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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

Department of the Treasury Internal Revenue Service

 \blacktriangleright 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.

Open to Public Inspection

A F	or the	2016 calend	ar <u>year, or tax</u> <u>year beginning</u> January 1, 201	6, and ending	Dec	embe	r 31 , 20	16
В	Check if ap	plicable	C Name of organization		D Emp	loyer id	lentification numb	er
Address change			Evans Scholars Foundation - Ohio State		ł	3	6-2865967	
Name change			Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Tele	ohone n	umber	
	Initial retur	m n/terminated	1 Briar Road		Į.	(84	17) 724-4600	
$\overline{}$	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Gro	up Exe	emption	
\equiv	Application		Golf, IL 60029		Nur	nber I	30	26
G	Account	ing Method:	Cash	Н	Check	▶ 	if the organization	n is not
1 1	Vebsite	:► www.	wgaesf.org				ach Schedule B	
JT	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c)() ◄ (insert no) ☐ 4947(a)(1) or □527	(Form 9	90, 99	0-EZ, or 990-PF)
			☐ Corporation ☑ Trust ☐ Association ☐ Othe					
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if tota	l assets			
(Pa	rt II, colı	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	•	141958
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see the	instru	ctions	for Part I)	
			the organization used Schedule O to respond to any question					. 🗆
	1					1		
	2		ervice revenue including government fees and contracts			2		
	3	_	ip dues and assessments			3		141,208
	4	Investment				4	-	750
	5a	Gross amo	ount from sale of assets other than inventory 5	a		```		
	ь			b		1		
	С		ss) from sale of assets other than inventory (Subtract line 5b from	m line 5a)		5c		
	6		id fundraising events	,				
	a		ome from gaming (attach Schedule G if greater than					
Пe	İ		1	a				
Revenue	ь	Gross inco	me from fundraising events (not including \$	of contribution	 ns	1		
è	İ		aising events reported on line 1) (attach Schedule G if the	_				
_				ь				
	С	Less: direc	et expenses from gaming and fundraising events 6	ic		1		
	d		e or (loss) from gaming and fundraising events (add lines 6a	and 6b and su	btract	1 1		
		line 6c) .				6d		
	7a	Gross sale	s of inventory, less returns and allowances	'a				
	ь	Less: cost	of goods sold	b		1		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8		nue (describe in Schedule O)			8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9		141,958
	10		d similar amounts paid (list in Schedule O)			10		
	11	Benefits pa	aid to or for members			11		111,640
es	12	Salaries, o	ther compensation, and employee benefits			12		
Š	13	Profession	al fees and other payments to independent contractors			13		
Expense	14	Occupanc	y, rent, utilities, and maintenance			14		85,910
ũ	15		ublications, postage, and shipping			15		
	16	Other expe	enses (describe in Schedule O)			16		
	17	Total expe	enses. Add lines 10 through 16			17		197,550
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18		-55,592
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column					
AS		end-of-yea	ar figure reported on prior year's return)			19		66,606
ĕ	20		nges in net assets or fund balances (explain in Schedule O)			20		
Z	21		or fund balances at end of year Combine lines its through 20F			21		11,014
_								

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2016)

