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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2016

OMB No 1545-1150

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	A F	or the 2	2016 calendar year, or tax year beginning January 1 , 2016, and ending	December	31 , 20 16
	Вс	heck if app	Discable C Name of organization D	Employer ide	entification number
		ddress ch	Evans Scholars Foundation - Minnesota	30	6-2865970
	∟ַ	lame char	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telephone nu	ımber
	=	nitial return	I1 Briar Road	(84	7) 724-4600
	=	inal return mended r	City or town, state or province, country, and ZIP or foreign postal code	Group Exer	mption
	=	pplication		Number •	3026
	G A	ccount	ng Method ☐ Cash ☐ Accrual Other (specify) ☐ H Che	eck 🕨 🗹 r	the organization is not
		ebsite:	The state of the s	•	ach Schedule B
	J Ta	x-exem	Products (chock only one)	orm 990, 990)-EZ, or 990-PF).
	K F	orm of	organization: Corporation Trust Association Other		
			5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
			ımn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	\$	59604
$S_{\mathcal{S}}$	Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins		
CANNED			Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>
Z		1	Contributions, gifts, grants, and similar amounts received		
fi		2	Program service revenue including government fees and contracts	. 2	
		3	Membership dues and assessments	. 3	59,604
2		4	Investment income	· 4	
Ę		5a	Gross amount from sale of assets other than inventory		
©		b	Less: cost or other basis and sales expenses	. 5c	
60	Revenue	6	Gaming and fundraising events	. 33	
2		a	Gross income from gaming (attach Schedule G if greater than	à	
2017			\$15,000)		
-		ь	Gross income from fundraising events (not including \$ of contributions		
		~	from fundraising events reported on line 1) (attach Schedule G if the		
	-	ŀ	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	act	
			line 6c)	· 6d	
		7a	Gross sales of inventory, less returns and allowances		
		b	Less: cost of goods sold		
		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
		8	Other revenue (describe in Schedule O)		
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9 . 10	59,604
		10	Grants and similar amounts paid (list in Schedule O)	. 10	42.241
	/ A	11	Benefits paid to or for members	. 12	42,241
	Se	12	Salaries, other compensation, and employee benefits	—	
	Expense	13 14	Occupancy, rent, utilities, and maintenance	. 14	90,482
	Ä	15	Printing, publications, postage, and shipping		30,402
	_	16	Other expenses (describe in Schedule O)		
		17	Total expenses. Add lines 10 through 16	. —	132,723
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	-73,119
	šets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree v		
	Ass		end-of-year figure reported on prior year's return)		84,593
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	
		21	Net assets or fund balances at end phyear Combinedines 18 through 20 -11/	▶ 21	11,474
	Eor	Daner	work Reduction Act Notice, see the separate instructions.		Form 990-EZ (2016)

09142017 09192017

05 OGDEN SERVICE CENTER

(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 employee benefit plans, and deferred compensation	(e) Estimated amount o other compensation
John Kaczkowski				
President & CEO	0	0	0	
Jeffrey Harrison				
Senior Vice President, Education	0	0	0	
David Robinson				
<u>Chairman</u>	0	0	0	
Steve Brueggeman				
Chief Financial Officer	0	0		
	ļ			
	-			

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	. L 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	103	√
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		1
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		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			_
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	20-		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	ļ		
40a	Gross receipts, included on line 9, for public use of club facilities	-		
40a	section 4911 ► 0; section 4912 ► 0; section 4955 ► 0	ļ		
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
C	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		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
h	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	NI-
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	NO ✓
	If "Yes," enter the name of the foreign country: ▶	,		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
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	· ·	.)	- 🗆
A A =	Did the appropriate material and department for the desired the common K W/ 7 Ferry 200		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		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	444		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 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 Form 990-FZ (see instructions)	45h		

								Yes	No			
		e organization engage, dırectly or in							.			
		ndidates for public office? If "Yes," c		, Part I	<u> </u>	<u>.</u> .	46	<u> </u>	✓			
Part V		Section 501(c)(3) organizations										
		All section 501(c)(3) organization:	s must answer que	stions 47-49b and	d 52, and	d complete th	ne tables	for lin	es			
	;	50 and 51.										
		Check if the organization used Sch	nedule O to respond	to any question in	this Parl	t VI			. 🗆			
		<u> </u>		<u> </u>		<u> </u>		Yes	No			
47	Did th	ne organization engage in lobbying	activities or have a	section 501/h) elect	on in eff	ect during the	tay	-	+			
		If "Yes," complete Schedule C, Part				oot daring the	. 47	,	1			
	-	•				· · · · ·	——————————————————————————————————————	_	 			
		organization a school as described in		·			. 48		↓ √			
		e organization make any transfers to					_		1			
		s," was the related organization a se					. 49		<u>. </u>			
		lete this table for the organization's										
	emplo	yees) who each received more than	\$100,000 of compe	nsation from the org	janization	. If there is nor	ne, enter '	'None.	"			
			(b) Average	(c) Reportable		lealth benefits,						
	(a)	Name and title of each employee	hours per week	compensation		itions to employee plans, and deferred		ated amo ompensa				
			devoted to position	(Forms W-2/1099-MIS		mpensation	other co	ompense	attori			
	-				+	<u> </u>	 					
		· · · · · · · · · · · · · · · · · · ·		 			 					
NONE												
							 					
	T-4-1		# 400 000				1					
		number of other employees paid over				. .						
51	Comp	plete this table for the organization'	s five highest comp	ensated independe	nt contra	ctors who eac	h receive	d mor	e than			
	\$100,	000 of compensation from the orga	inization. If there is no	one, enter "None."								
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	1 6	c) Compens	ation				
		·		, , , , ,			· ·					
NONE												
				1								
				 								
