# Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047 2017

Open to Public

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. 2017, and ending For the 2017 calendar year, or tax year beginning D Employer identification number Check if applicable: GRAVITY, A CENTER FOR CONTEMPLATIVE Address change 46-1925075 **ACTIVISM** Name change 1111 NORTH 13TH STREET #120 Initial return (402) 516-6116 OMAHA, NE 68102 Final return/terminated **G** Gross receipts \$ 457,750. Amended return H(a) Is this a group return for subordinates F Name and address of principal officer: CHRISTOPHER HEUERTZ Application pending Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 Website: ► WWW.GRAVITYCENTER.COM H(c) Group exemption number ► X Corporation Other ► L Year of formation: 2013 Form of organization: Trust M State of legal domicile: NE Summary Part I Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 ∽ઇ Number of independent voting members of the governing body (Part VI, line 1b). Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . . . . . . 5 4 Total number of volunteers (estimate if necessary)..... 6 .0 7a Total unrelated business revenue from Part VIII, column (C), line 12... 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34..... **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)... 262,561. 163,466. Program service revenue (Part VIII, line 2g) . . . . . . . 108,474. 183,866. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54. 139. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 11 2,691 2,979. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).... 274,685 449,545. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 13 Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 170,336. 211,943 16a Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 110,281 168,704. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 280,617. 380,647. Revenue less expenses. Subtract line 18 from line 12..... -5.93268,898. **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16)..... 129,940 201,504. Total liabilities (Part X. line 26)..... 21 5,512 8,178. 22 Net assets or fund balances. Subtract line 21 from line 20..... 124,428. 193,326. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here CHRISTOPHER HEUERTZ **MEMBER** Type or print name and title Date Print/Type preparer's name Preparer's signature ELIZABETH NIGRO, CPA ELIZABETH NIGRO, CPA self-employed P00222251 **Paid** Preparer ► NIGRO & NIGRO PC Use Only Firm's EIN ► 30-0636<u>241</u> Firm's address 25220 HANCOCK AVE STE 400 MURRIETA, CA 92562-9739 (951) 698-8783

May the IRS discuss this return with the preparer shown above? (see instructions).....

Nο

X Yes

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 255, 680.

BAA

TEEA0102L 12/05/17

Form 990 (2017)

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	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 similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
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.			
	<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		X
	c 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.	11 c		Х
	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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
	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	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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 (see instructions)	17		Х
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		Х
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		Х

# Form 990 (2017) GRAVITY, A CENTER FOR CONTEMPLATIVE Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a 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		Х
ı	big Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c 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		
25 a	a 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
ı	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		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):			
	A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a		X
ı	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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
	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
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
I	o 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		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2017) GRAVITY, A CENTER FOR CONTEMPLATIVE 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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
ments, filed for the calendar year ending with or within the year covered by this return 2a	4	0.1	Х	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		2b	Λ	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	<u> </u>	3 b		
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)	3 )?	4 a		Х
<b>b</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)				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.		5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ solicit any contributions that were not tax deductible as charitable contributions?	ization	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?	ınd	7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<u>.                                    </u>	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	e 	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	∍ a 	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	·			
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.  • Did the sponsoring organization make any tayable distributions under section 49663		0.0		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	9 a 9 b		
10 Section 501(c)(7) organizations. Enter:		JU		
a Initiation fees and capital contributions included on Part VIII, line 12				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>				
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule O.				
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				
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b		
AA TEE AA1051 09/09/17	1	- orm	aan /	2017)

Form 990 (2017) GRAVITY, A CENTER FOR CONTEMPLATIVE Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 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 ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Χ such chapters, affiliates, and branches to ensure their b If 'Yes,' did the organization have written policies and procedures governing the activities of operations are consistent with the organization's exempt purposes? . . . . . 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15a **b** Other officers or key employees of the organization... SEE .SCHEDULE .O...... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