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Commis	550-22 (2010)					·9
Pa	t II Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to an		Part II		B) End of year
			<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·
22	Cash, savings, and investments		· · · · ·	66,606	23	11,014
23 24	Land and buildings				24	-
25	Total assets			66,606		11,014
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	66,606	27	11,014
Par	Statement of Program Service Accom	plishments (see th	e instructions for P	art III)		•
	Check if the organization used Schedule		ly question in this F	Part III	(Regu	Expenses ured for section
	t is the organization's primary exempt purpose?				501(c	:)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mans benefited, and other relevant information for ea	anner, describe the	its three largest preservices provided	ogram services, the number of	orgar other	nizations; optional for s)
28	ons benefited, and other relevant information for ea				<u> </u>	
20	Support for 71 Ohio State University Evans Scholars					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	28a	197,550
29						
					l	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				29a	
20	(Grants \$) If this amount				294	
30						
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
_	Total program service expenses (add lines 28a				32	197,550
Par	t IV List of Officers, Directors, Trustees, and Ke					
	Check if the organization used Schedule		(c) Reportable	Part IV		<u> L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to emplo		Estimated amount of ther compensation
Johr	ı Kaczkowski					
<u>Pres</u>	ident & CEO	0	0		0	
	ey Harrison					•
	or Vice President, Education	0	0		0	
	d Robinson	- o	o		٥	C
	rman e Brueggeman		<u>_</u>		-	
	f Financial Officer	-	l	,	ol_	
<u> </u>						
					\bot	
					-	·
					\dashv	
		-1		<u></u>		
_						
		_				

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		<u>, </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
55	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1 33	 	\ <u> </u>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	[Į.
	change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		1	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
	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,	35b		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1000	-	
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			
b		38a		✓
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.]		ĺ
	section 4911 \triangleright 0; section 4912 \triangleright 0; section 4955 \triangleright 0			į
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400		~
	on organization managers or disqualified persons during the year under sections 4912,	1		
	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			
	transaction? If "Yes," complete Form 8886-T	40e		
	List the states with which a copy of this return is filed ▶	406		
	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b			Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	42b		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			1
	Financial Accounts (FBAR).]	ı
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		1
	If "Yes," enter the name of the foreign country: ▶			
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		¥- 1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			_ <u>`</u>
	completed instead of Form 990-EZ	44b		√
	Did the organization receive any payments for indoor tanning services during the year?	44c	\Box	√
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an evaluation in School 10.00			
	explanation in Schedule O	44d		-,
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		}	
	Form 990-EZ (see instructions)	45b		1

Form **990-EZ** (2016)

46 i	Did th	ne organization engage, directly or in	directly in political c	ampaign activities (nn hehalf of	or in annoes	tion	res	NO
		ndidates for public office? If "Yes," o						<u> </u>	7
Part V		Section 501(c)(3) organizations							<u></u>
	_ ,	All section 501(c)(3) organization	s must answer que	stions 47–49b an	d 52, and	complete th	e tables fo	or line	es
		50 and 51.							_
		Check if the organization used Sch	nedule O to respond	to any question in	this Part \	<u>/l</u>			
								Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec		ct during the	tax . 47		1
		organization a school as described in		•			. 48		1
		ne organization make any transfers to							1
		s," was the related organization a se						L	!
		plete this table for the organization's byees) who each received more than							
	empic	byees) who each received more than	 	,		alth benefits,	e, enter iv	one.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit pla	ons to employee ns, and deferred pensation	(e) Estimate other com		
NONE				 	-			·	
11311351					_				
									
				}	- {				
				 					
				Ì					
	Total	number of other employees paid ov	er \$100.000				L		
		olete this table for the organization			nt contract	- ors who eacl	h received	more	a than
		,000 of compensation from the orga			in oomiaoi	0.0 11.10 000.	. 10001100	111010	o triari
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c) Compensati	on	
				(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				4					
				 		- 			
NONE				1					
				 		- 			
				1					
				1					
				}					
d	Total	number of other independent contra	actors each receiving	over \$100.000 .	.▶				
		the organization complete Schedi	~		ganizations	must attac	h a		
		oleted Schedule A			<u></u>		.► ✓ Yes		No
		of perjury, I declare that I have examined this					nowledge and	d belief	f, it is
true, corr	rect, an	d complete Declaration of preparer (other that	n officer) is based on all inf	ormation of which prepar	er has any kno				
O!		July (8)					20.7		
Sign Here		Signature of officer	-1 065			Date			
пеге	- }	Steve Brueggeman, Chief Financia Type or print name and title	al Officer						
De:-		Print/Type preparer's name	Preparer's signature		Date	Check	7 FTIN		
Paid	orer.					self-empl			
Prepa Use C		Firm's name ▶				Firm's ElN ▶			
		Firm's address ▶				Phone no.			
May th	e IRS	discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes	. 🗆	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2016

