

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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. A For the 2016 calendar year, or tax year beginning January 1 2016, and ending December 31 . 20 C Name of organization D Employer identification number B Check if applicable Address change Rocky Mountain Chevra Kaddisha 14-1971474 Boom/suite Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number ✓ Initial return 303-549-1402 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Denver, CO 80224 Other (specify) H Check ▶ ☐ if the organization is not G Accounting Method Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ((Form 990, 990-EZ, or 990-PF) ◄ (insert no) ☐ 4947(a)(1) or K Form of organization

✓ Corporation ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1945 2 Program service revenue including government fees and contracts 2 50561 3 Membership dues and assessments 3 Investment income 4 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 1105 Less' direct expenses from gaming and fundraising events 2244 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract <1139> Gross sales of inventory, less returns and allowables 7a 7a Less: cost of goods sold 7b f inventory (Subtract line Gross profit or (loss) from sale Other revenue (describe in Schedule O) . 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d. 9 9 51367 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members . . 11 12 Salaries, other compensation, and employee benefits . . . 12 13 Professional fees and other payments to independent contractors 13 50534 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping . 15 2191 16 Other expenses (describe in Schedule O) . . 16 2429 17 Total expenses. Add lines 10 through 16 17 55154 18 Excess or (deficit) for the year (Subtract line 17 from line 9) <3787> Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 12550 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 8764

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2016)



Form						
_Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar			<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12550		8760
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			12550	25	8760
26	Total liabilities (describe in Schedule O)		<i>.</i> . [26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	12550	27	8760
Par	t III Statement of Program Service Accom					
	Check if the organization used Schedule	•				Expenses
Wha	it is the organization's primary exempt purpose?					quired for section
		nhananta far anah at	i ita thraa largast or	0.0000000000000000000000000000000000000		(c)(3) and 501(c)(4) anizations, optional for
	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m				othe	
	ons benefited, and other relevant information for ea		s services provided,	the number of		•
		 				T
20	Provided pre buriar preparation and watering					
	(Cranto \$) If thus amount	includes foreign gra	nta chook hara	······································	28a	50524
20	(Grants \$) If this amount	includes loreign gra	mis, check here .	· · ·	208	50534
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u></u> ►∟	29a	1
30					ı	
		includes foreign gra		<u> ▶ U </u>	30a	1
31	Other program services (describe in Schedule O)					
		ıncludes foreign gra	ints, check here .	▶ 🔲	31a	1
32		through 31a)		<u></u> ▶	32	50534
Pai	t IV List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this f	Part IV		
		(b) Average				
	(a) Name and title	(b) Average	(c) Reportable	(d) Health benefits,		February and an extended
		hours per week	compensation	contributions to employe		
Rane					1.0	Estimated amount of other compensation
	dy Zakroff	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	1.0	
	dy Zakroff sident	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and deferred compensation	1.0	
Pres	sident	hours per week	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and deferred compensation		other compensation
Pres Ben	ident Last	hours per week	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	0	other compensation
Pres Ben Vice	ident Last President	hours per week	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		other compensation
Pres Ben Vice Yako	sident Last President ov Watkins	hours per week	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0
Pres Ben Vice Yako Secr	sident Last President ov Watkins retary	hours per week	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation	0	other compensation
Pres Ben Vice Yako Secr Ada	sident Last President by Watkins retary m Leventhal	hours per week	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0
Pres Ben Vice Yako Secr Adai At L	sident Last President by Watkins retary m Leventhal	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0
Pres Ben Vice Yako Secr Adai At L	ident Last President ov Watkins retary m Leventhai	hours per week	compensation (Forms W-2/1093-MISC) (if not paid, enter -0-) 0	contributions to employed benefit plans, and deferred compensation	0	other compensation 0 0 0

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	.03	
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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		
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		
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a Did the organization file Form 1120-POL for this year?	37b 38a		
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved		,	
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		
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 transaction? If "Yes," complete Form 8886-T	40e		
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 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		T:	
ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	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 United States? . If "Yes," enter the name of the foreign country:	42c		L
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	· ·	T	▶ □
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	Yes	No
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		
d	Did the organization receive any payments for indoor tanning services during the year?	44c		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	

