Form **990**

EXTENDED TO NOVEMBER 15, 2018

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Α	For th	e 2017 calendar year, or tax year beginning and	ending							
В	Check if applicat	C Name of organization		D Employer identifi	cation number					
	Addr chan	F TEAM RUBICON, INC.								
	Name Chan	ge Doing business as		27-1	720480					
	Initial returi	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe						
	Final return		310	(310)640-8787					
_	termi ated ∏Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	55,120,754.					
F	returi	LOS ANGELLES, CA 90045		H(a) Is this a group re						
	tion pend	F Name and address of principal officer: UACOB WOOD			s? Yes X No					
SAME AS C ABOVE I Tax-exempt status: X 501(c)(3)										
		empt status: X 501(c)(3) 501(c) ()	or 527	7	list. (see instructions)					
		f organization; X Corporation Trust Association Other	I Voor	H(c) Group exemption	on number ► M State of legal domicile: MN					
	art I	Summary	L Year	oriorniation. ZOTO	VI State of legal domicile, PHA					
457040	1		ANITAR	IAN AND CON	VENTIONAL					
Š	3	AID RESPONSES WITHIN AND OUTSIDE THE US								
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:	sets.					
Ver	3			3	11					
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			10					
80	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	110					
vitie	6	Total number of volunteers (estimate if necessary)		6	72901					
Acti	7 a	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			0.					
Revenue			<u> </u>	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		12,059,284.	40,602,473.					
	9	Program service revenue (Part VIII, line 2g)		0.	0.					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-23,549. $-215,803.$	50,650. -254,938.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,819,932.	40,398,185.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		112,000.	542,749.					
	14			0.	0.					
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		5,307,916.	6,604,459.					
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,813,07	74.							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,006,837.	11,908,952.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,426,753.						
		Revenue less expenses. Subtract line 18 from line 12		393,179.	21,342,025.					
or	g			ginning of Current Year	End of Year					
Sets	20 21 22	Total assets (Part X, line 16)		5,772,609.	27,655,998.					
t As	21	Total liabilities (Part X, line 26)		661,374.	1,270,354.					
	22	Net assets or fund balances. Subtract line 21 from line 20		5,111,235.	26,385,644.					
	art II	Signature Block								
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is					
true	, correc	t, and complete Declaration of prepare (other than officer) is based on all information of wh	ich preparer	nas any knowledge.	-/2010					
o:~	n	Signature of officer		Date	9/448					
Sig Her		JACOB WOOD, PRESIDENT								
1 161	C	Type or print name and title								
		Print/Type preparer's name Preparer's signature	Oppuly operity littled known	Date Check	PTIN					
Paid	i	LIZBETH G. NEVAREZ	econtonia to economical economica economical economical economical	if self-employ	P01399868					
Prej	parer	Firm's name GREEN HASSON & JANKS LLP		Firm's EIN ►	95-1777440					
Use	Only	Firm's address 10990 WILSHIRE BLVD., 16TH FLOOR								
		LOS ANGELES, CA 90024-3929	÷	Phone no. (3	10) 873-1600					
May	y the IF	RS discuss this return with the preparer shown above? (see instructions)	***************************************		X Yes No					
					^^^					

Га	Check if Schedule O contains a response or note to any line in this Part III	7
_		7
1	Briefly describe the organization's mission: TEAM RUBICON UNITES THE SKILLS AND EXPERIENCES OF MILITARY VETERANS	
	WITH FIRST RESPONDERS TO RAPIDLY DEPLOY EMERGENCY RESPONSE TEAMS.	
	WITH FIRST RESTONDERS TO RAITBUT DEFENCE RESTONSE TEAMS:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	lo.
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$15,622,004. including grants of \$\$ 542,749.) (Revenue \$\$ 0.	_)
	TEAM RUBICON, INC. (TEAM RUBICON) IS A NONPROFIT INTERNATIONAL DISASTER	
	RESPONSE AND HUMANITARIAN ORGANIZATION FOUNDED IN 2010. TEAM RUBICON'S	
	PRIMARY MISSION IS PROVIDING DISASTER RELIEF AND RECOVERY TO THOSE	
	AFFECTED BY NATURAL DISASTERS, ACROSS THE UNITED STATES AND AROUND THE	
	WORLD. BY PAIRING THE SKILLS AND EXPERIENCES OF MILITARY VETERANS WITH	
	FIRST RESPONDERS AND TECHNOLOGY SOLUTIONS, TEAM RUBICON AIMS TO PROVIDE	
	THE GREATEST SERVICE AND IMPACT POSSIBLE. THROUGH CONTINUED SERVICE VIA	
	TEAM RUBICON, MANY VETERANS REDISCOVER THREE THINGS THEY FEEL ARE	
	MISSING AFTER LEAVING THE MILITARY: A PURPOSE, GAINED THROUGH DISASTER	
	RELIEF; COMMUNITY, BUILT BY SERVING WITH OTHERS; AND IDENTITY, FROM RECOGNIZING THE IMPACT ONE INDIVIDUAL CAN MAKE. COUPLED WITH LEADERSHIP	
	DEVELOPMENT AND OTHER OPPORTUNITIES, TEAM RUBICON OFFER A WAY FOR	
4b		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_ ′
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 15,622,004.	
4e	Total program service expenses ► 15,622,004.	