Open to Public Inspection

Marrie	of the organization					Employer identification	ii iidiiiber
	ans Scholars Foundation - Ohio State Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
Par							ons.
	organization is not a private founda				-	•	
1	A church, convention of church	•					
2	A school described in section		· ·				
3	A hospital or a cooperative hos						
4	A medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state		,				
5	An organization operated for t		college or university	owned o	r operate	ed by a government	tal unit described in
	section 170(b)(1)(A)(iv). (Comp	olete Part II.)					
6	A federal, state, or local govern	ment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally	receives a subs	tantial part of its sup	port from	n a gover	nmental unit or fron	n the general public
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organiz			-	erated in	conjunction with a l	and-grant college
	or university or a non-land-gran	nt college of agr	iculture (see instruction	ns). Ente	r the nan	ne. citv. and state of	the college or
	university:	•	•	,		,	J. 1
10	☑ An organization that normally re	eceives: (1) more	e than 331/3% of its su	ipport fro	m contri	butions, membershi	p fees, and gross
	receipts from activities related	to its exempt ful	nctions—subject to c	ertain exc	ceptions.	and (2) no more that	n 331/3% of its
	support from gross investment acquired by the organization at	income and uni	related business taxal	ole incom	1e (less si molete Di	ection 511 tax) from	businesses
11	An organization organized and		-		•	•	
12	An organization organized and	•	•	-		• • • •	rn, out the nursees
	of one or more publicly suppo	•	•			•	
	Check the box in lines 12a through						
а	—	-	• • • • • • • • • • • • • • • • • • • •		-	•	
a	the supported organization						
	supporting organization. You					inc directors of trust	
b		-				upported organizate	an(a) by baying
U	control or management of t						
	organization(s). You must o				Persons	that control of man	age the supported
_		=			onnactio	a with and functions	ally intograted with
С	its supported organization(s						any integrated with,
4		•	· -				
d	Type III non-functionally in that is not functionally integ						
	requirement (see instruction						u an attentiveness
_		•	-				
е	Check this box if the organi functionally integrated, or T						ell, Type III
	• •	• •	•		-	1011.	
1	Enter the number of supported o Provide the following information	rganizations .	orted organization(s)				· · !
<u>y</u>						[63.6	4.5.4
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docui	ment?	instructions)	instructions)
				Yes	No		
				163	- -		
(A)					}		
		 -	 		 		
(B)							
			 		 		
(C)	ļ	1			{		
					 	 	
(D)	}			!	}		
							
E)							
					 		

Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked th						
	Part III. If the organization fails to						•
Section	on A. Public Support	- 1 1					
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						ı
	to or expended on its behalf						
3	The value of services or facilities						1
	furnished by a governmental unit to the organization without charge			}			}
	Total. Add lines 1 through 3						
4							
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly			l I	}		
	supported organization) included on			ď			İ
	line 1 that exceeds 2% of the amount		}	ŀ			
	shown on line 11, column (f)						<u> </u>
6	Public support. Subtract line 5 from line 4						<u> </u>
	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		}	 	<u> </u>		
8	Gross income from interest, dividends,		i	ł	1		
	payments received on securities loans, rents, royalties and income from similar			1	1		
	sources		1		ł	,	
9	Net income from unrelated business						
•	activities, whether or not the business]	1			
	is regularly carried on	}	}	1		}	1
10	Other income. Do not include gain or						
	loss from the sale of capital assets	}			}		
	(Explain in Part VI.)	Ĺ		<u> </u>	<u> </u>		<u> </u>
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	1		l
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		n's first, secor	nd, third, fourtr	n, or fifth tax y	ear as a section	in 501(c)(3)
Sooti	on C. Computation of Public Suppo			· · · · · · · · · · · · · · · · · · · 			
14	Public support percentage for 2016 (line			11 column (f)		14	%
15	Public support percentage from 2015 Sc		-			15	
16a	331/3% support test—2016. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2015. If the organ	ization dıd not	check a box	on line 13 or 16	a, and line 15	is 331/3% or m	nore, check
	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						
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization supported organization				-		
18	Private foundation. If the organization d						
	instructions		JUN OIT III O TO	.,		sino son and	• 🗇

