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 14 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 24 08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

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Name of organization

Employer identification number

46-2952873

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 25 2017.04000 THE HONOR FOUNDATION 08300829 757767 HONO15129398

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Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 25 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 29 X Person Payroll 7,500. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 30 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 26 08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION HON01511

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Name of organization

Employer identification number

46-2952873

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 31 X Person Payroll 6,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 32 Person Payroll 5,900. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 33 X Person Payroll 5,292. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 34 Х Person Payroll 5,269. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 35 X Person Payroll 5,269. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 36 X Person Pavroll 5,269. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 27 08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

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Name of organization

Employer identification number

46-2952873

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
37		\$5,215.	Person X Payroll III Noncash III (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
38		\$5,168.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
40		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
41		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
42		\$5,000.	Person X Payroll Noncash (Complete Part II for

THE HONOR FOUNDATION

Name of organization

Employer identification number

46-2952873

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 43 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 44 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 45 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 46 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 47 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 48 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 29 08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

HON01511

Name of organization

Employer identification number

46-2952873

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 50 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 51 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 30

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2017.04000 THE HONOR FOUNDATION 08300829 757767 HONO15129398

THE HONOR FOUNDATION

Manie	U	organization	

46 - 2952873

THE HONOR FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

HON01511

me of organ			Employer identification number				
IE HOI	NOR FOUNDATION Exclusively religious, charitable, etc., con	tributions to organizations described in	46-2952873 section 501(c)(7), (8), or (10) that total more than \$1,000 fo				
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the followin	g line entry. For organizations				
	Use duplicate copies of Part III if addition						
a) No. from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a		Relationship of transferor to transferee				
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
454 11-01-17	7	32	Schedule B (Form 990, 990-EZ, or 990-PF) (

08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the	organization
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Employer identification number 46 - 2952873

	THE HONOR FOUNDATI	ON	46-2952873
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		·
	.	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	inds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		
Par		nanization answered "Yes" on Form 990 Part I	
1		-	v, inte 7.
	Purpose(s) of conservation easements held by the organizat		ly important land area
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historical	
			historic structure
~	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	
_	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ition easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
-	\$		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the c	organization's accounting for
Der	conservation easements.		
Par	t III Organizations Maintaining Collections o		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (As		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			-
2	If the organization received or held works of art, historical tre	-	n, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017
732051	10-09-17		

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08300829 757767 HONO15129398 2017.04000 THE HONOR FOUNDATION

Sche	dule D (Form 990) 2017 THE HON	OR FOUNDAT	ION				46-	29528	73 I	Page 2
Pa	t III Organizations Maintaining C	collections of A	rt, His	storical Tr	easures,	or Other	r Similar As	ssets(con	tinued)
3	Using the organization's acquisition, accessi	on, and other record	ls, che	ck any of the	following that	at are a sig	nificant use o	f its collect	ion ite	ms
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how [.]	they further t	he organizat	ion's exem	ipt purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, l	nistorical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the org	anization's co	ollection?			Yes		No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if th	e organizatio	on answered	"Yes" on F	orm 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary fo	r contributior	ns or other as	ssets not ir	ncluded		_	
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
								Amou	int	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fe						y?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanat	ion has been	provided on	Part XIII			<u> C</u>	
Pa	t V Endowment Funds. Complete i	f the organization an	swere	d "Yes" on Fo	orm 990, Par	t IV, line 10).			
		(a) Current year	(b)	Prior year	(c) Two yea	rs back 🛛 (c	s) Three years b	ack (e) Fo	ur year	rs back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line	1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organization	ation th	nat are held a	and administe	ered for the	e organization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations)	
b	If "Yes" on line 3a(ii), are the related organiza									
_4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990), Part	IV, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	cumulated	(d) Bo	ok val	ue
		basis (investr	nent)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			15	3,890.		60,640.			250.
	Add lines 1a through 1e. (Column (d) must e		X, colu	ımn (B), line 1	10c.)) 3,2	250.
							Sche	dule D (Fo	rm 990	0) 2017

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total (Col (b) must equal Form 990 Part X col (B) line 12)							