OMAHA NE 68102 402-516-6116

CHRIS HEUERTZ 1111 NORTH 13TH STREET

#### 46-1925075 Form 990 (2017) GRAVITY, A CENTER FOR CONTEMPLATIVE Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations . . . . . . . 1 d e Government grants (contributions) . . . . 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . 262,561 g Noncash contributions included in lines 1a-1f: \$ 28,068 h Total. Add lines 1a-1f . . . . . . . . . . 262,561 Program Service Revenue **Business Code** 2a <u>ENNEAGRAM SERVICES</u> 79,029 79,029 **b** <u>RETREAT REGISTRATIONS</u> 48,051 48,051 c **SPEAKING FEES** 31,841 31,841 18,995 d SPIRITUAL DIRECTION 18,995 e YOGA INSTRUCTION 5,950 5,950 f All other program service revenue... g Total. Add lines 2a-2f ..... 183,866 Investment income (including dividends, interest and other similar amounts) ..... 139 139. Income from investment of tax-exempt bond proceeds . > (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . . . . c Gain or (loss)..... **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including, \$

Miscellaneous Revenue	Business Code			
c Net income or (loss) from sales of inve	entory	2,979.	2,979.	
<b>b</b> Less: cost of goods sold	b 8,205.			
10a Gross sales of inventory, less returns and allowances	a 11,184.			
c Net income or (loss) from gaming active	vities▶			
<b>b</b> Less: direct expenses	b			
9 a Gross income from gaming activities. See Part IV, line 19	а			
c Net income or (loss) from fundraising e	events ►			
<b>b</b> Less: direct expenses	b			
See Part IV, line 18	а			
of contributions reported on line 1c).				

449

,545

186,845

0

**Total revenue.** See instructions.....

# 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).

Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	166,003.	99,602.	66,401.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	28,229.	13,061.	15,168.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,223.	13,001.	13,100.	
9	Other employee benefits	4,306.	1,722.	2,584.	
10	Payroll taxes	13,405.	7,611.	5,794.	
11	Fees for services (non-employees):				
a	Management				
ŀ	Legal	1,898.		1,898.	
(	: Accounting				
	I Lobbying				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	156.	133.	23.	117
	Advertising and promotion	117.	0.050	2 007	117.
13	·	5,146.	2,059.	3,087.	
14					
15	Royalties Occupancy	10 250	4 042	7 415	
16	Travel.	12,358.	4,943.	7,415.	
17	<u> </u>	15,492.	15,492.		
18	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,253.	18,253.		
20	Interest	119.	,	119.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,797.		1,797.	
23	Insurance	1,670.		1,670.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	RETREATS	56,142.	56,142.		
	HOSPITALITY	9,942.	9,942.		
	BANK_CHARGES	7,786.		7,786.	
	REFUGEE RESETTLEMENT	7,784.	7,784.		
	All other expenses	30,044.	18,936.	11,108.	
25	Total functional expenses. Add lines 1 through 24e	380,647.	255,680.	124,850.	117.
26	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)				

		Check if Schedule O contains a response or note to	any I	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			56,721.	1	67,091.
	2	Savings and temporary cash investments			50,132.	2	110,271.
	3	Pledges and grants receivable, net			·	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	officer mploye	s, directors, ees. Complete		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)( employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons	(as defined under		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,886.	8	6,738.
As	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a	22,738.			
	b	Less: accumulated depreciation	10 b	5,334.	19,201.	10 c	17,404.
	11	Investments — publicly traded securities			,	11	,
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line			129,940.	16	201,504.
_	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I	V of S	chedule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, dir d disqu	ectors, trustees, alified persons.		22	
ij	22	Secured mortgages and notes payable to unrelated th		<u></u>		23	
	23	Unsecured notes and loans payable to unrelated third	•	<u> </u>		24	
	24 25	, ,	•			24	
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			5,512.	25	8,178.
	26	Total liabilities. Add lines 17 through 25.			5,512.	26	8,178.
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.		_			
an	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets.				28	
P	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	neck he	ere ► X			
S	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equipm				31	
As	32	Retained earnings, endowment, accumulated income,			124,428.	32	193,326.
et	33	Total net assets or fund balances			124,428.	33	193,326.
Z	34	Total liabilities and net assets/fund balances		l <del>-</del>	129 940	34	201.504

Form **990** (2017) BAA

BAA

Form **990** (2017)

