Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2017 on to Dublid 0-

OMB No. 1545-1150

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Insr	e	:ti	ion	

Departin	ient of	une	neast	лу
Internal	Reven	ue S	ervice	;

Α	For the	the 2017 calendar year, or tax year beginning		d ending	, 20			
В	Check if ap	oplicable:	C Name of organization		D Employ	er identification number		
	Address ch	nange	OPERATOR FOUNDATION		47-3655644			
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepho	ne number		
	Initial retur	n						
	Final returr	n/terminated			(51	2)630-2616		
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		F Group E	Exemption		
	Application	n pending	AUSTIN, TX 78752		Number			
G	Account	ing Method:	⊠ Cash 🔄 Accrual Other (specify) ►	Н	Check 🕨	if the organization is not		
			ATORFOUNDATION.ORG		required to a	attach Schedule B		
			check only one) - 😰 501(c)(3) 🗌 501(c)() ◀ (insert no.) 🗌 4947(a)(1) a	or 527	(Form 990, 9	990-EZ, or 990-PF).		
Κ	Form of	organization:	Corporation Trust Association Other					
L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if total a	assets			
(Pa	rt II, colu	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶\$ 182,849		
Ρ	art I		e, Expenses, and Changes in Net Assets or Fund Bala					
		Check if t	he organization used Schedule O to respond to any question in the	nis Part I		<u> </u>		
	1		s, gifts, grants, and similar amounts received ••••••••••••••••••••••••••••••••••••			1 182,849		
	2		vice revenue including government fees and contracts			2		
	3	Membership	dues and assessments			3		
	4	Investment in	ncome			4		
	5a	Gross amou	nt from sale of assets other than inventory ••••••••5a	1				
Revenue	b	Less: cost or	other basis and sales expenses	b				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c		
	6	Gaming and	fundraising events					
	a		e from gaming (attach Schedule G if greater than					
		\$15,000)		1				
ver	b	Gross incom	e from fundraising events (not including <u></u>	ns				
Re		from fundrais	ing events reported on line 1) (attach Schedule G if the					
		sum of such	gross income and contributions exceeds \$15,000) · · · · · · 6	b				
	c	Less: direct e	expenses from gaming and fundraising events	:				
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract				
		,				6d		
	7a	Gross sales	of inventory, less returns and allowances	1				
	b	Less: cost of	goods sold	b				
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8	Other revenu	le (describe in Schedule O) •••••••••••••••••••••••••••••••••••			8		
	9		Ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 · · · · · · · · · · · · · · · · · · ·		· · · · ►	9 182,849		
	10	Grants and s	imilar amounts paid (list in Schedule O)			10		
	11	Benefits paid	to or for members			11		
ŝ	12	Salaries, oth	er compensation, and employee benefits			12 87,917		
JSe	13	Professional	fees and other payments to independent contractors			13 74,753		
Expenses	14	Occupancy, I	rent, utilities, and maintenance		L	14 5,102		
й	15	Printing, pub	lications, postage, and shipping		-	15 269		
	16	Other expension	ses (describe in Schedule O)			16 38,899		
	17	Total expen	ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·		· · · · ►	17 206,940		
Ś	18		eficit) for the year (Subtract line 17 from line 9)			18 (24,091)		
Net Assets	19	Net assets o	fund balances at beginning of year (from line 27, column (A)) (must agree	with				
As	1	end-of-year f	igure reported on prior year's return)		H	19 15,559		
let	20	Other change	es in net assets or fund balances (explain in Schedule O)			20		
_	21	Net assets o	fund balances at end of year. Combine lines 18 through 20		►	21 (8,532)		
FO		work Reduction	on Act Notice, see the separate instructions.			Form 990-EZ (2017)		