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						
	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.")	99700	182344	190290	162739	141208	776281
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the		1			į	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		}	1			
	to or expended on its behalf						
5	The value of services or facilities		1		j	j	
	furnished by a governmental unit to the					}	
	organization without charge						
6	Total. Add lines 1 through 5	99700	182344	190290	162739	141208	776281
7a	Amounts included on lines 1, 2, and 3					İ	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1	1			
	received from other than disqualified		j			ţ.	
	persons that exceed the greater of \$5,000		1	1		ł	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from		\			1. 建氯化剂	
	line 6.)	1		<u> </u>			776281
	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	99700	182344	190290	162739	141208	776281
10a	Gross income from interest, dividends,		ļ	}	}	}	
	payments received on securities loans, rents, royalties and income from similar sources.				1	[
	· ·	100	140	115	600	750	1705
D	Unrelated business taxable income (less section 511 taxes) from businesses	1		1	1		
	acquired after June 30, 1975			j	1	}	
_							4-0-
	Add lines 10a and 10b	100	140	115	600	750	1705
11	Net income from unrelated business activities not included in line 10b, whether	1	ĺ	1	Ì	1	
	or not the business is regularly carried on	j		}	}	}	
12	Other income. Do not include gain or						
	loss from the sale of capital assets	j	ļ	1	1		
	(Explain in Part VI.)	}	-	1	}	-	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	99800	182484	190405	163339	141958	777986
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2016 (line 8	3, column (f) div	ided by line 1	3, column (f))		15	99.78 %
16	Public support percentage from 2015 Sch	nedule A, Part I	II, line 15 .	<u> </u>	<u> </u>	16	99.85 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (line 10c, colum	n (f) divided by	y line 13, colun	n (f)	17	.22 %
18	Investment income percentage from 2015					18	.15 %
19a	331/3% support tests-2016. If the organi						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests - 2015. If the organiz						
	line 18 is not more than 331/3%, check this t		_		•	• •	=
20	Private foundation. If the organization dis	d not check a t	oox on line 14.	. 19a, or 19b, c	heck this box a	and see instruc	tions ▶ 🗍

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 Supporting Organizations

- 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.
- 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).
- 3a 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 satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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.
- 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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- **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**.
- 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

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Part	IV Supporting Organizations (continued)			
	and the second of the second o		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) below, the governing body of a supported organization?	11a		
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	1		
			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,	}		ľ
	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.			
Secti	on C. Type II Supporting Organizations	2		
<u>oeci</u>	on o. Type it 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			
	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		162	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 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	instru	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.	/na = '	nd	
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ins	Structi	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			
	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			
	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. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
,	of its supported organizations? If "Ves." describe in Part VI 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 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			1
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	ly in	tegrated Type III support	ng organization (see
instructions).	•		- - ,

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	<u>~~~</u>		
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızations			
4	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h 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					
_	Underdistributions, if any, for years prior to 2016					
2	(reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
_ u	Excess distributions carryover, it arry, to 2010.	 				
<u>b</u>	-		 	 		
	From 2013	 		 		
d	France 0014					
	From 2014					
f	Total of lines 3a through e			<u> </u>		
g	Applied to underdistributions of prior years					
h						
i	Carryover from 2011 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
С	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 3j and 4c.					
8	Breakdown of line 7:					
a	DISANGOWIT OF THE 7.					
<u>a</u>	Excess from 2013	 				
	Excess from 2014					
d	Excess from 2015					
	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.)