12261115 758461 5696.T

Form 990 (2017) TEAM RUBICON, INC. Part 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	X	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	· · · · · · · · · · · · · · · · · · ·	6		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Δ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	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, VIII, 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	X	
b				
	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		Х
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
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124		12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	·	12b		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		27
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		v	
	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			37
	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		Х
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			
	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		X
		_	$\Omega\Omega\Omega$	·

Form **990** (2017)

Form 990 (2017) TEAM RUBICON, INC. 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		X
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	X	
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			
	Schedule J	23	X	
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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		Х
b	and the second of the second o			
	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		Х
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."			
	complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," 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	X	
_			200	_

Form 990 (2017) TEAM RUBICON, INC. Part 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	173							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming							
	(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	110							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b						
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b				5b		_X_				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c						
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
h	any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?									
7	Organizations that may receive deductible contributions under section 170(c).			6b						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a	Х					
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired							
	to file Form 8282?			7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Х				
е	7, 7, 1, 1, 1									
f	3 7 3 7 1 1									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes,		i	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	,	8						
9	Sponsoring organizations maintaining donor advised funds.			-						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 										
а	a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.									
b	b Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b						
				Form	990	(2017)				

	990 (2017) TEAM RUBICON, INC.		27-1720			age o	
Pal	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 th			"No" re	espons	e	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X	
6	Did the organization have members or stockholders?			6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	-	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
_	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					ı	
	This dection b requests information about policies not required by the internal ne	veriue	00ac.)		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	артого	armatos,	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, befor	e filing the form?	11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 50101	s iming the form.				
12a							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			12.5			
ŭ	in Schedule O how this was done	,		12c	х		
13	Did the organization have a written whistleblower policy?		•••••	13	X		
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approva			, , ,			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by inc	юренает				
а	The organization's CEO, Executive Director, or top management official			15a	х		
	Other officers or key employees of the organization			15b	X		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	oot w	th a				
IUa				16a		Х	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			10a		71	
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		· ·				
				16b			
Sec	exempt status with respect to such arrangements?tion C. Disclosure			100			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA, AK, AL, CT, K	S M	NH NV OH	OR	RT	SC	
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T						
18	for public inspection. Indicate how you made these available. Check all that apply.	OCCIL	on our (c)(o)s uniy) a	anable	•		
10			,	fina	ial		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	IIIICT Of	interest policy, and	ıınanc	idi		
00	statements available to the public during the tax year.	ما	l woo awd =:				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records: 📂				
	DIPALI MEHTA - (310)640-8787 6171 W CENTURY BLVD., SUITE 310, LOS ANGELES, CA	004	5				
		004	<u> </u>	Γα	gan	(2017)	
/32000	SEE SCHEDULE O FOR FULL LIST OF STATES			רטווו	. 550	(2017)	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ip						the	organizations	compensation
	hours for	Individual trustee or director				pa:		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal t		ployee	comp				and related
	below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAKE WOOD	55.00	트	드	6	3	王吉	포			
PRESIDENT/CHIEF EXECUTIVE OFFICER	33.00	Х		х				185,413.	0.	25,431.
(2) WILLIAM B. MCNULTY	2.00									
VICE PRESIDENT/OFFICER		Х		Х				0.	0.	0.
(3) DUNCAN NEIDERAUER	2.00									
BOARD MEMBER		X						0.	0.	0.
(4) MARY SOLOMAN	2.00									
BOARD MEMBER		X						0.	0.	0.
(5) MICHAEL STERN	2.00							_		
BOARD MEMBER		X						0.	0.	0.
(6) NANCY DUBOC	2.00									_
BOARD MEMBER		X						0.	0.	0.
(7) JONATHAN SMIDT	2.00									•
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) JOE MARCHESE	2.00							0	0	0
BOARD MEMBER	2 00	X						0.	0.	0.
(9) CHRISTOPHER PERKINS BOARD MEMBER	2.00	X						0.	0.	0.
(10) CLAYTON DEGIACINTO	2.00	Λ						0.	0.	<u> </u>
BOARD MEMBER	2.00	Х						0.	0.	0.
(11) ADAM MILLER	2.00							0.	0 •	<u></u>
BOARD MEMBER	2.00	X						0.	0.	0.
(12) ERIC SALNAS	55.00									
CHIEF FINANCIAL OFFICER				Х				165,104.	0.	13,548.
(13) ARTHUR DELACRUZ	55.00							,		,
CHIEF OPERATING OFFICER						Х		223,865.	0.	9,124.
(14) LAURA ATWELL	55.00									
DIRECTOR OF DEVELOPMENT						X		169,404.	0.	6,483.
(15) THOMAS HENDERSON	55.00									_
CHIEF MARKETING OFFICER						X		144,038.	0.	19,545.
(16) DAVID BURKE	55.00									
VICE PRESIDENT OF FIELD OPERATOINS						X		139,100.	0.	11,898.
(17) NICOLE GREEN	55.00									
VICE PRESIDENT REGIONAL OPERATIONS						X		119,269.	0.	11,643. Form 990 (2017)

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Га	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)	(C)					(D)	(E)		(F)		
	Name and title	Average	(do		Pos heck) than o	one	Reportable	Reportable		Estima	ted
		hours per					s both		compensation	compensation		amoun	
		week (list any		- C					from	from related		othe	
		hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS		mpens from t	
		related	e or 0	stee			satec		(W-2/1099-MISC)	(***-27 1033-14110	·	rganiza	
		organizations	truste	al trus		ee/	m per		(11 2) 1000 111100)			nd rela	
		below	idual	Institutional trustee	 	Key employee	sst co oyee	-in				ganiza	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former				-	
			-										
			-										
			-										
			-										
			-										
									1 146 102		0	07 (- 7 0
	Sub-total								1,146,193.			97,6	572.
	Total from continuation sheets to Part VI								0.		0.	07 (0.
	Total (add lines 1b and 1c)								1,146,193.			97,6	12.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable	9		11
	compensation from the organization											Vaa	11
_												Yes	No
3	Did the organization list any former officer	•		,	•	•	•		•	. ,			37
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su	•								•			
	and related organizations greater than \$150										4	X	
5	Did any person listed on line 1a receive or a	•				•			•	lual for services			7.7
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch <u>i</u>	oers	on .				5		X
	etion B. Independent Contractors												
1	Complete this table for your five highest co										pensation	trom	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.			
	(A) Name and business	address							(B) Description of s	ervices		(C) Sensati	on
001	Name and business address Description of services Compensation CONSTRUCTION LABOR CONTRACTORS, 3380												
		-			ת ד		ОΠ		CMVEGING GIDA	v.r	1	N 5 4	: 2 2
DK.	ECKSVILLS ROAD, SUITE 2	LUU, KIC	пľ	TE	עע	,	ОП	- 1	STAFFING FIRE	AT .	4	UD, C	533.

