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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)

2016

OMB No. 1545-1150

Department of the Treasury

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

Open to Public Inspection

inte	emai Reve	nue Service	Information about For	m 990-EZ and its instruction	is is at wy	vw.irs.gov/fo	rm990.			
A	For the	2016 calend	ar year, or tax year beginning	January 1,	, 2016,	and ending		ember		16
В	Check if a	pplicable.	C Name of organization ?				D Emp	loyer id	entification numbe	r ?
	Address	change	Orange County Crazies				1	3	33-057532 O	
片	Name cha	•	Number and street (or P.O. box, if mail	is not delivered to street address)	?	Room/suite	E Telep	hone n	umber	
뛰	Initial retu	m m/terminated	809 N. Main Street			{	1	71	4-550-9900	
Ħ	Amended		City or town, state or province, country	, and ZIP or foreign postal code			F Gro	ір Ехе	mption	
Ĭ		on pending	Santa Ana, CA 92701				Nun	nber 🕨	▶ 23	
G	Accoun	ting Method:	☑ Cash ☐ Accrual Other	(specify) ►		H	Check I	▶ 🔲 i	if the organization	is not
1 1	Website	s: ▶							ach Schedule B	?
J 1	Tax-exer	npt status (che	eck only one) - 🗹 501(c)(3) 🔲 50	1(c) () ◀ (insert no.) ☐ 49	947(a)(1) o	r []527	(Form 9	90, 990	0-EZ, or 990-PF).	_
			: 🗹 Corporation 🔲 Trust	Association [Other					
			7b to line 9 to determine gross rec	eipts. If gross receipts are \$20	00,000 or r	nore, or if tot	al assets			
(Pa	art II, col	umn (B) belov	w) are \$500,000 or more, file Form 9	990 instead of Form 990-EZ.				▶ \$		9888
E	art I	Revenu	e, Expenses, and Changes	in Net Assets or Fund	Balanc	es (see the	e instru	ctions	for Part I)	
			the organization used Sched			•				. П
?	1		ons, gifts, grants, and similar an					1		0
?	- 1		ervice revenue including govern					2		9888
?			nip dues and assessments					3		0
?		Investment					• •	4		0
	5a		ount from sale of assets other th	an inventory	5a	1	• •	 		
	Ь		or other basis and sales expen	•	5b	 				
	6		ss) from sale of assets other that			ino 5a)		5c		o
	6	•	nd fundraising events	an inventory (odbiract line .	JD 110111 1	nie Jay		30		<u>~</u>
~	a	-	ome from gaming (attach S	chedule G if greater the	an .				*.	
<u></u>	-		· · · · · · · · · · · · · · · · · · ·	chedule a ii greater the	6a	ł				
	Ь	-	ome from fundraising events (no	tingluding \$		f contributio		1. 1		
SCANNED MAY 2,3,201			raising events reported on line			CONTRIBUTIO	115	-		
e/a	1		ch gross income and contribution		6b	ł				
\geq	1	F		•	6c					
\$	d	Net incom	t expenses from gaming and fu	Indraising events	00	d 6b and a	htraat	} }		
	1 "	line 6c)	e or lides from dartuing and to	muraising events (add line	ss va and	J OD AIR SI	Duaci			^
Ш	7.		31		1 -			6d		0
S	7a		s of inventory, less returns and of goods sold	allowances	7a			1 1		
3	b			(0) have a Pro- 70 (7b	L				
\mathcal{Q}	C		it or (loss) from sales of invento		ne /a) .			7c		0
O U	1 -		nue (describe in Schedule O).				• •	8		0
	9		nue. Add lines 1, 2, 3, 4, 5c, 60					9		9888
	10		d similar amounts paid (list in So	chedule O)				10		0
	111	•	aid to or for members					11		0
Se :	12		ther compensation, and employ		_			12		0
Expenses	13		al fees and other payments to i					13		846
, ,	14		y, rent, utilities, and maintenand					14		6825
, ш	1.0		ublications, postage, and shipp					15		0
•	16	Other expe	enses (describe in Schedule O)	2		· · · ·		16		0
<u> </u>	17	Total expe	enses. Add lines 10 through 16			<u> </u>	<u>. ▶</u>	17		7671
<u> </u>	18	Excess or ((deficit) for the year (Subtract lir	ne 17 from line 9)				18		2217
88	19		or fund balances at beginning							
As			ar figure reported on prior year's	•				19		2839
Net Assets	20		nges in net assets or fund balan	, ,	•			20		0
	21	Net assets	or fund balances at end of yea	r. Combine lines 18 throug	h 20 .	<u> </u>	. ▶	21		5056
For	Papen	work Reduct	ion Act Notice, see the separate	instructions.	Cat.	No. 106421		14	Form 990-EZ	(2016)
								17		