For	n 990-EZ (2017) OPERATOR FOUNDATION			47-3	8655	644 Page 2
Pa	Balance Sheets (see the instructions for Part II)					_
	Check if the organization used Schedule O to res	pond to any questior	n in this Part II			<u> </u>
			(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments			40,891	22	11,905
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			40,891	25	11,905
26	Total liabilities (describe in Schedule O)			25,332	26	20,437
27	Net assets or fund balances (line 27 of column (B) must agree	with line 21) • • •		15,559	27	(8,532)
Pa	art III Statement of Program Service Accomplishm	ents (see the instruc	tions for Part III)		
	Check if the organization used Schedule O to re-	spond to any questio	n in this Part III	🛛		Expenses
Wh	at is the organization's primary exempt purpose? MAKE TOOLS	FOR CENSORSHIE	& SECURITY		1	uired for section
					· ·	c)(3) and 501(c)(4)
	cribe the organization's program service accomplishments for eac neasured by expenses. In a clear and concise manner, describe th				-	nizations; optional for
	sons benefited, and other relevant information for each program titl	•			othe	rs.)
-	MOONBOUNCE VPN. AN APPLICATION THAT ALLOWS		TAIN			
	REPRESSIVE COUNTRIES THAT RESTRICT INTERNE					
	THE INTERNET. THIS GOT APPROXIMATELY 11 VI			-		
	(Grants \$ 53,833) If this amount in			🕨 🗌	28a	94,918
29	POSTCARD. A SIMPLIFIED ENCRYPTED EMAIL APP					
	SPECIFICALLY FOR JOURNALISTS IN MEXICO.THI					
	YET BEEN RELEASED. IT GOT APPROXIMATELY 3					
	(Grants \$ 33,653) If this amount in			· · · · ▶ 🗌	29a	32,829
30						
	(Grants \$) If this amount in	cludes foreign grants, c	heck here • • •	► 🗌	30a	
31						See SERVICES
• ·	(Grants \$ 15,067) If this amount in	cludes foreign grants ic	heck here		31a	
32	Total program service expenses (add lines 28a through 31a)				32	
	art IV List of Officers, Directors, Trustees, and Key Emplo				ictions	
	Check if the organization used Schedule O to respond t					· _
			(c) Reportable	(d) Health benefits	,	
	(a) Name and title	(b) Average hours per week	compensation	contributions to emp	loyee	(e) Estimated amount of
		devoted to position	(Forms W-2/1099-MIS (if not paid, enter -0	· · ·		other compensation
BR	ANDON WILEY				uon	
	CSIDENT	1.00		0	0	0
-	RIE JOHNSON			-	-	
	CE PRESIDENT	1.00		0	o	0
	VIS WEIL					`
	LASURER	1.00		0	0	0
	VALD JACKSON	1.00		<u> </u>	-	
	CRETARY	1.00		0	0	0
						•

Form 9	90-EZ (2017) OPERATOR FOUNDATION 47-36556	544	F	Page 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			· 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
с	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.0		V
44	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed		<u> </u>	
42 a	The organization's books are in care of BRANDON WILEY Located at 7503 BROOKHOLLOW DRIVE, AUSTIN, TX ZIP + 4 78752		616	
h	Located at > 7503 BROOKHOLLOW DRIVE, AUSTIN, TX ZIP + 4 > 78752 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	X
	If "Yes," enter the name of the foreign country:	42.0		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country:	-	I	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			1
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		•	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х