	( ) CHINITI HI CHINIM TON CONTENT MITTE	<b>T</b> 7 D O	0 1 0			, -
Pai	rt 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		44	9,54	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2		38	0,64	47.
3	Revenue less expenses. Subtract line 2 from line 1	3		6	8,89	98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			4,42	
5	Net unrealized gains (losses) on investments	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		19:	3,32	26.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					П
				Y	es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	yod on s	,			
	separate basis, consolidated basis, or both:	veu on a	<sup>2</sup>			
	Separate basis Consolidated basis Both consolidated and separate basis					
1	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa	rate				
	basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	it,				
	review, or compilation of its financial statements and selection of an independent accountant?			2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 :	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single					
3 (	Audit Act and OMB Circular A-133?			3 a		Χ
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		

TEEA0112L 08/08/17

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2017

Open to Public Inspection

Employer identification number

GRAVITY, A CENTER FOR CONTEMPLATIVE **ACTIVISM** 46-1925075 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 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 10 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 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.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 12 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 ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

# 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							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	217,662.	238,864.	317,639.	163,466.	262,561.	1,200,192.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	217,662.	238,864.	317,639.	163,466.	262,561.	1,200,192.	
6	<b>Public support.</b> Subtract line 5 from line 4						1,200,192.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total	
7	Amounts from line 4	217,662.	238,864.	317,639.	163,466.	262,561.	1,200,192.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			<b>√</b>	54.	139.	270.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		C	), ,			0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	7,216.	6,055.	16,102.	117,669.	195,050.	342,092.	
	Total support. Add lines 7 through 10						1,542,554.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.	
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □	
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20						77.81 %	
	Public support percentage from 2	·	•			!	0.00%	
	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	qualifies as a pub	olicly supported or	ganization			► X	
b	<b>33-1/3% support test—2016.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, o	check this box	
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how	
	b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							

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

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

Sec	tion A. Public Support	<u> </u>		•			
	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513.						
4	Tax revenues levied for the organization'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						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			N			
Sec	tion B. Total Support			JYI	1		
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
9	Amounts from line 6	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
9 10a b	Amounts from line 6	(a) 2013	(b) 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
9 10a b	Amounts from line 6	(a) 2013	(b) 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(t) Total
9 10a b c 11	Amounts from line 6 Gross income from interest, 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	(a) 2013	(b) 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(t) Total
9 10a b c 11	Amounts from line 6						
9 10a b c 11 12 13	Amounts from line 6	is for the organiz	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3)
9 10a b c 11 12 13 14 Sec:	Amounts from line 6	is for the organiz stop hereblic Support F	ation's first, secon	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3)
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6	is for the organiz stop here blic Support F	ation's first, secondercentage  n (f) divided by lin	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ▶ □
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiz stop here blic Support F 017 (line 8, colum 2016 Schedule A	ation's first, second Percentage  In (f) divided by line, Part III, line 15.	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3)
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organiz stop here blic Support F 17 (line 8, colum 2016 Schedule A estment Inco	ation's first, secon Percentage In (f) divided by lin, Part III, line 15 The Percentage	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3	3)▶ [] 
9 10a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6	is for the organiz stop hereblic Support For 17 (line 8, column 2016 Schedule A restment Incorpor 2017 (line 10c	ation's first, secondercentage in (f) divided by lin, Part III, line 15 me Percentage in (f) divided by ling (f) divided by	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3) • []  8 8
9 10a b c 11 12 13 14 Sec 17 18	Amounts from line 6	is for the organiz stop hereblic Support Fin 7 (line 8, column 2016 Schedule A restment Incolor 2017 (line 10c rom 2016 Schedule Schedule A restment Incolor 2017 (line 10c rom 2016 Schedule Sched	ation's first, second Percentage In (f) divided by ling In Percentage In column (f) divided In A, Part III, line	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)
9 10a b c 11 12 13 14 Sec 17 18 19a	Amounts from line 6	is for the organiz stop here	ation's first, secondercentage In (f) divided by lin, Part III, line 15  me Percentage I, column (f) divided lile A, Part III, line did not check the lip here. The organish ont check a body	nd, third, fourth, one 13, column (f)	or fifth tax year as	a section 501(c)(3	3)

