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-Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 20**14**

Open to Public

Inspection

Department of the Treasury

▶ 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.

			2014 colonel	number of the vices having high 1 CO44 and and in		lumo 20	00 15			
	_			ar year, or tax year beginning July 1 , 2014, and ending		June 30				
		Check if applicable		· ·	D Ewt	noyer iq	entification number			
	一	Address c	-	Paris Board of Public Utilities Trust Inc.			2-0536474			
		Varne cha nitial retur	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	F 1916	E Telephone number				
	_		n/terminated	P.O. Box 460		73	<u>1-642-1322</u>			
		City or town, state or province, country, and ZIP or foreign postal code					mption			
		pplication	n pending	Paris TN 38242		mber 🕨				
			ing Method.	✓ Cash	H Check	▶ ⊘ :	f the organization is not			
		/ebsite			•		ach Schedule B			
	J Ta	ax-exen	npt status (che	(Form 9	990, 990	0-EZ, or 990-PF)				
				✓ Corporation ☐ Trust ☐ Association ☐ Other						
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal assets	.				
				w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u>►</u> \$.			
	Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see t						
				the organization used Schedule O to respond to any question in this Pa	<u>rtl</u>		<u> </u>			
		1		ons, gifts, grants, and similar amounts received		1	88000			
		2	Program s	ervice revenue including government fees and contracts		2				
		3	Membersh	ip dues and assessments		3				
		4	Investment	tincome		4				
NON DENNING		5a	Gross amo	ount from sale of assets other than inventory 5a						
		b	Less: cost	or other basis and sales expenses						
5		С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c				
5		6	Gaming an	nd fundraising events			·····			
M	Revenue	а	Gross inc	ome from gaming (attach Schedule G if greater than						
\bigcirc			\$15,000) .	· · · · · · · · · · · · · · · · · 6a		1 1				
3		b	Gross inco	ome from fundraising events (not including \$ of contributions)	ions	1				
2	Be		from fundr	aising events reported on line 1) (attach Schedule G if the						
ţ!			sum of suc	ch gross income and contributions exceeds \$15,000) 6b						
63		C	Less: direc	et expenses from gaming and fundraising events 6c		7				
2		di	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	1				
2015			line 6c) .	~ ··········		6d				
(J		7a	Gross sale	s of inventory, less returns and allowances						
		b		of goods sold		7				
		С	Gross prof	it or (less) from sales of inventory (Subtract line 7b from line 7a)		7c				
		8	Other reve	ກຸບຸe (describe) າດ Schedule O)		8				
		9	Total reve	nue: Add lines: 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	88000			
		10	Grants and	1 sımilaramounts paid (list ın Schedule O)		10	83300			
		11	Benèfits p	aid to or for members 🔊		11				
	ses	12	Salanes, o	ther compensation and employee benefits		12				
	Š	13	Profession	al fees and other payments to independent contractors		13				
	Expens	14	Occupanc	y, rent, utilities, and maintenance		14				
	ũ	15	Printing, p	ublications, postage, and shipping		15				
		16		enses (describe in Schedule O)		16				
		17	Total expe	enses. Add lines 10 through 16	▶	17	83300			
	ç	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	4700			
	set	19		or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with					
	Asi	}		ar figure reported on prior year's return)		19	83859			
	Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20				
	Z	21		or fund balances at end of year. Combine lines 18 through 20		21	88559			
	For	Paper		tion Act Notice, see the separate instructions. Cat No. 106421			Form 990-EZ (2014)			