Form 990-EZ (2017) OPERATOR FOUNDA	TION				47-3	655644	F	Page 4
								Yes	No
	he organization engage, directly or indirectly, in		ies on behalf	of or in oppo	osition				
	ndidates for public office? If "Yes," complete S						46		Х
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organizations		ono 17 1	Ob and 5') and as	mplata tha	tablaa far	linor	
	50 and 51.	inustanswei questi	0115 47 - 4	90 anu 32	2, and co	inplete the		mes	>
	Check if the organization used Sc	hedule O to respond	to any qu	estion in t	his Part '	//			. П
	Check in the organization dood oo		to any qu		ino i arc	VI		Yes	No
47 Did t	he organization engage in lobbying activities o	r have a section 501(h) ele	ection in effe	ct durina the	tax				
	? If "Yes," complete Schedule C, Part II • •			-			47		X
48 Is the	e organization a school as described in sectior	n 170(b)(1)(A)(ii)? If "Yes,"	complete Sc	hedule E			48		Х
49a Did t	he organization make any transfers to an exer	npt non-charitable related	organization	?			· · 49a		Х
b If "Ye	s," was the related organization a section 527	organization?					49b		
	plete this table for the organization's five highe								
empl	oyees) who each received more than \$100,00	0 of compensation from th	e organizatio	on. If there is					
		(b) Average	(c) Rep			h benefits, is to employee	(e) Estimate	ed amour	nt of
	(a) Name and title of each employee	hours per week devoted to position		ensation /1099-MISC)		s, and deferred ensation	other co	mpensat	ion
			(
NONE									
<u></u>									
					1				
f Total	number of other employees paid over \$100,0	00							
	plete this table for the organization's five high		lent contracto	ors who each	- n received r	nore than			
	,000 of compensation from the organization.								
			(1)	The state	_	1-			
	(a) Name and business address of each independent contra	actor	(D)	Type of service		(C	:) Compensatio	n	
NONE									
		·							
· - · ·									
	number of other independent contractors eac	•		et attack a					
	he organization complete Schedule A? Note:						X Yes		No
· · ·	ties of perjury, I declare that I have examined this retu								
•	and complete. Declaration of preparer (other than c					, ,	,		
	BRANDON WILEY								
Sign	Signature of officer				Date				
Here	BRANDON WILEY, PRESIDENT								
	Type or print name and title			-					
Deid	Print/Type preparer's name	Preparer's signature		Date		Check X if	PTIN		
Paid		MITCHELL BALDRIDG	E	07-20-20		self-employed	XXXXXX	XXX	
Prepare Use Onl					Firm's	EIN 🕨			
	Y Firm's address ► PO BOX 130844 HOUSTON TX 7721	Q			Phone	ano 712-	955-9130	`	
Mav the IR:	S discuss this return with the preparer shown a						▶		No
								<u> </u>	

SC	HE	DUL	E A

Public Charity Status and Public Support

OMB No. 1545-0047

	SCHEDULE A			ization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						17
•		0 or 990-EZ)		Attach to Form 990 or Form 990-EZ.					Open to	
		of the Treasury enue Service	►		ww.irs.gov/Form990 for instructions and the latest information.					ction
		organization		<u> </u>				Employer identifica	ation number	
OPE	RAT	OR FOUNDAT	ION					47-365564	44	
Pa	rt I	Reason	for Public Charity	y Status (All or	ganizations must c	omplete	this part	.) See instruction	ıs.	
The	orga	nization is not a	private foundation bec	ause it is: (For lines	1 through 12, check only	y one box.)			
1		A church, conv	vention of churches, or	association of chu	rches described in sectio	on 170(b)(1)(A)(i).			
2		A school desci	ribed in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)				
3		A hospital or a	cooperative hospital s	ervice organization	described in section 17	′0(b)(1)(A)	(iii).			
4		A medical rese	earch organization oper	rated in conjunction	n with a hospital describe	ed in sectio	on 170(b)(1)(A)(iii). Enter the		
	_	hospital's name	e, city, and state:							
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
-		•)(1)(A)(iv). (Complete I	,						
6	Н		•	-	nit described in section '					
7	Ш	•	•		of its support from a gov	ernmental	unit or fror	n the general public		
8	П		ection 170(b)(1)(A)(vi) rust described in section							
9	Н				on 170(b)(1)(A)(ix) oper-	ated in cor	niunction w	ith a land-grant colleg		
Ŭ		•	•		ee instructions). Enter the		•		je	
		university:	a non land grant cone	ge et agriealiare (et		,,,,,	, and otat	o ei allo oonlogo ol		
10	Χ	· _	n that normally receives	s: (1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gross	6	
	_	-			ubject to certain exceptio					
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess section	511 tax) fr	om businesses		
		acquired by the	e organization after Jur	ne 30, 1975. See s	ection 509(a)(2). (Comp	lete Part II	I.)			
11		An organizatio	n organized and opera	ted exclusively to t	est for public safety. See	section 5	09(a)(4).			
12		An organizatio	n organized and operat	ed exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purpose	s	
					ed in section 509(a)(1) o					
			-		e type of supporting orga				-	
	а				sed, or controlled by its s		-	.,	g	
			•		appoint or elect a majorit	ty of the dir	ectors or ti	rustees of the		
	b	_ ·· •	organization. You mu			h ito ounno	orted organ	vization(a) by boying		
	b				ntrolled in connection wit		-	.,	1	
			•	supporting organization vested in the same persons that control or manage the supported omplete Part IV, Sections A and C.						
	с	— [×]	•	d. A supporting organization operated in connection with, and functionally integrated with,						
					must complete Part IV				,	
	d				organization operated in				n(s)	
					enerally must satisfy a di					
		requireme	nt (see instructions). Y	ou must complete	Part IV, Sections A and	d D, and P	Part V.			
	е		-		determination from the IF		a Type I,⊺	Гуре II, Туре III		
					tegrated supporting organ				F	
	f								· · · · · L	
	g		lowing information abo							
	(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amoun other suppor	
					above (see instructions))	docum		instructions)	instructio	
						Yes	No			
(A)										
(B)										
(C)										
<u> </u>										
(D)										
(E)										
Tota	1									