## 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was			
3a	described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
<b>4</b> a	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>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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			
b	amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
0	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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
L	If 'Yes,' provide detail in <b>Part VI</b> .  Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the	9a		
	supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
	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 <b>Part VI</b> .	9с		
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)? If 'Yes,' answer 10b below.	1 <b>0</b> a		
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.)	10b		

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	3. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele <b>Part V</b> If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
_	organ the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how reganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		s regard.	3		
Sect	tion I	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).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Пτ	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.	ŀ	Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was prosive to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic			723073 Tage
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in st complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
•	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
Sec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Page 7

**Current Year** 

1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 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

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)	10 Y		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
<b>b</b> Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			
RΛΛ		Sahadula A (Fa	rm 990 or 990-F7) 20

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Schedule A (Form 990 or 990-EZ) 2017

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

# PART II, LINE 10 - OTHER INCOME

NATURE A	ND SOURCE		 2017	 2016	 2015	_	2014	 2013
PROGRAM SALES	INCOME		\$ 183,866. 11,184.	\$ 108,474. 9,195.	\$ 16,102.	\$	6,055.	\$ 7,216.
		TOTAL	\$ 195,050.	\$ 117,669.	\$ 16,102.	\$	6,055.	\$ 7,216.



#### Schedule B (Form 990, 990-EZ, 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

2017

Name of the organization GRAVITY, A CENTER	FOR CONTEMPLATIVE	Employer identification number
ACTIVISM		46-1925075
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 priva	ate foundation
	501(c)(3) taxable private foundation	
	oo . (o)(o) taxaaso ptato isaniaansi.	
Check if your organization is covered by the <b>General</b>	Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	c, or 990-PF that received, during the year, contributions totate te Parts I and II. See instructions for determining a contribu-	aling \$5,000 or more (in money or itor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)(vi).	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	16a, or 16b, and that
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lichildren or animals. Complete Parts I, II, and III.	from any one contributor, terary, or educational
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to religious, charitable, etc., purposes, but no such contribution to the total contributions that were received during the year for any of the parts unless the <b>General Rule</b> applies to this organule, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an <i>exclusively</i> religious, iization because
990-PF), but it <b>must</b> answer 'No' on Part IV. Iin	he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EZ or on its Form 990-PF.

BAA 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)

# SCHEDULE D (Form 990)

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
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

GRAVITY, A CENTER FOR CONTEMPLATIVE ACTIVISM

	NCTIVISH				25075	
Par	Organizations Maintaining Dono Complete if the organization answ	<b>r Advised Funds or Othe</b> vered 'Yes' on Form 990,	<b>r Similar Fund</b> Part IV, line 6	ds or Accounts. 5.		
		(a) Donor advised fu	ınds	(b) Funds and	d other acco	ounts
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 don are the organization's property, subject to the	or advisors in writing that the a organization's exclusive legal o	ssets held in dor ontrol?	nor advised funds	Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor,	g that grant funds or for any other p	can be used only ourpose conferring	Yes	□No
Dan					103	
Par	Conservation Easements. Complete if the organization answ	vered 'Yes' on Form 990	Part IV/ line	7		
1	Purpose(s) of conservation easements held by			· ·		
•	Preservation of land for public use (e.g., re			a historically import	ant land ar	22
	Protection of natural habitat	ecreation or education)		a certified historic s		5a
	Preservation of open space	L		a certifica mistorie s	ni actare	
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contr	ibution in the form	of a conservation eas	sement on th	ne
				Held at th	e End of th	e Tax Year
a	Total number of conservation easements			. 2a		
Ł	Total acreage restricted by conservation easer	nents		. 2b		
c	Number of conservation easements on a certif	ied historic structure included i	n (a)	. 2c		
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and	d not on a histori	C. 2d		
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, o	r terminated by the	e organization during	the	
4	Number of states where property subject to conse	vation easement is located >				
5	Does the organization have a written policy reg				□v	Пис
_	and enforcement of the conservation easemen				Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, in	ispecting, nandling of violations,	and enforcing cons	servation easements (	during the ye	ear
7	Amount of expenses incurred in monitoring, inspe  ▶\$	cting, handling of violations, and	enforcing conserva	ation easements durin	g the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of sect	tion 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its report the organization's financial states	venue and expense catements that de	e statement, and bala scribes the organiza	ince sheet, a ation's acco	ind unting for
Par		ctions of Art, Historical T	reasures, or (	Other Similar As	sets.	
1.		•	,		Janes shar	t works of
1 6	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education	, or research in fur	therance of public ser	vice, provide	e,
k	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	SFAS 116 (ASC 958), to report public exhibition, education, or	t in its revenue s research in further	tatement and baland ance of public service	ce sheet wo , provide the	rks of art,
	(i) Revenue included on Form 990, Part VIII,				\$	
	(ii) Assets included in Form 990, Part X			▶	\$	
2	If the organization received or held works of art, h amounts required to be reported under SFAS	storical treasures, or other similal 16 (ASC 958) relating to these	r assets for financ items:	ial gain, provide the fo	ollowing	
a	Revenue included on Form 990, Part VIII, line	1			\$	