6

9-11

^	.						
Form 9	990-EZ (20	14)					Page 2
Fai		Balance Sheets (see the instructions	,				
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	<u>.</u>	<u> </u>
				<u> </u>	(A) Beginning of year		(B) End of year
22	-	savings, and investments		[83859	22	88559
23		and buildings	· · · · · · ·	[23	
24		assets (describe in Schedule O)	· · · · · ·			24	
25		assets			83859		
26		liabilities (describe in Schedule O)		• . • . • • • •		26	
27		ssets or fund balances (line 27 of column			83859	27	88559
Par		Statement of Program Service Accome Check if the organization used Schedule				1	Expenses
W/bat		rganization's primary exempt purpose?	O to respond to a	ny question in this	rartiii 🖂	(Re	equired for section
							1(c)(3) and 501(c)(4)
as m	neasured	organization's program service accompli by expenses. In a clear and concise me fited, and other relevant information for ea	nanner, describe the	fits three largest per services provided	orogram services, d, the number of		ganizations, optional for ners)
28	Henry C	ounty Tennessee with 32,000 population. 38	grants, none exceedi	ng \$5000.			
							Ì
	(Grants	\$) If this amount	ıncludes foreign gra	ants, check here .	▶ 🗆	28	83300
29							
					<u></u>		
	(Grants	\$) If this amount	ıncludes foreign gra	ants, check here .	▶ 🔲	29)a
30							
	(C				······		.
24	(Grants		ıncludes foreign gra		P 🗆	30	la
31	•	rogram services (describe in Schedule O)				1	
32	(Grants	rogram service expenses (add lines 28a	includes foreign gra	ants, check here .	· · · P 🖳	31	
		List of Officers, Directors, Trustees, and Ke					
e.		Check if the organization used Schedule				เมอนา	
		onock if the organization about oblication	1	(c) Reportable	(d) Health benefits,	Ť	· · · · · ⊔
		(a) Name and title	(b) Average hours per week	compensation		yee (e	e) Estimated amount of
		• •	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)		n n	other compensation
lack	Veazev (Chairman	 		<u> </u>	+	· <u></u>
2000	. rearer.		-	1	o	0	0
Clint	Davis Di	rector				↰	
			-	j ,	0	0	0
Gini	Roberts	Secretary/Treasurer				Ť	<u> </u>
					D	0	0
Harry	y Cowan	Director					
			1	(D	0	0
Mary	Kate Ric	lgeway Director					
					D	0	0
Frani	ky Hosfo	rd Director					
					0	0	0
John	Etheride	ge Director	_				·
		· · · · · · · · · · · · · · · · · · ·			0	0	0
						\perp	
			_[
			ļ . _		ļ		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements			<u> </u>
->	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		163	140
	detailed description of each activity in Schedule O	33		
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		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		→
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		1
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		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Joa		-
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities			İ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1		Ť
	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 transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►			
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.00	√
	If "Yes," enter the name of the foreign country: ▶			
	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 U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	<u> </u>	✓

Form 99	90-EZ (20	014)						P	age 4
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political c	ampaign activities	on behalf o	of or in opposit	ion 46	Yes	No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only s must answer que	stions 47–49b an	d 52, and	complete the		for lin	es
						.,	· · · ·	Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect during the	tax 47		1
48		organization a school as described in							V
49a b 50	If "Ye Comp	ne organization make any transfers to is," was the related organization a se olete this table for the organization's oyees) who each received more than	ection 527 organization five highest compen	on?	 other than	officers, direct	. 49b ors, truste	es an	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other cor		
				!					
								· <u>-</u>	
								· -	
f 51	Com	number of other employees paid over plete this table for the organization, ,000 of compensation from the organization	s five highest comp	ensated independe	ent contrac	 ctors who each	n received	l more	e than
		Name and business address of each independ		(b) Type of	service	(c)	Compensat	tion	
				-					
				_	•				
									
				_					
				-					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶				
52		the organization complete Scheduleted Schedule A	ule A? Note . All se	ection 501(c)(3) oi	ganization	s must attach	n a .▶∐ Ye:	s 🗌	No
		of penury, I declare that I have examined this in decomplete. Declaration of preparer (other than					nowledge an	d belief	, it is
<u> </u>		your to ce	terios			10.29	1.00	15	
Sign Here	,	Signature of officer John H Etheridge Director			 	Date	··		
Paid		Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check	_{ef} PTIN		
_	ı Darer					self-emplo	yed		
Use	Only	Firm's name ► Firm's address ►	Firm's EIN ▶ Phone no						
May t	he IRS	discuss this return with the prepare	r shown above? See	instructions			► □ Ye	s 🗌	No

SCHEDULE A (Form 990 or 990-EZ)

