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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

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.

Ā	For the	2016 calendar year, or tax year beginning , 2016, and ending		, 20			
В	Check if ap	plicable C Name of organization DE	Employer ide	entification number			
	Address cl	hange AURORA OHE PUND	34-/// 7528				
	Name cha		E Telephone number				
	Initial retur	P P O O P O O P O O P O O P O	720 51	2 7233			
	í	City or town, state or province, country, and ZIP or foreign postal code	Group Exer				
片	Amended Application	return DDDODA COLLA 10/201	Number ▶	•			
C.				the organization is not			
	Website	· .		ach Schedule B			
)-EZ, or 990-PF).			
_		The state of the s	HARIT				
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass					
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	,c.c. ▶				
_	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	tructions	for Part I)			
	alli	Check if the organization used Schedule O to respond to any question in this Part I.					
<u>-</u>	T		. 1	71 (20)			
	1	Contributions, gifts, grants, and similar amounts received	· ++	10,100			
-	2	Program service revenue including government fees and contracts	. 2				
-	3	Membership dues and assessments	4	27			
	4	Investment income	1 4	32			
	5a	Gross amount from sale of assets other than inventory 5a					
	b	Less: cost or other basis and sales expenses					
2	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
- 1	6	Gaming and fundraising events					
a	, ∣ a	Gross income from gaming (attach Schedule G if greater than	31.34				
Bovenie	<u> </u>	\$15,000)					
9	Ь	Gross income from fundraising events (not including \$ of contributions					
ă	<u> </u>	from fundraising events reported on line 1) (attach Schedule G if the					
]	sum of such gross income and contributions exceeds \$15,000) 6b					
	C	Less: direct expenses from gaming and fundraising events 6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	[
	1	line 6c)	• 6d				
	7a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule O)	. 8	-0 120			
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	12, 130			
	10	Grants and similar amounts paid (list in Schedule O)	. 10	10, 107			
_	11	Benefits paid to or for members	. 11				
9	g 12	Salaries, other compensation, and employee benefits					
Š	2 13	Professional fees and other payments to independent contractors	. 13				
T	14	Occupancy, rent, utilities, and maintenance	. 14	0 51 00			
Ц	- /0	Printing, publications, postage, and shipping . Other expenses (describe in Schedule O) . STATE . FILING FEE	. 15	2,288			
	16	Other expenses (describe in Schedule O) . 577/12 . P. 27/10	. 16	100			
_	17	Total expenses. Add lines 10 through 16	▶ 17	72,495			
4	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		<3637			
d	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wi	1 - 3 .1-2	244 222			
Š	ζ	end-of-year figure reported on prior year's return)	<u></u>	360, 233			
Mot Accote	20	Other changes in net assets or fund balances (explain in Schedule O)		- O -			
_	21_	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	299,870			
	D	work Paduation Act Notice see the congrete instructions. Co. No. 10540		Form 990-F7 (2016)			

Pai	·	•				,
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
	Oneth produces and business and		-	(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments		· · · · · · <u>}</u>	300,233		299, 870
23 24	Other assets (describe in Schedule O)				23	<u> </u>
25	Total assets		<i>.</i>	300, 233		299.870
26	Total liabilities (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·			26	71,010
27	Net assets or fund balances (line 27 of column		n line 21)	300.233	27	299.870
Par		-		Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	(Pos	Expenses
What	is the organization's primary exempt purpose?					ured for section (3) and 501(c)(4)
as m	ribe the organization's program service accompli easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the	f its three largest p e services provided	rogram services, I, the number of	orgar other	nizations, optional for s.)
28	SEE ATTACHED ANNUAL REA	POILT FOR	DISBORSET	NENIS		70,107
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	28a	
29						
	(Grants \$) If this amount	includes foreign gra	note obook boro		29a	
30	Icians 4) ii tiis amount	includes foreign gra	ints, check here .	· · · <u> </u>	294	
		includes foreign gra	ints, check here .	<u> ▶ □ </u>	30a	
31	Other program services (describe in Schedule O)				.	
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra	ints, check here .	· · · P 📙	31a 32	70 107
Pari						tions for Part IVI
	Check if the organization used Schedule					
,	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and) ot	Estimated amount of her compensation
I	OE KOTLIN				1	_
	XECUTIVE DIRECTOR	3.0	0	0		<u>み</u>
<i>!</i>	THN MORRISON	100			1	0
	BOARD WEMBER	0.3	0	0	+-	
	BOARD MEMBER BOAROMEMBER	0.2	0	0		O
	JOHN SCHMADER	0.2	0	0		0
	BOARD MEMBER PAT KEOPPLINGER					
	BOARD MEMBER SENE MOLNAR	0.2	0	0		0
	PRESDENT	0.2	0	0		0
	PRESPENT SAM PARATOR BOARDMEMBER	0,2	0	0		0
	BOARDMENIBEIZ	0,0		 		
					_	
					1-	
					+	
		1	ı	1	1	