Part III Organizations Maintain	ing Collection	is of Art, Histo	ricai Treasures, or	Other Similar Ass	ets (continu	iea)				
3 Using the organization's acquisition, items (check all that apply):	accession, and oth	<u></u>		e a significant use of its o	collection					
a Public exhibition		<b>d</b> Loan d	or exchange programs							
<b>b</b> Scholarly research		e Other								
c Preservation for future genera										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5 During the year, did the organizati to be sold to raise funds rather that Part IV Escrow and Custodial	n to be maintaine	ed as part of the or	ganization's collection?	'	Yes [	No				
line 9, or reported an a	mount on Forr	n 990, Part X, I	ine 21.	swered res offroi	1111 990, Fai					
1 a Is the organization an agent, truston Form 990, Part X?	ee, custodian or c	ther intermediary	for contributions or othe	er assets not included	Yes	No				
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII and co	mplete the following	ng table:							
					Amount					
<b>c</b> Beginning balance										
<b>d</b> Additions during the year										
e Distributions during the year										
f Ending balance										
2a Did the organization include an am					Yes	No				
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII. Check	there if the explan	ation has been provided	d on Part XIII						
Part V Endowment Funds. Co	molata if the	rganization and	swored 'Ves' on Fe	rm 990 Part IV/ lir	no 10					
rait v Elidowillelit Fullus. Co	(a) Current year	(b) Prior year			(e) Four year	re hack				
<b>1 a</b> Beginning of year balance	(a) Guireilt year	(b) Filor year	(C) TWO years back	(u) Tillee years back	(e) i oui yeai	3 Dack				
<b>b</b> Contributions										
c Net investment earnings, gains, and losses										
<b>d</b> Grants or scholarships										
e Other expenditures for facilities and programs		~C	BA							
f Administrative expenses			7							
g End of year balance										
2 Provide the estimated percentage	of the current yea	ar end balance (line	e 1g, column (a)) held a	as:						
a Board designated or quasi-endowmen	nt ▶	%								
<b>b</b> Permanent endowment ►	<del></del> %									
c Temporarily restricted endowment		<u> </u>								
The percentages on lines 2a, 2b, and	l 2c should equal 1	00%.								
<b>3a</b> Are there endowment funds not in the organization by:	e possession of the	e organization that a	re held and administered	for the	Yes	No				
(i) unrelated organizations					3a(i)					
(ii) related organizations					3a(ii)					
<b>b</b> If 'Yes' on line 3a(ii), are the relate	ed organizations I	isted as required o	n Schedule R?		3b					
4 Describe in Part XIII the intended	uses of the organ	ization's endowme	nt funds.			•				
Part VI Land, Buildings, and E	• •	d Waal on Farm	2 000 Dort IV line	11a Cas Farm 00	O Dort V II	no 10				
Complete if the organiz										
Description of property	(	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue 				
<b>1 a</b> Land										
<b>b</b> Buildings				_						
c Leasehold improvements			20,634.	3,440.	17	<u>,194.</u>				
<b>d</b> Equipment			2,104.	1,894.		210.				
e Other			- l (D) '' 10 '	<b>&gt;</b>						
Total. Add lines 1a through 1e. (Column	(a) must equal F	orm 990, Part X, C	olumn (B), IINė TUC.)		17 ule <b>D</b> (Form 990	<u>, 404.</u>				
DAA				Scheal	אוט <b>ע</b> אוו אוע אוו (רטוווו א	J) ZUI/				