ENTERPRISE PO BOX 30, ROSSLYN HEIGHTS, NY 11577 VEHICLE RENTALS 364,674. VELOWERKS, LLC PO BOX 608, ROSS, CA 94957 155,013. WEBSITE DESIGN EMPLOYMENT SCREENING SERVICES BACKGROUND CHECK 7110 REDWOOD BLVD SUITE C, NOVATO, CA 94945 SCREENING SERVICES 110,490. Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2017)

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\$100,000 of compensation from the organization

Form 990 (2017) TEAM RUBICON, INC.

Part VIII Statement of Revenue

		Check if Schodule O cent	oine a roonana	or note to any line	o in this Bort VIII			
		Check if Schedule O cont	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 a	Federated campaigns	1a					
an I		Membership dues						
۵ِ ق	С	Fundraising events		1,051,433.				
ifts		Related organizations						
n, Gii		Government grants (contributi						
Sig		All other contributions, gifts, gran						
ig je	•	similar amounts not included above		39,551,040.				
걸	a	Noncash contributions included in lines		0 011 110				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			40,602,473.			
<u> </u>		Total / Ida in Ida i I I I I I I I I I I I I I I I I I I		Business Code	, ,			
o l	2 a							
ķ	b							
Ser	c							
E S	d							
Program Service Revenue	e							
Pro		All other program service reve	enue					
		Total. Add lines 2a-2f		•				
	3	Investment income (including						
		other similar amounts)			91,700.			91,700.
	4	Income from investment of tax			•			·
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	() 1154.	(1) 1 01001101				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)	•	•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	14,290,312.	<u> </u>				
	b	Less: cost or other basis		,				
		and sales expenses	14,225,694.	120,668.				
	С	Gain or (loss)						
		Net gain or (loss)		>	-41,050.			-41,050.
		Gross income from fundraising			·			
ng		including \$ 1,051	,433. of					
š		contributions reported on line						
Other Revenue		Part IV, line 18	•	44,850.				
Ę.	b	Less: direct expenses	b	201 211				
Ò		Net income or (loss) from fund			-246,964.			-246,964.
		Gross income from gaming ac	•					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		70,466.				
	b	Less: cost of goods sold		84,393.				
		Net income or (loss) from sale			-13,927.	-13,927.		
		Miscellaneous Revenu		Business Code				
	11 a	OTHER REVENUE		900099	5,953.			5,953.
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			5,953.			
		Total revenue. See instructions.		▶	40,398,185.	-13,927.	0.	-190,361.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 417,749. 417,749. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 125,000. 125,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 279,200. 52,742. 389,496. 57,554. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,095,410. 3,610,562. 677,358. 807,490. Other salaries and wages 7 Pension plan accruals and contributions (include 158,345. 125,228. 24,968. 8,149. section 401(k) and 403(b) employer contributions) 447,205. 565,472. 89,165. 29,102. Other employee benefits 9 395,736. 282,722. 52,010. 61,004. 10 Payroll taxes Fees for services (non-employees): Management Legal 25,340. 25,340. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 362,998. 106,346. 1,248,481. 779,137. column (A) amount, list line 11g expenses on Sch O.) 1,185,917. 1,088,171. 4,866. 92,880. Advertising and promotion 12 779,672. 43,354. 324,425. 1,147,451. Office expenses 13 2,124,590. 1,907,769. 76,654. 140,167. Information technology 14 Royalties 15 73,003. 599,052. 459,666. 66,383. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 618. 158,808. 156,163. 2,027. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 16,674. 137,392. 115,579. 5,139. Depreciation, depletion, and amortization 22 130,756. 116,137. 14,558. 61. 23 Other expenses. Itemize expenses not covered 24 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 O.) 3,691,893. 75,960. 3,789,433. 21,580. FIELD EXPENSES MEALS AND CATERING 1,044,671. 1,021,703. 6,597. 16,371. 174,573. 114,507. 60,066. PLACEMENT AND HIRING CO 0. 14,802. 49,927. 18,287. 16,838. d MEMBERSHIP, DUES, 92,561. 85,654. 3,729. 3,178. e All other expenses 19,056,160. 15,622,004. 1,621,082. 1,813,074. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2017)

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Form 990 (2017)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			1,348,842.	1	1,122,446
2	Savings and temporary cash investments			15,373.	2	5,670
3	Pledges and grants receivable, net			1,672,514.	3	3,465,813
4	Accounts receivable, net				4	, ,
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensa		' '			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
"	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of section					
			-			
Assets 7	employees' beneficiary organizations (see instr).				6	
7	Notes and loans receivable, net			67 146	7	42 E04
` 0	Inventories for sale or use			67,146.	8	43,504
9				278,120.	9	512,645
10a	Land, buildings, and equipment: cost or other		1 500 014			
	basis. Complete Part VI of Schedule D	10a	1,520,814.	656 044		1 040 061
b			277,953.	656,041.	10c	1,242,861
11	Investments - publicly traded securities			1,300,577.	11	21,119,542
12	Investments - other securities. See Part IV, line 1			12		
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		433,996.	15	143,517	
16	Total assets. Add lines 1 through 15 (must equ			5,772,609.	16	27,655,998
17	Accounts payable and accrued expenses			661,374.	17	1,270,354
18	Grants payable		18			
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
20	Loans and other payables to current and former					
Liabilities	key employees, highest compensated employee					
ਰ					22	
<u>s</u> 23	Secured mortgages and notes payable to unrela		discount of		23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa				24	
25	parties, and other liabilities not included on lines					
	O alla a alcala. D	•			25	
26	Total liabilities. Add lines 17 through 25			661,374.	26	1,270,354
20	Organizations that follow SFAS 117 (ASC 958			001,374.	20	1,270,334
	complete lines 27 through 29, and lines 33 an		There 21 and			
S OZ				3,388,257.	27	14,543,028
27 8	Unrestricted net assets			1,722,978.	28	11,842,616
28	Temporarily restricted net assets		1,122,910.		11,042,010	
일 29					29	
로	Organizations that do not follow SFAS 117 (A	SC 958)	, cneck here			
<u></u>	and complete lines 30 through 34.					
ត្ត 30	Capital stock or trust principal, or current funds				30	
ပ္တို 31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances 22	Retained earnings, endowment, accumulated in				32	
ž 33	Total net assets or fund balances			5,111,235.	33	26,385,644
34	Total liabilities and net assets/fund balances .			5,772,609.	34	27,655,998