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46	Did the organization engage, directly of	or indirectly, in political c	ampaign activities	on behalf o	f or in opposit	<u> </u>	Yes	No
	to candidates for public office? If "Yes		Partl	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · ·	. 46	<u> </u>	L
Part			strong 47 40h on	d E0 and	aamalata th	tablaa f	or lin	
	All section 501(c)(3) organizat	ions must answer que	stions 47–49b an	a 52, and	complete the	e tables i	or iin	es
	50 and 51.	Sahadula O ta raanaad	to one supplies i	a thia Bart \	.n			Г
	Check if the organization used	Schedule O to respond	to any question ii	i triis Part	<u> </u>		Yes	No
47	Did the organization engage in lobby	ing activities or have a	eaction 501/h) alec	tion in effe	ct during the	tav 🗀	165	140
41	year? If "Yes," complete Schedule C,			MON IN CHE	ct during the	47	}	
48	Is the organization a school as describe			 ta Cabadula		40	 	
	<u> </u>		•		Е	. 49a	├	
49a	Did the organization make any transfe If "Yes," was the related organization a	•	-			49b	├ -	
.b 50	Complete this table for the organization						es ar	L
30	employees) who each received more t							
	ompleyees) who each received more is	- 	r		alth benefits,			
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribute	ons to employee	(e) Estimate		
	(4,	devoted to position	(Forms W-2/1099-MIS	3 3 I '	ins, and deferred	other con	npensa	tion
			 					
			 					
								
			 -					
			ļ					
			 					
				1				
51	Total number of other employees paid Complete this table for the organizat \$100,000 of compensation from the of (a) Name and business address of each inde	tion's five highest comports on the comports of the comports o	ensated independence, enter "None." (b) Type of s			received Compensat		e than
								
			1					
			1					
			1					
			1					
			<u> </u>					
d	I Total number of other independent co	ontractors each receiving	over \$100,000 .	. ▶				
52	Did the organization complete Sch	nedule A? Note: All se	ection 501(c)(3) or	ganizations	must attach	n a		
	completed Schedule A	<u> </u>	<u> </u>	<u> </u>	<u> </u>	▶☐ Yes	; 🔲	No
Under	penalties of perjury, I declare that I have examined	this return, including accompan	lying schedules and stat	ements, and to	the best of my kr	nowledge an	d belief	, it is
true, co	orrect, and complete Declaration of preparer other	r than officer) to based on all info	ormation of which prepar	rer has any kno	owledge			
01-	TIME!				5/	6/1	<u> </u>	
Sign Here	* KANDY ZAKros				Date			
	Type or print name and title	Propagaria acceptions		Date		PTIN		
Paid	Print/Type preparer's name	Preparer's signature		Date	Check	if {		
	parer -				self-emplo	yea		
Use	Only Firm's name				Firm's EIN ▶			
May t	Firm's address ► the IRS discuss this return with the oren	parer shown above? Soo	Instructions		Phone no	► ☐ Yes	. 🗆	No
···	May the IRS discuss this return with the preparer shown above? See instructions							

SCHEDULE A

Public Charity Status and Public Support (Form 990 or 990-EZ)

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.

2016

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

14-1971474 Rocky Mountain Chevra Kaddisha 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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) d 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 III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . g Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E)

Part	(Complete only if you checked the						
	Part III. If the organization fails to						amy under
Secti	on A. Public Support			, , , ,		<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	i i					
4	Total. Add lines 1 through 3					ļ	
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)						
6	Public support. Subtract line 5 from line 4		<u> </u>		<u>. </u>	<u> </u>	
	on B. Total Support				Г	T	
Caler 7	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
				·	 	 	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1					
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he				-		
Sect	ion C. Computation of Public Suppor			 	- · · · · · · · · · · · · · · · · · · ·		🟲 📋
14	Public support percentage for 2016 (line 6			11 column (f)		14	0/
15 16a	Public support percentage from 2015 Sch 331/2% support test—2016. If the organi box and stop here. The organization qua	nedule A, Part ization did not	II, line 14 check the box	x on line 13, ai	 nd line 14 is 3	15 31/3% or more,	% check this
b	331/3% support test—2015. If the organithis box and stop here. The organization	zation did not qualifies as a	check a box of publicly support	on line 13 or 16 orted organizati	Sa, and line 15	ıs 33¹/3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts facts-and-circ	-and-circumst cumstances" te	ances" test, ch	neck this box zation qualifie	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th neets the "fac	ne "facts-and-o	circumstances stances" test.	" test, check The organizat	this box and	stop here. s a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, ched	k this box and	see