	rt II Balance Sheets (see the instructions	for Part II)				•
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			2839	22	5050
23	Land and buildings			0	23	
24	Other assets (describe in Schedule O)		.`	O	24	
25	Total assets			2839	25	505
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	2839	27	505
ar	Statement of Program Service Accommode Check if the organization used Schedule			•		Expenses
/ha	at is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
s n	cribe the organization's program service accomple neasured by expenses. In a clear and concise no sons benefited, and other relevant information for e	nanner, describe the	f its three largest e services provide	program services, d, the number of	org	anizations, optional fo ers.)
28						
						ļ
29 29	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u>▶ ⊔</u>	28	a
	(Grants \$) If this amoun	includes foreign gra	ants, check here	▶ □	29	а
0						
	(Grants \$) If this amoun	includes foreign ar			100	a l
			ants, check here	<u> </u>	30	9
31	Other program services (describe in Schedule O)				30	
	(Grants \$) If this amoun	t includes foreign gra	ants, check here		31	а
32	(Grants \$) If this amoun Total program service expenses (add lines 28a	t includes foreign gra through 31a)	ants, check here		31	a 2
32	(Grants \$) If this amoun Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke	t includes foreign gra through 31a) by Employees (list eac	ants, check here hone even if not co	mpensated—see the	31	a 2
32	(Grants \$) If this amoun Total program service expenses (add lines 28a	t includes foreign gra through 31a) by Employees (list eac	ants, check here hone even if not co	mpensated—see the s Part IV	31 32 instru	a 2 Luctions for Part IV)
32 Par	(Grants \$) If this amoun Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul	t includes foreign grathrough 31a)	h one even if not conny question in thi	mpensated—see the s Part IV	31 32 instru	a uctions for Part IV)
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Kee Check if the organization used Schedule (a) Name and title	t includes foreign grathrough 31a)	h one even if not conny question in thi	mpensated—see the s Part IV	31 32 instru	a uctions for Part IV)
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ar	(Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Kee Check if the organization used Schedule (a) Name and title	t includes foreign grathrough 31a)	h one even if not conny question in thi	mpensated—see the s Part IV	31 32 instru	a uctions for Part IV
2 a)	(Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Kee Check if the organization used Schedule (a) Name and title	t includes foreign grathrough 31a)	h one even if not conny question in thi	mpensated—see the s Part IV	31 32 instru	a uctions for Part IV
2 a)	(Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Kee Check if the organization used Schedule (a) Name and title	t includes foreign grathrough 31a)	h one even if not conny question in thi	mpensated—see the s Part IV	31 32 instru	a uctions for Part IV
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32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Kee Check if the organization used Schedule (a) Name and title	t includes foreign grathrough 31a)	h one even if not conny question in thi	mpensated—see the s Part IV	31 32 instru	a uctions for Part IV
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Kee Check if the organization used Schedule (a) Name and title	t includes foreign grathrough 31a)	h one even if not conny question in thi	mpensated—see the s Part IV	31 32 instru	a uctions for Part IV
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Kee Check if the organization used Schedule (a) Name and title	t includes foreign grathrough 31a)	h one even if not conny question in thi	mpensated—see the s Part IV	31 32 instru	a uctions for Part IV

Pa	пe	3
га	ue	•

Form	990-	EZ (201	6)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	mode delicits for 1 art v) Officer in the organization used deflectible of to respond to any question in this	- uit	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		V
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		V
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		V
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		v
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		7
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved		,	-
b 40a	Gross receipts, included on line 9, for public use of club facilities	1		
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		v
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			٠
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		٠.	, ,
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		714-55		0
	Located at ▶ 809 N. Main Street, Santa Ana, CA ZIP + 4 ▶		701	
Ð	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).			
C	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		1
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	► []
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	165	~
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		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
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	65:		
	Form 990-EZ (see instructions)	45b	I /	'

<u> </u>	4

							ے_	Yes	No
	Did the organization engag to candidates for public of						<u> </u>		
Part V				raiti			. 46		
rait v	All section 501(c)(3)			stions 47–49h and	52 and com	nlete th	e tahles	for lin	96
	50 and 51.	, organization	madi anowor quo		oz, and con	ipioto tin	c tables	101 1111	00
	Check if the organiz	zation used Sch	edule O to respond	to any question in t	his Part VI				П
			<u> </u>					Yes	No
	Did the organization enga			section 501(h) election	n in effect d	uring the	tax	1	
,	year? If "Yes," complete Schedule C, Part II						. 47		1
48	ls the organization a schoo	l as described in	section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 48		~
49a	Did the organization make	any transfers to	an exempt non-cha	ritable related organi	zation?		. 49	3	1
	If "Yes," was the related o						. 49		<u></u>
	Complete this table for the								
	employees) who each rece	eived more than	\$100,000 of comper	nsation from the orga			e, enter	None.	
	(a) Name and title of each em	ployee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, a compens	employee nd deferred	(e) Estima other co	ted amo impensa	
					 				