Form **990** (2017)

Pa	t XI Reconciliation of Net Assets							
	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	40,39					
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,05	66,1	.60.			
3	Revenue less expenses. Subtract line 2 from line 1	3	21,34	21,342,025				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,11	5,111,235				
5								
6	Donated services and use of facilities	6						
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								
	column (B))	10	26,38	35,6	44.			
Pa	t 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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		X			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Forr	ո 990	(2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection **Employer identification number** Name of the organization TEAM RUBICON INC. 27-1720480 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Total

Schedule A (Form 990 or 990-EZ) 2017

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	tion 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.")	6785816.	7509592.	8072199.	12059284.	40602473.	75029364.			
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	6785816.	7509592.	8072199.	12059284.	40602473.	75029364.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						2968759.			
	Public support. Subtract line 5 from line 4.						72060605.			
Sec	tion 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	6785816.	7509592.	8072199.	12059284.	40602473.	75029364.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	54,013.	47,546.	47,476.	30,883.	91,700.	271,618.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	258,891.					258,891.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)					5,953.	5,953.			
	Total support. Add lines 7 through 10						75565826.			
	Gross receipts from related activities,	•	,			12	249,412.			
13	First five years. If the Form 990 is for	-			-		. \square			
800	organization, check this box and stop ction C. Computation of Publi	here Der	contage				>			
				. (0)			95.36 %			
	Public support percentage for 2017 (li					14	0 = 0 0			
	Public support percentage from 2016					15				
16a	33 1/3% support test - 2017. If the contact have The approximation available									
L	stop here. The organization qualifies									
D	33 1/3% support test - 2016. If the c	•		•		•				
17-	and stop here. The organization quali 10% -facts-and-circumstances test									
17a		•					,			
	and if the organization meets the "fac			-	· · · · · · · · · · · · · · · · · · ·	-				
Į.	meets the "facts-and-circumstances"									
O	10% -facts-and-circumstances test	_								
	more, and if the organization meets the				-		▶ □			
10	organization meets the "facts-and-circ			•	,		.			
ΙÖ	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

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.)

Se	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	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						
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						
7	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
ı	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		() 00/0	42224		(0 00 (0	() 22/-	(n =)
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest,						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
•	Unrelated business taxable income (less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
	acquired after June 30, 1975 Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	first second thin	l fourth or fifth ta	⊥ ax vear as a section	1 501(c)(3) organiz	ation .
•	check this box and stop here	-			•		
Se	ction C. Computation of Publi						
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	tment Income					
17	Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 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 ar						. —
ŀ	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

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.)

	Yes	No
1		
•		
2		
За		
3b		
3с		
30		
4a		
41.		
4b		
4c		
5a		
5b		
5c		
30		
6		
7		
8		
9a		
Ja		
9b		
9c		
10a		
10b		
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Par	Supporting Organizations (continued)			
			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?	1a		
b	A family member of a person described in (a) above?	1b		
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.	1c		
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,			
		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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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? If "No," explain in Part VI how			
	, ,	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? 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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 instructions)	ionel		
2	Activities Test. Answer (a) and (b) below.	10113).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? 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			
		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			
		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			
u		За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-u		
		3b		
	The second of th			

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in I	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions 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	ally integrated	d Type III supporting orga	anization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2017

Par	1 v 1 Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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		
	(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			
Secti	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			
С	From 2014			
d	From 2015			
е	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:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	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.			
	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990 990-F7

or 990-PF) Department of the Treasury

Internal Revenue Service

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

Name of the organization

Employer identification number

27-1720480 TEAM RUBICON, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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),

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)

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).

TEAM RUBICON, INC.

27-1720480

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
10	PROJECT MGT SOFWARE FOR THE FIELD	\$853,687.	_12/31/17_
(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
		\$	

Name of organization **Employer identification number** TEAM RUBICON, 27-1720480 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TEAM RUBICON, INC.

Employer identification number 27-1720480

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it I	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
D -	conservation easements.	A de Illiana de al Transcer de Co	la a O' a 'la a A a a a la
Par	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form 9	, ,	
1a	If the organization elected, as permitted under SFAS 116 (ASC	•	· ·
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		56,559.	21,483.	35,076.
d Equipment		1,385,125.	244,803.	1,140,322.
e Other		79,130.	11,667.	67,463.
Total. Add lines 1a through 1e. (Column (d) must eau	1,242,861.			

Schedule D (Form 990) 2017

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		X, line 12. Ition: Cost or end-of-year market value
A) E' ' ' ' ' ' '	(b) DOOK value	(C) Welliod of Valua	tilon. Cost of end-of-year market value
Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990. Part IV. lin	e 11d. See Form 990. Part	X. line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" c	on Form 990, Part IV, lind	e 11d. See Form 990, Part	X, line 15.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [e 11d. See Form 990, Part	
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Atal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Parameters of liability.	Description 15.)		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)	e 11e or 11f. See Form 990	(b) Book value
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Schedule D (Form 990) 2017

Par	t XI	Reconciliation of Revenue per Audited Financial S	tatements Wit	h Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	42,313,647.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	-67,616.		
b		ed services and use of facilities		1,983,078.		
С		veries of prior year grants				
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	1,915,462.
3	Subtr	act line 2e from line 1			3	40,398,185.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	40,398,185.
Pa	rt XII	Reconciliation of Expenses per Audited Financial S		th Expenses per F	Retur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total	expenses and losses per audited financial statements			1	21,039,238.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donat	red services and use of facilities	2a	1,983,078.		
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d		(Describe in Part XIII.)				
е		nes 2a through 2d			2e	1,983,078.
3	Subtr	act line 2e from line 1			3	19,056,160.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b			-	
		(Describe in Part XIII.)	4b			
		nes 4a and 4b			4c	0.
<u>5</u>	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)		5	19,056,160.
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			; Part	X, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional info	ormation.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