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	2226	1571	1926	2275	1945	9943
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			1		1	
	furnished in any activity that is related to the					1	
_	organization's tax-exempt purpose		- -				
3	Gross receipts from activities that are not an unrelated trade or business under section 513			<u> </u>			
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	2226	1571	1926	2275	1945	9943
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					/	
b	Amounts included on lines 2 and 3					ı	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					1	
_	Add lines 7a and 7b		 				
8	Public support. (Subtract line 7c from						
_	line 6.)		,				
Secti	on B. Total Support	 	·	· 			
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	2226	1571	1926	2275	1945	9943
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
þ	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	Į.		[
	(Explain in Part VI.)	47138	41290	45131	54202	48617	236378
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	49364			56477	50562	246321
14	First five years. If the Form 990 is for the organization, check this box and stop he	-				ear as a section	
Sect	on C. Computation of Public Suppo	rt Percentag					
15	Public support percentage for 2016 (line	8, column (f) d	ivided by line 1	3, column (f))		15	3.7 %
16	Public support percentage from 2015 Sc			<u> </u>	<u> </u>	16	4.2 %
Sect	on D. Computation of Investment In					 _	
17	Investment income percentage for 2016		• *	•	nn (f))	17	<u>%</u>
18	Investment income percentage from 201					18	<u>%</u>
19a	331/2% support tests—2016. If the organ						
	17 is not more than 33½%, check this box						
b	331x% support tests – 2015. If the organiant line 18 is not more than 331x3%, check this						
20	Private foundation. If the organization d		=	•			_
		ia noi oncor a	DUA VII IIIIE 14				

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.)

Secti	on 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 Part VI how the supported organizations are designated. If designated by	ţ		
	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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		-	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		
	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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			1
	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.	415		
С	Did the organization support any foreign supported organization that does not have an IRS determination	4b	-	
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		ļ	ļ
	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;			ĺ
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	1		
	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]	1
	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		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1	1	ŀ
	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	l	ļ	į
	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	-	1	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	L.		
	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).		<u> </u>	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8	├	
94	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	Ì		1
	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		T	†
	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			ļ
4.5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	↓	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding coday). Type III supporting organizations, and all Type III per functionally integrated			1
	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

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	'	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		نـــا
	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	on B. Type I Supporting Organizations	10	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			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		 -
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).] }
Saati	on D. All Type III Supporting Organizations	1	<u> </u>	
Section	on b. Air Type in 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		163	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ļ	
	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			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	ļ
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	1		
	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		نـ ـــ ا
Secti	on E. Type III Functionally Integrated Supporting Organizations	1 3	1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	
· a	The organization satisfied the Activities Test. Complete line 2 below.	113114	Clion	<i>5)</i> .
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	'see in	struct	ions)
		,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		l	
	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,		ŀ	1
	how the organization was responsive to those supported organizations, and how the organization determined	1	1	
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
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	1		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	_3b	<u>L</u>	<u>L</u> .

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section 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	. .	
Section B - Minimum Asset Amount	L .	(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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part		3) Supporting Organ	zations (continued)				
Sect	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets		·				
5	Qualified set-aside amounts (prior IRS approval required)		.				
<u>6</u>	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.		·				
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	 					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2016:						
a							
b							
<u>c</u>	From 2013						
<u>d</u>	From 2014						
e	From 2015						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount		·				
<u>i</u>	Carryover from 2011 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2016 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2016 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			· · · · · · · · · · · · · · · · · · ·			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.		-				
8	Breakdown of line 7:						
а							
b	Excess from 2013						
С	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						