									
			-,		\		·		
			- 				·		
					1				
f	Total number of other emp	plovees paid ove	er \$100.000	. ▶			<u> </u>		
	Complete this table for the				contractors	who eacl	n receive	d more	than
	\$100,000 of compensation								
	(a) Name and business addre	ess of each independ	ent contractor	(b) Type of ser	vice	(c) Compens	ation	
				 					
				}	ļ				
				 					
				-					
									·
	Total number of other inde	-	_		>				
52	Did the organization co	-	_		▶_anizations m	ust attac			
52	Did the organization co completed Schedule A	omplete Schedu	le A? Note: All so	ection 501(c)(3) orga	· · · ·		.▶□ Y		
52 Under pe	Did the organization co completed Schedule A enalties of perjury, I declare that I	have examined this	ule A? Note: All Se	ection 501(c)(3) organization statement of the statement	nents, and to the	pest of my k	.▶□ Y		
52 Under pe	Did the organization co completed Schedule A	have examined this	ule A? Note: All Se	ection 501(c)(3) organization statement of the statement	nents, and to the	pest of my k	.▶□ Y		
Under pe	Did the organization co completed Schedule A enalties of perjury, I declare that I	have examined this	ule A? Note: All Se	ection 501(c)(3) organization statement of the statement	nents, and to the has any knowled	pest of my k	.▶□ Y		
Under petrue, corr	Did the organization co completed Schedule A enalties of perjury, I declare that I rect, and complete. Peclaration of Signature of officer	have examined this if preparer (other than	ule A? Note: All Se	ection 501(c)(3) organization statement of the statement	nents, and to the	pest of my k	.▶□ Y		
Under pe	Did the organization co completed Schedule A enalties of perjury, I declare that I rect, and complete. Peclaration of	have examined this if preparer (other than	ule A? Note: All Se	ection 501(c)(3) organization statement of the statement	nents, and to the has any knowled	pest of my k	.▶□ Y		
Under petrue, com	Did the organization co completed Schedule A enalties of perjury, I declare that I rect, and complete. Peclaration of Signature of officer Cherie Kerr, Direct Type or print name as	have examined this if preparer (other than	ule A? Note: All Se	ection 501(c)(3) organization 501(c)(3) organization of which preparer	nents, and to the has any knowled	poest of my k	.▶☐ Yournowledge a	nd belie	
Under petrue, com Sign Here	Did the organization co completed Schedule A enalties of perjury, I declare that I rect, and complete. Peclaration of Signature of officer Cherie Kerr, Direct Type or print name are Print/Type preparer's name of the complete of the compl	have examined this if preparer (other than	return, including accompan n officer) is based on all infi	ection 501(c)(3) organization 501(c)(3) organization of which preparer	nents, and to the has any knowled Date	pest of my k	.►☐ Yournowledge a	nd belie	
Under petrue, com Sign Here Paid Prepa	Did the organization co completed Schedule A enalties of perjury, I declare that I rect, and complete. Peclaration of Signature of officer Cherie Kerr, Direct Type or print name ar Print/Type preparer's name area.	have examined this if preparer (other than	return, including accompan n officer) is based on all infi	ection 501(c)(3) organization 501(c)(3) organization of which preparer	nents, and to the has any knowled	coest of my k	.►☐ Yournowledge a	nd belie	
Under petrue, com Sign Here	Did the organization co completed Schedule A enalties of perjury, I declare that I rect, and complete. Peclaration of Signature of officer Cherie Kerr, Direct Type or print name ar Print/Type preparer's name area.	have examined this if preparer (other than	return, including accompan n officer) is based on all infi	ection 501(c)(3) organization 501(c)(3) organization of which preparer	nents, and to the has any knowled Date	Check Self-empl	.►☐ Yournowledge a	nd belie	

Form 990-EZ (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number 33-0575320 **Orange County Crazies** 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (in EIN (iii) Type of organization (Iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 sted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) **(B)** (C) (D) (E)

Total

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
	on A. Public Support	,	 				
Calend	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						
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)				,		,
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support		<u> </u>				<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
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.)						
11 12	Total support. Add lines 7 through 10 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	re	<u> </u>				· · · > [
	on C. Computation of Public Suppo			 			
14	Public support percentage for 2016 (line		-			14	<u>%</u>
15 16a	Public support percentage from 2015 Sc 331/a% support test—2016. If the organ box and stop here. The organization qua	ization did not	check the bo	x on line 13, a	nd line 14 is 3		
b	331/s% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization	eets the "facts "facts-and-circ	-and-circumst cumstances" te	ances" test, cl est. The organi	heck this box ization qualifie	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets the "fac	ne "facts-and- cts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies a	stop here. s a publicly
18	Private foundation. If the organization d instructions	id not check a	box on line 13	s, 16a, 16b, 17a	a, or 17b, ched	ck this box and	see