	9					_ , , ,	
re <i>l</i>	AM RUBICON, I	NC.				27-172048	30
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV			·			
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
2		ribe in Part V the	organization's	procedures for monitoring the use of its	grants and ot	ner assistance out	side the
	United States.						
3				an be duplicated if additional space is n			
	(a) Region	(b) Number of offices	(c) Number of employees.	1	· • •	vity listed in (d) gram service,	(f) Total expenditures
		in the region	employees, agents, and independent	(by type) (such as, fundraising, program services, investments, grants to		specific type	for and
		in the region	contractors	recipients located in the region)		(s) in the region	investments
			in the region	3 /		., .	in the region
חואיםי	TRAL AMERICAN AND						
	CARIBBEAN	0	14	PROGRAM SERVICE	DISASTER RE	יסס ד	20 326
LUE	CARIBBEAN	0	14	PROGRAM SERVICE	DISASTER RE	TIEL	29,326.
TIBC	OPE (INCLUDING						
	LAND AND						
	ENLAND)	0	6	PROGRAM SERVICE	DISASTER RE	T.TEF	29,533.
				TROCKER BERVIOL			23,333.
_		_					F2 255
	Sub-total	0	20				58,859.
b	Total from continuation	_	_				_
	sheets to Part I	0	0				0.
С	Totals (add lines 3a	0	20				58 859

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 TEAM RUBICON, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2017
(h) Description of noncash assistance						Sched
(g) Amount of noncash assistance					empt 🔻	
(f) Manner of cash disbursement					ecognized as tax-exe	
(e) Amount of cash grant					oreign country, r	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	
(c) Region					s listed above that are resel has provided a section entities	
(b) IRS code section and EIN (if applicable)					ecipient organizations h the grantee or counother organizations or	
1 (a) Name of organization					 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has a Enter total number of other organizations or entities 	

Page 3

Schedule F (Form 990) 2017 TEAM RUBICON, INC.

Schedule F (Form 990) 2017 TO 480

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

TEAM RUBICON, INC.

Part III can be duplicated if additional space is needed.

4
Schedule F (Form 990) 2017
ile F (For
Schedu

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

732075 10-06-17 Schedule F (Form 990) 2017

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization							ntification number
	BICON, INC.		, ,			27-1720	
required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	taas	Or.	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the state of the	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	ame and address of individual		(iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	or retained by) fundraiser	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2017

27-1720480 Page 2 Schedule G (Form 990 or 990-EZ) 2017 TEAM RUBICON, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NY DALLAS NONE (add col. (a) through FUNDRAISER FUNDRAISER col. (c)) (total number) (event type) (event type) 859,409. 236,874. 1,096,283. Gross receipts 1 821,909. 229,524. 2 Less: Contributions 1,051,433. 37,500. Gross income (line 1 minus line 2) 7,350. 44,850. 4 Cash prizes 5 Noncash prizes Direct Expenses 67,421. 5,737. 73,158. Rent/facility costs 52,035. 23,681. 75,716. 7 Food and beverages 8 Entertainment 59,420. 83,520. 142,940. Other direct expenses 291,814. **10** Direct expense summary. Add lines 4 through 9 in column (d) -246,964. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 TEAM RUBICON, INC. 27-1	1204	±00	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲 \Upsilon	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?	,	Yes	☐ No
			163	140
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line			451
Га		ies 9, 9	D, 101), 150,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	(Form 990 or 990-EZ)	TEAM RUBICON,	INC.	27-1720480	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(00)			

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

2017

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

27-1720480

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Name of the organization

INC

TEAM RUBICON

Grants and Other Assistance to Organizations,

2 ž DISASTER RELIEF PROGRAMS (h) Purpose of grant or assistance X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 Ö o 0 (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 48,749, 50,000 40,000, 25,000, 254,000, Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 90-0386790 501(C)(3) 20-8742553 501(C)(3) 56-6060481 |501(C)(3) 26-2189665 501(C)(3) 47-2805737 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? STE D120-377 1 (a) Name and address of organization or government CAROLINAS HEALTH SYSTEMS CHARLOTTE, NC 28323-2861 DC 20036 1270 CAROLINE STREET, NEW ORLEANS, LA 70119 SAINT LOUIS, MO 63104 1141 SOUTH 7TH STREET SAINT BERNARD PROJECT TEAM RUBICON GLOBAL MISSION CONTINUES ATLANTA, GA 30307 2645 TOULOUSE ST WASHINGTON DC, TOOLBANK USA 1509 16TH ST PO BOX 32861 Part I Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

TEAM RUBICON, INC.

Page 2

27-1720480

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. Schedule I (Form 990) (2017)

Part III Grants and Othei

(a) Type of grant or assistance	(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
CLAY HUNT FELLOWSHIP PROGRAM	21	125,000.	• 0	N/A	N/A
Part IV Supplemental Information. Provide the information required in		2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	Iditional information.	
PART I, LINE 2:					
TEAM RUBICON FUNDS OTHER AFFILIATES		AND NON PROFITS I	IN THE SAME	SPACE.	
BECAUSE IT WORKS CLOSELY WITH THOSE	E ORGANIZATIONS,	ATIONS, NO	FORMAL		
REPORTING/FOLLOW UP IS REQUIRED.					
THE ORGANIZATION CHOOSES AND VERIFIES		ELIGIBILITY OF	FELLOWSHIPS	S BY	

1. APPLICANTS MUST COMMIT TO COMPLETING ALL REQUIREMENTS OF THE 12-MONTH

DETERMINING THE FOLLOWING:

FELLOWS PROGRAM.

- 2. APPLICANTS MUST BE AT LEAST 21 YEARS OF AGE.
- 3. APPLICANTS MUST HAVE SERVED IN THE UNITED STATES ARMED FORCES AND NOT BEEN DISHONORABLY DISCHARGED.
- 4. APPLICANTS WILL BE CONSIDERED BASED ON THE MERIT OF THEIR APPLICATION.