Part VII Investments — Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)   •			
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered	I 'Yes' on Form 990	), Part IV, line 11c. See Form 9	90, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	L'Yes' on Form 990	) Part IV line 11d See Form 9	90 Part X line 15
(a) Des	scription	,, , a.c.,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)	······	
Part X Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		Į.
Complete if the organization answered 'Yes' on F		le or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) CREDIT CARD PAYABLE		7.	
(3) PAYROLL LIABILITIES (4)	8,13	<del>1.</del>	
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			
(9) (10)	•		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Poturn N/A
	Netuiii. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Netuin. N/A
	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 b  c Other losses.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	2 e 3

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

BAA Schedule **D** (Form 990) 2017

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

► 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.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization GRAVITY, A CENTER FOR CONTEMPLATIVE Employer identification number 46-1925075 ACTIVISM Part I Types of Property

		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of dete contribut	ermini ion ar	ing nounts
1	Art — Works of art	Х	1	199.	FMV			
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications	Х		21,966.	FMV			
5	Clothing and household goods	Х		3,767.				
6	Cars and other vehicles			,				
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities – Closely held stock							
11	Securities — Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14								
15	Real estate – Residential							
16	Real estate – Commercial		4					
17	Real estate – Other.							
18	Collectibles.		OP T					
19	Food inventory.		36	636.	FMV			
20	Drugs and medical supplies		30	030.	1114			
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (RECREATION)	Х	3	1,500.	FMV			
26	Other • ()			=/				
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received by the organization d	uring the tax	vear for contributions for	r which the				
	organization completed Form 8283, Part IV, Done				29			
						Y	es	No
30a	During the year, did the organization receive by contri it must hold for at least three years from the date				sed			
	for exempt purposes for the entire holding period			•		30 a		Χ
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance poli-	cy that requi	ires the review of any r	nonstandard contribution	ns?	31		Χ
32a	Does the organization hire or use third parties or noncash contributions?					32 a		Х
b	If 'Yes,' describe in Part II.							
	If the organization didn't report an amount in coludescribe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) (2017)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.



### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**ACTIVISM** 

GRAVITY, A CENTER FOR CONTEMPLATIVE

Employer identification number 46-1925075

#### FORM 990. PART I. LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

EXISTS TO NURTURE THE INTEGRAL CONNECTION BETWEEN MYSTICISM AND ACTIVISM. GRAVITY GROUNDS SOCIAL ENGAGEMENT IN CHRISTIAN CONTEMPLATIVE SPIRITUALITY, TO DO GOOD BETTER BY FACILITATING CONTEMPLATIVE RETREATS, SPIRITUAL DIRECTION AND PILGRIMAGE TO PLACES OF RELIGIOUS SIGNIFICANCE AS WELL AS PLACES MARKED BY PROFOUND PAIN AND HOPE. OUR AIM IS TO SUPPORT THE DEVELOPMENT OF CHRISTIAN CONSCIOUSNESS IN THE 21ST CENTURY BY MAKING CONTEMPLATIVE PRACTICES ACCESSIBLE TO INDIVIDUALS, COMMUNITIES AND ORGANIZATIONS THAT ENGAGE THE CHALLENGING SOCIAL JUSTICE PERILS OF OUR TIME.

### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

EXISTS TO NURTURE THE INTEGRAL CONNECTION BETWEEN MYSTICISM AND ACTIVISM. GRAVITY GROUNDS SOCIAL ENGAGEMENT IN CHRISTIAN CONTEMPLATIVE SPIRITUALITY, TO DO GOOD BETTER BY FACILITATING CONTEMPLATIVE RETREATS, SPIRITUAL DIRECTION AND PILGRIMAGE TO PLACES OF RELIGIOUS SIGNIFICANCE AS WELL AS PLACES MARKED BY PROFOUND PAIN AND HOPE. OUR AIM IS TO SUPPORT THE DEVELOPMENT OF CHRISTIAN CONSCIOUSNESS IN THE 21ST CENTURY BY MAKING CONTEMPLATIVE PRACTICES ACCESSIBLE TO INDIVIDUALS, COMMUNITIES AND ORGANIZATIONS THAT ENGAGE THE CHALLENGING SOCIAL JUSTICE PERILS OF OUR TIME.