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

Part							
· ·	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	ests listed belo	ow, please co	omplete Part I	<u>l.)</u>	
	on A. Public Support				,		
Caler 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
'	received. (Do not include any "unusual grants.")		1	ł	}		
2	Gross receipts from admissions, merchandise		}	 	 		
	sold or services performed, or facilities		1	ł			}
	furnished in any activity that is related to the organization's tax-exempt purpose		}	}	}		
3	Gross receipts from activities that are not an		<u> </u>				
	unrelated trade or business under section 513		1	ļ			
4	Tax revenues levied for the						
	organization's benefit and either paid		1	1			
	to or expended on its behalf			<u> </u>			<u> </u>
5	The value of services or facilities			ł	1		
	furnished by a governmental unit to the		1	{			1
_	organization without charge		 	ļ			
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	-	 	ļ			
7a	received from disqualified persons .		l l	ł	(.		į
b	Amounts included on lines 2 and 3	· · · · · · · · · · · · · · · · · · ·	 		 		
	received from other than disqualified		1	1	}		
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year		1		1		}
C	Add lines 7a and 7b		1		1		
8	Public support. (Subtract line 7c from	東的東西大學		明的是大学的"	医型型性性	THE THE ENGLY FLE	
	line 6.)					والمراجع المراجع المراجع المراجع	0
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	·		 	ļ		
10a	Gross income from interest, dividends, payments received on securities loans, rents,			}]		}
	royalties and income from similar sources .			}]		
ь	Unrelated business taxable income (less		 		 		
_	section 511 taxes) from businesses		1	}	}		}
	acquired after June 30, 1975		}				ł
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether]	}]
	or not the business is regularly carned on	!	<u> </u>	<u> </u>			<u> </u>
12	Other income. Do not include gain or		{	ł	1		1
	loss from the sale of capital assets (Explain in Part VI.)		1	}	}		
13	Total support. (Add lines 9, 10c, 11,	 	 	 	 		}
	and 12.)			Ì			o
14	First five years. If the Form 990 is for the	e organizatio	n's first, secon	d. third. fourth	or fifth tax ve	ar as a sectio	<u> </u>
	organization, check this box and stop he	-					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8	3, column (f) d	livided by line 1			15	0 %
16	Public support percentage from 2015 Sch	nedule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	0 %
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (17	0 %
18	Investment income percentage from 2015					18	0 %
19a	331/3% support tests—2016. If the organi 17 is not more than 331/3%, check this box						
ь	331/2% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this is						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Supp	ortina Org	ganizations
------------	----------	------------	-------------

_			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 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		·
Ba	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	- За		
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.	3с		
la	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		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	65	
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	4	- 31
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	4	·
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	`.	. ,
В	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 .	9a 9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9b 9c		
0a		36		
p.	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	405		

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D	
Page	

	W. Supposition Of Control of Cont			
Part	Supporting Organizations (continued)		V	NI:
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		h ¹
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	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	ŕ		-
	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,	,	, ,,,	1 . 1
	supervised, or controlled the supporting organization.	2	<u>, </u>	لئنا
Secti	on C. Type II Supporting Organizations		لـــــــــــــــــــــــــــــــــــــ	
	on or type is oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			<u> </u>
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	,	.,	[]
	the supported organization(s).	1		
Secti	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	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor tax	,	1	.]
	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	[- 1	1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		·	
	significant voice in the organization's investment policies and in directing the use of the organization's	:		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		- ;	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions).
9	Activities Test Anguery (a) and (b) heless	1	Van	No
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	}		
	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,			j
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ļ,
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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			J
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	لـــــا	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	,		
1	tru	st on Nov. 20, 1970 (explain	in Part VI). Spe		
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
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	<u> </u>			
5 Depreciation and depletion					
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		(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		The Control of the State of the	HPARTICON .		
factors (explain in detail in Part VI):		encentie recei			
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	TO SECURE WITH THE SECURITY			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)					
4 Enter greater of line 2 or line 3.					
5 Income tax imposed in prior year					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Π	F. Wastley S. T. Consults			
emergency temporary reduction (see instructions).	6	The state of the second second	<u></u>		
7 Check here if the current year is the organization's first as a non-functional instructions.	ly in	itegrated Type III supporting	g organization (see		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4_	Amounts paid to acquire exempt-use assets	 		
5	Qualified set-aside amounts (pnor IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which			
	(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		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	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:			'
а		,		
b				<u> </u>
C	From 2013			
d	From 2014		,	
е				
f_	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	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> </u>
	Applied to 2016 distributable amount			
	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)		. ,	
-	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	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.)
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