 THE ORGANIZATION ENCOURAGES CREATIVITY AND HOPE THAT EACH CANDIDATE

 DEMONSTRATES THEIR PASSION FOR TEAM RUBICON THROUGH THEIR APPLICATION.

 PARAMOUNT TO ANY OTHER CRITERION, CANDIDATES WHO DEMONSTRATE THEIR

 COMMITMENT TO LIVE AND SERVE IN CLAY'S HONOR, WITH SPIRIT SIMILAR TO THE

 SPIRIT HE DISPLAYED, WILL BE GIVEN PRIORITY.

THE ELIGIBILITY IS CONFIRMED BY THEIR DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY.

THE 12 MONTH PROGRAM INCLUDES THE FOLLOWING:

SELF-DISCOVERY - FELLOWS WILL PARTICIPATE IN A SELF-DISCOVERY JOURNEY.

WHILE INDIVIDUALS MAY HAVE BEEN SURE OF WHOM THEY WERE IN UNIFORM, IT'S

TIME TO DISCOVER WHO THEY ARE AFTER TRADING IT FOR A GREY SHIRT. THE

SELF-DISCOVERY PHASE OF THE PROGRAM ALLOWS FELLOWS TO ANSWER THAT QUESTION

AND DEVELOP GOALS TO ACHIEVE A SUCCESSFUL LIFE AND TRANSITION.

TRAINING - PROGRAM PARTICIPANTS WILL BE REQUIRED TO COMPLETE ICS 300, ICS

400, AND ASIST. ADDITIONAL TRAINING OPPORTUNITIES WILL BE PRESENTED

THROUGHOUT THE FELLOWSHIP YEAR AS WELL.

MISSION FOCUSED - FELLOWS WILL BE EXPECTED TO DEPLOY ON OPERATIONS IN A

VARIETY OF ROLES. THEY WILL DEVELOP THE NECESSARY LEADERSHIP SKILLS TO

Schedule I (Form 990)

Part IV Supplemental Information
BECOME THE FUTURE VOLUNTEER LEADERS OF TEAM RUBICON.
MENTORSHIP - FELLOWS WILL BE RESPONSIBLE FOR IDENTIFYING A MENTOR TO HELP
GUIDE THEM ON THEIR JOURNEY. UPON COMPLETION OF THE FELLOWSHIP YEAR, EACH
FELLOW IS EXPECTED TO REACH BACK AND PROVIDE MENTORSHIP TO FUTURE CLASSES
OF FELLOWS AS PART OF THE CHFP ALUMNI PROGRAM.
CAPSTONE PROJECT - FELLOWS WILL ASSESS THE NEEDS OF TEAM RUBICON AND
DEVELOP A PROJECT PROPOSAL TO SUBMIT TO THE NATIONAL TRAINING OFFICE FOR
APPROVAL. ONCE APPROVED, THE FELLOWSHIP PROJECT TEAMS WILL SOLICIT THE
SUPPORT OF BOTH FULL-TIME STAFF AND VOLUNTEERS TO ASSIST IN PROJECT
COMPLETION. ROUTINE MONTHLY REPORTS OF PROJECT PROGRESSION WILL BE REQUIRED
FOR SUBMISSION. PROJECT RESULTS WILL BE PRESENTED TO TR NATION FOR
POTENTIAL IMPLEMENTATION ACROSS THE ORGANIZATION AS PART OF THE GRADUATION
WEEK.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

201/
Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

TEAM RUBICON, INC.

Part I Questions Regarding Compensation

Employer identification number 27-1720480

			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		169	140
ia	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a 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 compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(J)(B)	in column (B) reported as deferred on prior Form 990
(1) JAKE WOOD	Ξ	162,913.	22,500.	0	7,611.	17,820.	210,844.	0
PRESIDENT/CHIEF EXECUTIVE OFFICER	€	0	0	0	0	0	0	0
(2) ERIC SALNAS	=	157,404.	7,700.	0	6,296.	7,252.	178,652.	0
CHIEF FINANCIAL OFFICER	€	0	0	0	0	0	0	0
(3) ARTHUR DELACRUZ	Ξ	206,765.	17,100.	0	8,358.	766.	232,989.	0
CHIEF OPERATING OFFICER	(ii)	• 0	0.	0		0.		0.
(4) LAURA ATWELL	Ξ	157,404.	12,000.	0	6,17	307.	175,887.	0.
DIRECTOR OF DEVELOPMENT	€	• 0	0	0	• 0	0.	0	0
(5) THOMAS HENDERSON	Ξ	144,038.	0.	0	5,912.	13,633.	163,583.	0.
CHIEF MARKETING OFFICER	€	• 0	0	0	• 0	0.	0	0
(6) DAVID BURKE	(E)	139,100.	• 0	• 0	5,204.	6,694.	150,998.	• 0
VICE PRESIDENT OF FIELD OPERATOINS	(ii)	• 0	0.	0	0.	0.	0.	0.
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Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service	➤ Go to	www.irs.gov/F	orm99	0 for ir	nstructions and the	latest information.			In	specti	on	
Name of the organization							Emp	loye	identi	ficatio	n nu	mber
									204	8 0		
Part I Excess Be	nefit Transacti	ons (section 5	i01(c)(3), secti	on 501(c)(4), and 50	1(c)(29) organizations	s only).					
Complete if th	e organization ansv	wered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	art V, Iir	ne 40	b.			
1,,,,	(b)	Relationship bet	ween c	disqual	ified ,					(d)	Corre	cted?
(a) Name of disqualified	d person	person and o	rganiza	ation	(0	Description of trans	saction	n		Ye	es	No
	x incurred by the c	rganization mar	nagers	or disq	jualified persons duri	ng the year under						
3 Enter the amount of ta	ix, if any, on line 2,	above, reimburs	sed by	the org	ganization		J	> \$				
Part II Loans to a	nd/or From Int	arastad Dar	conc									
					D							
•	· ·				, Part V, line 38a or F	orm 990, Part IV, line	e 26; o	r if th	e orgai	nızatıo	n	
					(a) Original	(A) Delevere des	()	In	(h) App	oroved	/:\ \A	/ritten
(a) Name of interested person	with organization		fron	n the		(T) Balance due			by boa	ard or	agree	ment?
, and the second			organization?						committee?		Yes	
			10	FIOIII			162	NO	162	No	162	NO
Total					> \$							
Part III Grants or A	Assistance Bei	nefiting Inter	rested	d Per	sons.							
Complete if th	e organization ansv	wered "Yes" on	Form 9	90, Pa	art IV, line 27.							
(a) Name of intereste	d person	In line 2, above, reimbursed by the organization Tom Interested Persons. Ition answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the Form 990, Part X, line 5, 6, or 22. Ition answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the Form 990, Part X, line 5, 6, or 22. Ition answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the Form 990, Part X, line 5, 6, or 22. Ition answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the Form 990, Part X, line 5, 6, or 22. Ition answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the Form 990, Part IV, line 26; or if the Form 990, Part X, line 5, 6, or 22. Ition answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the Form 990, Part IV, line 26; or if the Form 990, Part X, line 5, 6, or 22. Ition answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the Form 990, Part IV, line 26; or if the Form 990, Part IV, line 26; or if the Form 990, Part IV, line 26; or if the Form 990, Part X, line 5, 6, or 22. Ition answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the Form 990, Part X, line	٠,	Purp		f						
		interested per	son and	d	assistance	assistano	ce		ć	assista	ınce	
		and organiz										