Bepartment 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name	of the organization					Employer identification	number
	Board of Public Utilitis Trust Inc.					02-05	
Par							ns.
	rganization is not a private founda						
	☐ A church, convention of churc ☐ A school described in section						
	A hospital or a cooperative ho						
4	A medical research organization	spilai service org	janization described i	n section	rihed in s	: (Α)(III). :ection 170(h)(1)(Δ):	(iii) Enter the
-	hospital's name, city, and stat		onjunicion with a nost	Jilai GGGG	iibou iii c	Cotton Trops, the	inj. Litter the
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 gover	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)	receives a subs (A)(vi). (Complet	tantial part of its sup te Part II.)	port from	a gover	nmental unit or fron	the general public
8	A community trust described in	n section 170(b))(1)(A)(vi). (Complete l	Part II)			
9	☐ An organization that normally	receives: (1) mo	re than 331/3% of its	support i	from con	tributions, members	hip fees, and gross
	receipts from activities related support from gross investment	ent income and	unrelated business	taxable ii	ncome (l	ess section 511 ta	than 331/3% of its x) from businesses
	acquired by the organization a						
	An organization organized and						
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in section 5 6	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	☐ Type I. A supporting organize the supported organization(s	cation operated, s) the power to re	supervised, or control egularly appoint or ele	lled by its	support	ed organization(s), ty	pically by giving
	organization. You must con						
b	Type II. A supporting organic control or management of the organization(s). You must or	e supporting org	ganization vested in th				
С	Type III functionally integral its supported organization(s)	ated. A supporti	ng organization opera	ted in cor te Part I \	nection	with, and functionall	y integrated with,
đ	☐ Type III non-functionally in that is not functionally integr requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	☐ Check this box if the organiz						1 Type III
•	functionally integrated, or Ty						., .,po
f	Enter the number of supported						
g	Provide the following informatio		oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)						,	
(B)							
(C)							
(D)							
(E)							
Total							

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (f) Total (c) 2013 (d) 2014 (e) 2015 Gifts, grants, contributions. membership fees received (Do not include any "unusual grants.") . 85846 84581 87087 88000 431994 86480 2 revenues Tax levied the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. . . . 431994 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 431994 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 431994 R Gross income from interest, dividends. payments received on secunties loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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.) Total support. Add lines 7 through 10 11 431994 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . 100 % Public support percentage from 2014 Schedule A, Part II, line 14 15 15 100 % 16a 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this $\overline{\mathbf{Q}}$ 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 b 10%-facts-and-circumstances test-2014. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

(Complete only if you checked the box on line 9 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.)

Secti	on A. Public Support			, , , , , , , , , , , , , , , , , , , ,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						<u></u>
5	The value of services or facilities		-				
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.			- · · · - · · · · · · · · · · · · · · ·		·	
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3					Ì	
	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					···	<u> </u>
8	Public support. (Subtract line 7c from		 	 			
	line 6.)				` `		1
Secti	on B. Total Support	·		·	1		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				ļ]	Ì
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			ŀ			
	section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	1	1	ļ			
	activities not included in line 10b, whether				1		
	or not the business is regularly carried on					<u> </u>	
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						1
13	Total support. (Add lines 9, 10c, 11,				 		
. •	and 12.)						}
14	First five years. If the Form 990 is for the	he organizatio	n's first, secor	nd, third, fourth	n, or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop he	_					111
Secti	on C. Computation of Public Suppo	rt Percentag	ge				
15	Public support percentage for 2015 (line	8, column (f)	divided by line	13, column (f))		15	%
16	Public support percentage from 2014 Sc			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015				mn (f)) .	17	%
18	Investment income percentage from 201					18	<u>%</u>
19a	331/3% support tests—2015. If the organ						
_	17 is not more than 331/3%, check this box					=	
b	331/a% support tests – 2014. If the organic						
00	line 18 is not more than 331/3%, check this		=				_
_20	Private foundation. If the organization d	io not check a	JUX OII IIIIE 14	, 19a, UI 19D,	CHECK THIS DOX	and see instit	uctions 🕨 📋

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Secti	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	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		
3a	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	-	
4a	Was any supported organization not organized in the United States ('foreign supported organization")? If "Yes," and if you checked 11a or 11b 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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 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		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	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))? 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 the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	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, 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		1	1

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	,		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ľ	,
h	below, the governing body of a supported organization?	11a 11b	-	1
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		<u>, </u>
	on B. Type I Supporting Organizations	110	l	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		-
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			•
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	_		١,
•		1		✓
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			,
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization.	2		1
Section	on C. Type II Supporting Organizations	L=	.L	<u> </u>
			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			1 5
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	١.		
Conti		1	L	\
Secu	on 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		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			•
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			^ -
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		✓
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	;		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			١.
•	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	,		١.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-2		1
	supported organizations played in this regard.	3	1	1
Secti	on E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instr	ıctior	rs):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struci	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		 	1
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined	1		İ
	that these activities constituted substantially all of its activities.	2a		1
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.	- AL	1	
3	-	2b	+	1
ა a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> 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		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		+-	Ť
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		✓

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