_		ATOR FOUNDAT				47-3655644	
Pa	rt II Support Schedule for Org	anizations Do	escribed in Se	ections 170(b)	(1)(A)(iv) and [,]	170(b)(1)(A)(vi)	
	(Complete only if you chec	ked the box or	ı line 5, 7, or 8	of Part I or if the	ne organization	failed to qualify	/ under
	Part III. If the organization f	ails to qualify	under the tests	s listed below, p	lease complet	e 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf •••••						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
~	, ()						
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 • • • tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(0) 2015	(4) 2016	(a) 2017	(f) Total
	Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Gross income from interest, dividends,				· ·		
0	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on •••••••••						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ••••••••••••						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o	rganization's first.	second. third. fou	rth. or fifth tax vear	as a section 501(c	:)(3)	
	organization, check this box and stop here			•••••			►
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2017 (line 6, o	column (f) divided l	by line 11, column	(f))		14	%
15	Public support percentage from 2016 Sched	lule A, Part II, line	14			15	%
16a	33 1/3% support test - 2017. If the organiz						
	box and stop here. The organization qualifi	es as a publicly su	pported organizat	tion • • • • •			🕨 🔲
b	33 1/3% support test - 2016. If the organiz				is 33 1/3% or mor	e, check	
	this box and stop here. The organization qu	ualifies as a public	ly supported orgai	nization			🕨 🔲
17a	10%-facts-and-circumstances test - 2017	•			, or 16b, and line 1	l4 is	_
	10% or more, and if the organization meets	the "facts-and-circ	cumstances" test,	check this box and	stop here. Explain	n in	
	Part VI how the organization meets the "fact				• •		
	organization · · · · · · · · · · · · · ·						► 🗆
b	10%-facts-and-circumstances test - 2016						
-	15 is 10% or more, and if the organization r	-					
	Explain in Part VI how the organization mee				•	cly	
				0			
18	Private foundation. If the organization did						
10							
		<u></u>	<u></u>				
EEA						Schedule A (For	m 990 or 990-EZ) 2017

Sche		ATOR FOUNDAT				47-3655644	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you chec						Part II.
_	If the organization fails to o	ualify under the	e tests listed be	elow, please co	omplete Part II.)	
	ction A. Public Support						
Cale	endar 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.")			723	81,741	182,849	265,313
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						
6	Total. Add lines 1 through 5			723	81,741	182,849	265,313
7a	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						
8	Public support. (Subtract line 7c from line 6.)						0.05 010
Sec	tion B. Total Support			-			265,313
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9		(u) 2010	(0) 2011	723	· · /	182,849	265,313
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •	0		723	81,741	182,849	265,313
14	First five years. If the Form 990 is for the or organization, check this box and stop here	• • • • • • • • •				3)	🕨 🛛
	ction C. Computation of Public Su		-				
15	Public support percentage for 2017 (line 8, co					15	%
16	Public support percentage from 2016 Schedu					16	%
	ction D. Computation of Investment			olumn (f))		17	%
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Se	chedule A, Part III,	line 17 • • • •			18	<u>%</u>
19a	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box						► 🗌
	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publ	licly supported orga	nization • • • •	
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19l	o, check this box a	nd see instructions		🕨 📋