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

Schedule L (Form 990 or 990-EZ) 2017

Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO. (D) DESCRIPTION OF TRANSACTION: GRAPHIC DESIGNER SERVICES	Complete if the organization answ	(b) Relationship be person and the	tween interested	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.						Yes	No
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.	LENGER DESIGN STUDIOS	COMPANY OW	NED BY SI	73,344	.GRAPHIC DES	1	X
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.							
Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.	Part V Supplemental Information	<u> </u>					
(A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.			n Schedule L (see i	nstructions).			
(A) NAME OF PERSON: LENGER DESIGN STUDIOS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.					ED DEDCONG.		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: COMPANY OWNED BY SISTER OF CEO.	SCH L, PART IV, BUSINES	5 TRANSACTIONS	2 INVOLVIN	G INTEREST	ED PERSONS:		
COMPANY OWNED BY SISTER OF CEO.	(A) NAME OF PERSON: LEN	GER DESIGN STU	JDIOS				
COMPANY OWNED BY SISTER OF CEO.	(B) RELATIONSHIP BETWEE	N INTERESTED E	PERSON AND	ORGANIZAT	ION:		
(D) DESCRIPTION OF TRANSACTION: GRAPHIC DESIGNER SERVICES	COMPANY OWNED BY SISTER	OF CEO.					
	(D) DESCRIPTION OF TRAN	SACTION: GRAPH	HIC DESIGN	ER SERVICE	S		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization TEAM RUBICON, INC. Employer identification number 27-1720480

			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on		(d) Method of det cash contribut			s
1	Art - Works of	art									
2	Art - Historica										
3	Art - Fraction	al interests									
4		ublications									
5		household goods	X		209	,698.	FAIR	MARKET	VA]	LUE	
6	Cars and other	er vehicles	X	6	68	,209.	FAIR	MARKET	VA]	LUE	
7		anes									
3	Intellectual pr										
)	Securities - P	ublicly traded	X	16	106	,724.	FAIR	MARKET	VA]	LUE	
)		losely held stock									
	Securities - Patrust interests	artnership, LLC, or									
2	Securities - M										
	Qualified con	servation contribution -									
	Historic struc	tures									
	Qualified con	servation contribution - Other									
	Real estate - I	Residential									
	Real estate -	Commercial									
	Real estate -	Other									
;											
)		ry	X	11	99	,936.	FAIR	MARKET	VA]	LUE	
)		edical supplies									
	Taxidermy .										
	Historical arti										
	Scientific spe	cimens									
	Archeologica										
	Other -	(SOFTWARES)	X	7	942	,302.	FAIR	MARKET	VA]	LUE	
	Other >	(FLIGHTS	X	3	769	,241.	FAIR	MARKET	VA]	LUE	
	Other >	(MISCELLANEOUS)	X	3		,935.	FAIR	MARKET	VA]	LUE	
	Other >	(HEAVY EQUIPME)	X	1	306	,064.	FAIR	MARKET	VA:	LUE	
		orms 8283 received by the organ organization completed Form 82	-	•		29					
		•	•	•						Yes	ı
а	During the ye	ar, did the organization receive b	y contributio	n any property rep	orted in Part I, line	s 1 throug	gh 28, tha	ıt it			
	must hold for	at least three years from the dat	te of the initia	l contribution, and	which isn't require	ed to be u	sed for				
	exempt purpo	oses for the entire holding period	1?						30a		
b		ribe the arrangement in Part II.	***************************************								
		anization have a gift acceptance	policy that re	equires the review	of any nonstandard	d contribu	tions?		31		
а		anization hire or use third parties									
	contributions	?		•					32a		
1_		TING IN PART II									1
b	•	ation didn't report an amount in									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Schedule M (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2017
Open to Public Inspection

Name of the organization

TEAM RUBICON, INC.