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			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rait	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	163	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
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		X
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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] [37a]	37b 38a		
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b 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		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► OHIO			
42a	The organization's books are in care of ▶ \(\sum_{OF} \) \(1235
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	20		No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	 -	\times
	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		X
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		X
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	<u></u>	X
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		X

							Yes' No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political c complete Schedule C	ampaign activities or Part I	n behalf of c	ir in opposit	tion 46	
Part '			<u> </u>	_ · · · ·		. 46	
	All section 501(c)(3) organization		stions 47-49b and	52, and co	omplete th	e tables f	for lines
	50 and 51.	·		ŕ	,		
	Check if the organization used Sc	hedule O to respond	to any question in	this Part Vi	<u> </u>	<u> </u>	🗆
							Yes No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election	•	_	tax 47	
48	Is the organization a school as described in						
49a	Did the organization make any transfers t						+
ь 50	If "Yes," was the related organization a se						
50	Complete this table for the organization's employees) who each received more than						
	omproyects, who can't received more than				h benefits,	e, criter i	10116.
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans	s to employee , and deferred ensation		ed amount of mpensation
	NONE						
				<u> </u>			
		<u> </u>		 			
	•						
				 			
					į		
f	Total number of other employees paid ov	er \$100,000	. ▶				
51	Complete this table for the organization \$100,000 of compensation from the organization			contractor	s who each	ı received	more than
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)) Compensati	ion
	NONE						
-	***************************************						
					 		
	· · ·						
d	Total number of other independent contra	actors each receiving	over \$100,000	>			
52	Did the organization complete Schedu	ıle A? Note: All se	ction 501(c)(3) orga	anizations n	nust attach		_
	completed Schedule A		<u> </u>			.► X Yes	
	enalties of perjury, I declare that I have examined this i rect, and complete Declaration of pregarer (other than					nowledge and	d belief, it is
	he battent						
Sign	Signature of officer			L Dat	te		
Here	JOE KOTZIN E	KECUTIVE DI	DECTOR		5.3	201	7
	Type or print name and title #	<u> </u>			(C)		
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check	If PTIN	
Prepa	arer	<u> </u>			self-emplo		
Use (Only Firm's name >				m's EIN ▶		
May th	Firm's address ► ne IRS discuss this return with the prepare	r shown above? Sec.	netructione	Pho	one no	▶ ∇h v /~ -	
.v.uy ui	io into diodado uno returri with une prepare	31,0441, 40040; OEE I				Yes	s ∐ No

Form 990-EZ (2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2016

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Department of the Treasury Internal Revenue Service ► 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.

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Name of the organization Employer identification number ONE FUND 34-1117528 HULORA 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). 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: 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 33½% 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 b 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (v) Amount of monetary (i) Name of supported organization (iv) Is the organization (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E) Total

,	L. A (5 000 or 000 E7) 2016				216-11	17528	Page 2
Part	le A (Form 990 or 990-EZ) 2016 Support Schedule for Organiza (Complete only if you checked the)(A)(iv) and 1	70(b)(1)(A)(v	i)
	Part III. If the organization fails to						
Secti	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.")	70,481	74,067	154,0%	89,413	72,100	460,142
—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	70,481	74,000	154,086	89,413	72,100	460,142
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						460,142
	on B. Total Support		,			,	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	70,481	74,062	154,086	89,413	72,100	460,142 2,563
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,263	68	116	4,084	32	2,563
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						462,705
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Cooti	organization, check this box and stop he on C. Computation of Public Support			· · · · ·	· · · · ·	· · · · ·	· · · · <u> </u>
14	Public support percentage for 2016 (line			11 column (fl)		14	99.4 %
15	Public support percentage from 2015 Sc	• • • • • • • • • • • • • • • • • • • •	•			15	98.4 %
16a	331/3% support test-2016. If the organ	ization did not	check the bo	x on line 13, ar	nd line 14 is 3		
	box and stop here. The organization qua						
b	331/3% support test—2015. If the organ this box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		> 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts "facts-and-circ	s-and-circumst cumstances" te	ances" test, chest. The organi	neck this box zation qualifie	and stop here s as a publicly	e. 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 th meets the "fac	ne "facts-and- ts-and-circum	circumstances stances" test	" test, check The organizat	this box and ion qualifies a	stop here.
18	Private foundation. If the organization d instructions	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, ched	ck this box and	l 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.)