	A (Form 990 or 990-EZ) 2017 OPERATOR FOUNDATION 47-36550	544	P	Page
un	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns Δ	
	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 P	an v.)		
ect	ion A. All Supporting Organizations		Yes	N
	Are all of the organization's supported organizations listed by name in the organization's governing		res	N
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
~	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
~	Did the organization support any foreign supported organization that does not have an IRS determination			
C	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)	4.		
_	purposes.	4c		
а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
	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		
	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		
а	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ju		
D I		9b		
~	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	30		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0.0		
-	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer 10b below.	10a		
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		L

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OPERATOR FOUNDATION

Schedule A (Form 990 or 990-EZ) 2017

Sched		655644	F	Page 5
Pa	rt IV Supporting Organizations (continued)		1	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Par	<i>t VI.</i> 11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ĺ
	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			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	ed 🛛		ĺ
	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			ĺ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pai	t 🛛		ĺ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ĺ
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	i		
			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			ĺ
	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 price	or tax		ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided			
-				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	the organization maintained a close and continuous working relationship with the supported organization(s)	. 2		<u> </u>
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 yea	r (see instrue	ctions).
а		·		
b				
с		nt entity (see	instruc	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	<u> </u>
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes			ĺ
	how the organization was responsive to those supported organizations, and how the organization determine			ĺ
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	25		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e			
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			
			1	

Schedule A (Form 990 or 990-EZ) 2017

hedule A (Form 990 or 990-EZ) 2017 OPERATOR FOUNDATION		47-36	55644 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying t			-
instructions. All other Type III non-functionally integrated supporting organiz	allor	is must complete Section	(B) Current Year
ection A - Adjusted Net Income		(A) Prior 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		
ection 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection 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			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedu	Ile A (Form 990 or 990-EZ) 2017 OPERATOR FOUNDATION		47-365	5644 Page
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt 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	s of supported organizati	ons	
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 responsi	ve	
	(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			
S	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			
	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
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: \$			
	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013 · · · ·			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
EA			Cahadi	le A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

EEA

Schedule A (Form 990 or 990-EZ) 2017 Part VI Supplement 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.)
EEA	0-1-1-1-1 / / 000 000 PT 00
EEA	Schedule A (Form 990 or 990-EZ) 20

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

OPERATOR FOUNDATION

Employer identification number 47-3655644

01. Description of other expenses (Part I, line 16) Description Amount BANK CHARGES 236 200 BOARD STIPEND CONFERENCES, MEETINGS & CONVENTIONS 1,198 INFORMATION TECHNOLOGY 197 7.5 INSURANCE 12,934 LEGAL & PROFESSIONAL FEES OFFICE EXPENSES ,899 746 TAXES 8 SUPPLIES 3,657 9.75 TRAVEL

02. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year	
	101	105	
CREDIT CARD	181	185	
GRANT ADVANCES	25,151	17,327	
PAYROLL LIABILITIES	0	2,925	

03. Other program services (Part III, line 31)

ADVERSARY LAB. TECHNOLOGY THAT TESTS APPLICATIONS TO SEE IF THEY ARE LIKELY TO BE BLOCKED

IN COUNTRIES THAT BLOCK ACCESS TO THE INTERNET. THIS GOT APPROXIMATELY 9 VIEWS IN THE LAST

3 MONTHS

SHAPESHIFTER.TECHONOLOGY THAT ALLOWS ANY BLOCKED APPLICATION IN CERTAIN REPRESSIVE

COUNTRIES, TO BECOME UNBLOCKED. THIS GOT APPROXIMATETLY 205 VIEWS IN THE LAST 3 MONTHS

	Statement of Program Service Accomplishments	2017 PG01
Name(s) as shown on return OPERATOR FO		Your Social Security Number 47-3655644
UPERAIOR FU	UNDATION	4/-3033044
	Form 990EZ-Part III-Line 31	Statement #4
Grants and	vice Expenses allocations included in above expense reign Grants	\$2736 \$15067 No
Explanation See other prog	ram services Schedule O	