Employer identification number 27-1720480

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: VETERANS TO CONTINUE THEIR SERVICE AS THEY TRANSITION FROM MILITARY TO CIVILIAN LIFE. IN 2017, TEAM RUBICON GREW TO 72,000 REGISTERED VOLUNTEERS (70% MILITARY VETERANS) AND HAS RESPONDED TO OVER 215 DISASTER INCLUDING LARGE-SCALE EVENTS SUCH AS THE 2010 HAITI EARTHQUAKE, SUPERSTORM SANDY (2012), HURRICANE HARVEY (2017), AND OTHERS. IN THE AFTERMATH OF A DISASTER TEAM RUBICON PROVIDES RECOVERY SERVICES FREE OF CHARGE TO AFFECTED HOMEOWNERS, FAMILIES, AND COMMUNITIES. SERVICES RANGE FROM DEBRIS REMOVAL UTILIZING MANUAL LABOR, CHAINSAWS, OR HEAVY EQUIPMENT TO DEMOLITION, HOME REPAIR, INCIDENT MANAGEMENT AND COORDINATION, DAMAGE ASSESSMENT AND MAPPING. IN ADDITION TO DISASTER RESPONSE AND RECOVERY, TEAM RUBICON INVESTS IN THEIR VOLUNTEERS AND COMMUNITIES WITH DISASTER TRAINING EDUCATION AND COURSES. ITS TRAINING DEPARTMENT HAS TRAINED MORE THAN 11,000 MEMBERS IN SKILLS SUCH AS INCIDENT COMMAND, CHAINSAW OPERATIONS, HEAVY EQUIPMENT USAGE, AND EXPEDIENT HOME REPAIRS AND CONSTRUCTION. RECRUITMENT EFFORTS FOR THE ORGANIZATION FOCUS ON METROPOLITAN CENTERS ACROSS THE UNITED STATES, PRIMARILY IN CITIES WITH A POPULATION LARGER THAN 100,000. WITH TEAMS LOCATED ACROSS THE US, TEAM RUBICON IS ABLE TO OUICKLY PROJECT RELIEF NO MATTER THE LOCALE OR SCALE OF A DISASTER. THIS FOCUS ON CITY-LEVEL RECRUITMENT HAS THE ADDED BENEFIT OF INCREASING THE RESILIENCY OF LOCAL COMMUNITIES, CREATING A FRAMEWORK FOR TEAM RUBICON MEMBERS AND THEIR FAMILIES AND NEIGHBORS TO PREPARE AND RESPOND TO DISASTERS TOGETHER. THE ABILITY TO CONTINUE TO SERVE ALONGSIDE LIKE-MINDED INDIVIDUALS HAS SUBSTANTIAL IMPACT ON TEAM Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

732211 09-07-17

Employer identification number Name of the organization 27-1720480 TEAM RUBICON, INC. RUBICON'S VETERAN AND CIVILIAN MEMBERS ALIKE, WITH 98% OF MEMBERS REPORTING A GREATER SENSE OF PURPOSE DUE TO VOLUNTEERING AND A NET PROMOTER SCORE OF 83. TEAM RUBICON'S COMMITMENTS TO FINANCIAL AND OPERATIONAL TRANSPARENCY HAVE EARNED THEM HIGH MARKS FROM CHARITY WATCH GROUPS, INCLUDING A PLATINUM RATING FROM GUIDESTAR AND A FOUR-STAR RATING FROM CHARITY NAVIGATOR. IN COORDINATION WITH SEVERAL DATA AND VISUALIZATION PARTNERS TEAM RUBICON ALSO HOSTS THE OPEN INITIATIVE, AN ONLINE DATA TRANSPARENCY DASHBOARD AVAILABLE TO THE GENERAL PUBLIC THAT PROVIDES REAL-TIME INSIGHT INTO KEY OPERATIONAL METRICS AND THE OVERALL HEALTH OF THE ORGANIZATION. THE ORGANIZATION'S WORK HAS BEEN RECOGNIZED BY NUMEROUS AWARDS, INCLUDING, BUT NOT LIMITED TO, CNN HEROES, THE CLASSY AWARDS, THE HEINZ AWARD, THE GRINNELL PRIZE, THE MANHATTAN INSTITUTE, AND THE LINCOLN AWARDS. ITS WORK HAS ALSO BEEN COVERED BY DOZENS OF MEDIA OUTLETS, INCLUDING ABC NEWS, NBC, CNN, FOX, MSNBC, ESPN, THE NEW YORK TIMES, OUTSIDE, TIME MAGAZINE, AND OTHERS. FORM 990, PART VI, SECTION A, LINE 8B: THIS OUESTION IS NOT APPLICABLE SINCE THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: COPIES OF THE 990 ARE DISTRIBUTED VIA EMAIL TO ITS BOARD MEMBERS. MANAGEMENT ASKS THAT THE BOARD "APPROVE", PROVIDE COMMENTS, ASK OUESTIONS

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

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BY A SET DEADLINE.

Schedule O (Form 990 or 990-EZ) (2017) **Employer identification number** Name of the organization TEAM RUBICON, INC. 27-1720480 THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL EMPLOYEES AND BOARD MEMBERS. ENFORCEMENT OF THE POLICY INCLUDES A REQUIREMENT THAT ALL EMPLOYEES AND BOARD MEMBERS ANNUALLY DISCLOSE ANY CONFLICTS BY EITHER REPORTING CONFLICTS OR CONFIRMING THAT NO CONFLICTS EXIST. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE PRESIDENT IS SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS INDEPENDENTLY, WITHOUT THE PARTICIPATION OF THE INTERESTED PERSON. THE BOARD USES COMPARABILITY DATA TO SET THE COMPENSATION OF THE PRESIDENT. FORM 990, PART VI, SECTION B, LINE 15B: THE BOARD OF DIRECTORS REVIEW AND APPROVE THE COMPENSATION OF ALL MEMBERS OF MANAGEMENT INDEPENDENTLY, WITHOUT THE PARTICIPATION OF INTERESTED PERSONS. THE BOARD USES COMPARABILITY DATA TO SET THE COMPENSATION. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, AK, AL, CT, KS, MA, NH, NV, OH, OR, RI, SC, WV, AR, CO, DC, FL, GA, HI, IL, KY, ME, MD, MI, MN MS, MO, NC, ND, NJ, NM, NY, OK, PA, TN, UT, VA, WA, WI, TX FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE FORM 990 AND ITS AUDITED FINANCIAL STATEMENTS AVAILABLE VIA WWW.FOUNDATIONCENTER.ORG AND WWW.TEAMRUBICONUSA.ORG. ALL

OTHER GOVERNING DOCUMENTS INCLUDING THE FORM 1023 ARE PUBLICLY AVAILABLE

UPON REQUEST.