Secti	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.")				<u> </u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	.1					
	furnished in any activity that is related to the	NA					
	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	ł		1	1		
	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		1				
6	Total. Add lines 1/through 5				 	 	
7a	Amounts included on lines 1, 2, and 3	<u> </u>	ļ				
	received from disqualified persons						
b	Amounts included on lines 2 and 3					<u> </u>	
-	received from other than disqualified						
	persons that exceed the greater of \$5,000	-				1	
	or 1% of the amount on line 13 for the year						<u> </u>
С	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from						
	line 6.)		P. W. S. P. S. D. J.	學工作學學學	中的過程的	THE RESERVE	
	on B. Total Support	1 1 2 2 2 2 2	# N 2010	4 > 0044	(1) 0045	() 0040	(O.T.)
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	<u> </u>		 		 	
10a	Gross income from interest, dividends, payments received on securities loans, rents,	NA					
	royalties and income from similar sources	I V J H					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1	}	1	1	1	
	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						
12	(Explain in Part VI.)		 	 	 	 	
13	and 12.)				1		
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d. third. fourth	n, or fifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Support						=
15	Public support percentage for 2016 (line	8, column (f) d	ivided by line 1	3, column (f))		15	%
16_	Public support percentage from 2015 Sc			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016	•	· ·	-			%
18	Investment income percentage from 2019					18	<u> </u>
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box	-	_	-	-	_	
b	331/3% support tests—2015. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	·=	_	· · ·			
	a.c regregation, it also digatization ut		207 OH 1110 14	. 100. UI 10D. L	.,, UIIO DUA	COLUMN TO THE TANK THE	

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.)

Sect	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 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	1	1	
2	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)	30		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	1	
40	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		
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.			
5 0		4c	1	
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).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		}
U	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	-	-	
ou.	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		
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	34		 -
-	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30	 	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		
	below, the governing body of a supported organization?	11a		
	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 .	11b		<u> </u>
	on B. Type I Supporting Organizations	1110]	L
	5.1 2.1 Typo 1 Oupporting 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		ļ
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		<u> </u>
Section	on C. Type II Supporting Organizations			L
	71 11 0 0		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		Ì	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_		L
Section	on D. All Type III Supporting Organizations		1.7	T
_	Delilion and the second of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	j		
	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		
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.			
Sootie	on E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	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.		ot= 10t	ional
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s ec iri	Struct	
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	j		
	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, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ł		
	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	ļ		
	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 of the supported organizations? If "Yes," describe in Part V the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	•
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 Recovenes 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		(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 int	tegrated Type III support	ing organization (see

	art V Type III Non-Functionally Integrated 509(a ection D - Distributions 1 Amounts paid to supported organizations to a supported organizations to a supported organizations.			
	Amounts paid to supported organizations to accomplis Amounts paid to perform activity that directly for the support of the support o	sh exempt purposes		Current Yea
	organizations in except of in	exempt nurnoses of	ported	+
	Additionality expenses paid to	·		
	Amounts paid to acquire exempt-use assets Qualified set-goods	irposes of supported or	ganizations	
				
	Other distributions (describe in Part VI). See instruction Total annual distributions. Add III.	<u>a)</u>		
				
•	Distributions to attentive supported organizations to wh	:-1 11		
g	Distributions to attentive supported organizations to when the provide details in Part VI). See instructions.	ich the organization is re	sponsive	
10	Sistributable amount for 2016 from 0			
<u></u>	Line 8 amount divided by Line 9 amount			
,			7	<u> </u>
	Section E - Distribution Allocations (see instructions)	_ (i)	(ii)	(iii)
1		Excess Distributions	Underdistributions	Distributable
	Distributable amount for 2016 from Section C, line 6		Pre-2016	Amount for 2016
2	Original Indiano of any f			
	(reasonable cause required—explain in Part VI). See instructions.	1		
3		1		
а	Excess distributions carryover, if any, to 2016.			
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
<u>y_</u>	Applied to underdistributions of price			
	- Ppiled to 2010 distributable amanus			
	Carryover from 2011 not applied /			
	- This contract lines 30 3b and 0 t			
	The second secon			
	Section D, line 7:			
	applied to underdistributions of principle			
:	PPIOG IO ZUTO DISTRIBUTANTA			
	hernainder Subtract lines 42 and 45 t			**************************************
•	Cijidijilili Underdistributiona f			
a	iny. Subtract lines 3g and 4a from line 2. For result			
	STRUCTURE DISCONTINUE DE LA CONTRACTOR D			
a P	nd 4b from line 1. For result greater than zero, explain in			
ar	xcess distributions carryover to 2017. Add lines 3j			
	eakdown of line 7:			
"	CENTROWN OF line /:			
Ex	cess from 2013			
Ex	cess from 2014			
Ex	cess from 2015			
~~			· · · · · · · · · · · · · · · · · · ·	

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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