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) WORK IN PROGRESS	376,774.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	376,774.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 THE HONOR FOUNDATION			46-	2952873 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,050,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	289,690.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	289,690.
3	Subtract line 2e from line 1			3	1,760,966.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
				5	1,760,966.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> t XII Reconciliation of Expenses per Audited Financial Statem			-	
5 Pa	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents Wit a.	h Expenses per	-	irn.
5 Pa	t XII Reconciliation of Expenses per Audited Financial Staten	n ents Wit a.	h Expenses per	-	
	T XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents Wit a.	h Expenses per	Retu	irn.
1	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	ırn.
1 2	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 2a	h Expenses per	Retu	irn.
1 2 a	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a. 2a 2b	h Expenses per	Retu	irn.
1 2 a	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents Wit a. 2a 2b 2c	h Expenses per	Retu	ırn.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents Wit 	h Expenses per 173,740.	Retu	rn. <u>1,802,768.</u> 173,740.
1 2 b c d	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 173,740.	1	ırn.
1 2 b c d e	t XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 173,740.	1 2e	rn. <u>1,802,768.</u> 173,740.
1 2 b c d 8 3	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents Wit	h Expenses per 173,740.	1 2e	rn. <u>1,802,768.</u> 173,740.
1 2 b c d 8 3 4	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per 173,740.	1 2e	rn. <u>1,802,768.</u> 173,740.
1 2 b c d 3 4 a	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 173,740.	1 2e	rn. <u>1,802,768.</u> <u>173,740.</u> <u>1,629,028.</u> 0.
1 2 a b c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 173,740.	Retu 1 2e 3	rn. <u>1,802,768.</u> <u>173,740.</u> <u>1,629,028.</u>

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT HAS CONSIDERED ITS TAX POSITION AND BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY

THAN NOT TO BE SUSTAINED UPON EXAMINATION. ACCORDINGLY, THE ORGANIZATION

HAS NOT ACCRUED INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED DIFFERENTLY ON AUDIT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED DIFFERENTLY ON AUDIT

732054 10-09-17

	1		
732055 10-09-17			Schedule D (Form 990) 2017
		37	

SCHEDULE I (Form 990) Department of the Trea Internal Revenue Servie		Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual n answered "Yes" Attach to For	ls in the Ŭn i ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the orga			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Employer identification number
Name of the orga	THE HONOR	FOUNDATI	ON					46-2952873
Part I Gene	eral Information on Grants a	Ind Assistance						
criteria use	rganization maintain records d to award the grants or assis	stance?						
	Part IV the organization's pro						/ " E 000 B	
	ts and Other Assistance to	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name a	ient that received more than s nd address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOPE FOR THE 8003 FORBES F SPRINGFIELD,	PLACE, STE 201	20-5182295	501(C)(3)	5,651.	0.			TO SUPPORT THE ORGANIZATION'S MISSION
2 Enter total	number of section 501(c)(3) a	I Ind government or	rganizations listed in th	ne line 1 table	1		<u> </u>	<u> </u>
	number of other organization	-	-			·····	·····	0.
LHA For Paper	work Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

THE HONOR FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance Image: State of the s	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION MAINTAINS RECORDS TO SUBSTANTIATE THE AMOUNT AND SELECTION

CRITERIA USED TO AWARD GRANTS OR ASSISTANCE.

SCI	HEDULE J	Compensation Information	1	OMB No. 1545-0047			
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2017		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Ľυ			
Denar	tment of the Treasury		Open to Public				
	al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organizatio		Employer ic			mber	
_		THE HONOR FOUNDATION	46-2	95287	3		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as, maid, chauffe	ur, chef)				
b		on line 1a are checked, did the organization follow a written policy regarding payment or		41-			
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the organizat					
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	compensation consultant Compensation survey or study					
	·	ther organizations X Approval by the board or compensation of	committee				
			Johnmillee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
		ceive payment from, a supplemental nonqualified retirement plan?				X	
		ceive payment from, an equity-based compensation arrangement?				X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	,						
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r	net earnings of:					
а	The organization?			6a		X	
		ation?				X	
	If "Yes" on line 6a	or 6b, describe in Part III.					
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment					
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X	
	•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	ז 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990) 2017	

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46-2952873

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title (i) Base (ii) Bonus & (iii) Other compensation reported as c	(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
CHIEF OF CURRICULUM (1) 0. 0. 0. 0. 0. 0. (i)			compensation incentive		reportable		Denents	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

46-2952873

THE HONOR FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CAREERS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD SENDS THE CONFLICT FORM TO EACH BOARD MEMBER AND MONITORS ITS

COMPLETION.

FORM 990, PART VI, SECTION B, LINE 15:

BOARD VOTES ON COMPENSATION AMOUNTS FOR ALL KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

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