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CONTEMPLATIVE RETREATS ARE FOR PEOPLE WHO LONG TO NURTURE THEIR RELATIONSHIP WITH GOD BY CULTIVATING MINDFULNESS AND REST IN A WORLD THAT IS GROSSLY OUT OF BALANCE WITH MINDLESS, FRANTIC ACTION. GROUNDING RETREATS ARE FOR PEOPLE WHO ARE NEW TO CONTEMPLATIVE SPIRITUALITY. DEEPENING RETREATS ARE FOR PEOPLE WHO ARE ACQUAINTED WITH THE HISTORY AND METHODOLOGY OF CONTEMPLATIVE SPIRITUALITY, HAVE A DAILY PRAYER SIT PRACTICE (LIKE CENTERING PRAYER) AND WHO DESIRE TO DEEPEN THEIR PRACTICE. ENLIGHTENING RETREATS ARE FOR PEOPLE WHO ARE COMMITTED TO CONTEMPLATIVE ACTIVISM AND LONG FOR MORE TEACHING TO NOURISH THEIR SOUL. PILGRIMAGES ARE OFFERED FOR SOJOURNERS WHO DESIRE GREATER PERSONAL AND GLOBAL TRANSFORMATION. RESOURCES ARE AVAILABLE TO

Employer identification number 46-1925075

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

NURTURE THE INNER SPIRIT AND OUTER EXPRESSION OF SERVICE IN THE WORLD. SPIRITUAL DIRECTION PROGRAMS ARE FOR SEEKERS LOOKING FOR COMPANIONSHIP AND GUIDANCE IN THE JOURNEY OF THEIR SOUL.

#### FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

CHRIS AND PHILEENA ARE HUSBAND AND WIFE AND ARE BOTH VOTING MEMBERS OF THE BOARD OF DIRECTORS. THOUGH CO-FOUNDING PARTNERS AND DIRECTORS, THEY COMPLY WITH THE CONFLICT OF INTEREST POLICY ON ALL VOTES, INCLUDING THOSE RELATED TO COMPENSATION.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NIGRO & NIGRO, PC WILL PREPARE THE TAX RETURN AND SEND A DRAFT TO CHRIS HEUERTZ

(FOUNDING PARTNER) AND HUIYING GUO (TREASURER OF THE BOARD OF DIRECTORS), WHO WILL

FOWARD A DRAFT OF THE COPY TO THE BOARD OF DIRECTORS FOR THIER APPROVAL BEFORE

FILING. ONCE APPROVED, WE WILL NOTIFY NIGRO & NIGRO, PC WHO WILL E-FILE OUR RETURN

(IF APPLICABLE) OR WILL FINALIZE THE PAPER RETURN FOR OUR MAILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND

THEN ANNUALLY SIGN AND SUBMIT THE CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT ALL EMPLOYEE SALARY AND BENEFITS ARE APPROVED BY THE BOARD OF DIRECTORS. ONLY THOSE THAT ARE INDEPENDENT PARTICIPATE IN THIS PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ALL EMPLOYEE SALARY AND BENEFITS ARE APPROVED BY THE BOARD OF DIRECTORS. ONLY THOSE

THAT ARE INDEPENDENT PARTICIPATE IN THIS PROCESS.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ONCE COMPLETED, GRAVITY POSTS A PDF VERSION OF THE FORM 990 ON THE WEBSITE AND GRAVITY MAKES ALL FINANCIAL STATEMENTS, INCLUDING THE FORM 990, AVAILABLE TO ANYONE UPON A FORMAL REQUEST IN WRITING OR EMAIL. INDIVIDUALS MAY ALSO HAVE ACCESS TO ANY

Name of the organization GRAVITY, A CENTER FOR CONTEMPLATIVE ACTIVISM

Employer identification number 46-1925075

# FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE (CONTINUED)

BOARD-APPROVED POLICY DRAFTED OR ENDORSED BY GRAVITY BY MAKING A FORMAL REQUEST IN WRITING OR EMAIL.