				4								
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶							
52	Did t	he organization complete Schedu	ıle A? Note: All se	ection 501(c)(3) or	nanızatıor	ns must attac	ch a					
				, , , ,	-		.▶ 7 Y	es 🗆	No			
			•			•						
		of perjury, I declare that I have examined this in dicomplete_Declaration of preparer (other than					KIOWIEUGE 8	" I'U DEIIE	ı, ı. ıs			
		Chara-	,			1.2/-	20.1					
C:						Data -	7017					
Sign		Signature of office				Date						
Here		Steve Brueggeman, Chief Financia	d Officer									
		Type or print name and title										
Paid		Print/Type preparer's name	Preparer's signature		Date	Check E	If PTIN	1				
	.ra=					self-emp						
Prepa		Firm's name ▶				Firm's EIN ▶	•					
Use (niy	Firm's address ▶				Phone no.						
N A Ale	o IDS	discuss this return with the prepare	r shown above? See	inetructions		LI HOHE HO.	▶ □ v	00 🗆	No			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20**16**

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.

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

Name of the organization **Employer Identification number Evans Scholars Foundation - Minnesota** 36 2865970 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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 331,8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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 (iii) Type of organization (iv) is the organization (ii) EIN (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E)

Part II

Joi loadi	3 / (, ago 🔤
Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and			, i			
	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			ļ		ļ	
	furnished by a governmental unit to the						
	organization without charge			ļ			
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)	ŀ					l.
6	Public support. Subtract line 5 from line 4					<u> </u>	
6 Section	on B. Total Support	ll	l	<u> </u>	JL	ب <u>ند</u>	l
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(5, 25.2		(5) 25 7 7	(4)	(0,20,0	(7)
8	Gross income from interest, dividends,			 			
•	payments received on securities loans,	}	}	j	ļ		
	rents, royalties and income from similar	ļ	<u> </u>				
	sources	{	{		Ì	İ	
9	Net income from unrelated business						
	activities, whether or not the business				1	Ì	Į
	is regularly carried on				i		
10	Other income. Do not include gain or						[
	loss from the sale of capital assets		<u> </u>				
	(Explain in Part VI.)				<u> </u>		Ĺ <u> </u>
11	Total support. Add lines 7 through 10			<u> </u>			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				· · · · ·		🏲 📋
	on C. Computation of Public Suppor			141 (0)			
14	Public support percentage for 2016 (line		•			15	<u>%</u>
15 16a	Public support percentage from 2015 Sci 331/3% support test—2016. If the organ						
104	box and stop here. The organization qua						
b	331/3% support test—2015. If the organ	·	•	-			
-	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2	•	• • • •	_			
174	10% or more, and if the organization me						
	Part VI how the organization meets the						
							▶ ┌
b	10%-facts-and-circumstances test—2						7a. and line
~	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization is						
	supported organization						
18	Private foundation. If the organization d	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	ck this box and	see
	instructions						▶ ┌

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	Section 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.")	138662	159156	158758	141019	59604	657199		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				_				
	furnished in any activity that is related to the		1			ľ			
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an		ļ	1		1			
	unrelated trade or business under section 513								
4	Tax revenues levied for the		ļ						
	organization's benefit and either paid		į						
	to or expended on its behalf								
5	The value of services or facilities		[1			
	furnished by a governmental unit to the								
_	organization without charge								
6	Total. Add lines 1 through 5	138662	159156	158758	141019	59604	657199		
7a	Amounts included on lines 1, 2, and 3				*]			
_	received from disqualified persons .	···							
b	Amounts included on lines 2 and 3		1		ĺ				
	received from other than disqualified persons that exceed the greater of \$5,000		}			}			
	or 1% of the amount on line 13 for the year	1	{	1	ļ	}			
С	Add lines 7a and 7b	0	0	0	0	0			
8	Public support. (Subtract line 7c from			-		· · · · · ·			
	line 6.)		:	-	7		657199		
Secti	on B. Total Support	 							
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
9	Amounts from line 6	138662	159156	158758	141019	59604	657199		
10a	Gross income from interest, dividends,		_		1				
	payments received on securities loans, rents,		ļ	ļ	ļ	ļ			
	royalties and income from similar sources .	53	35	3	5	o	96		
b	Unrelated business taxable income (less		į	ļ	Į	ļ			
	section 511 taxes) from businesses		į			l			
	acquired after June 30, 1975								
_	Add lines 10a and 10b	53	35	3	5		96		
11	Net income from unrelated business activities not included in line 10b, whether			Ì	i)			
	or not the business is regularly carried on			}	i				
12	Other income. Do not include gain or								
-	loss from the sale of capital assets				j	1			
	(Explain in Part VI.)					}			
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)	138715	159191	158761	141024	59604	657295		
14	First five years. If the Form 990 is for th	ne organization	's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)		
	organization, check this box and stop he			<u> </u>	<u> </u>	<u> </u>	· · > 🖸		
<u>Secti</u>	on C. Computation of Public Suppor								
15	Public support percentage for 2016 (line 8		-			15	99.99 %		
16	Public support percentage from 2015 Sch			·_ · · · ·		16	99.94 %		
	on D. Computation of Investment Inc				- (0)	7-2-1			
17	Investment income percentage for 2016 (17	.01 %		
18	Investment income percentage from 2015 331/2% support tests—2016. If the organization					18 ore than 331 <i>n</i> %	.06 %		
19a	17 is not more than 33 ¹ / ₈ %, check this box								
ь	331/2% support tests—2015. If the organiz								
D	line 18 is not more than 331,3%, check this t								
20	Private foundation If the organization di								

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.
- 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).
- **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?
- 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.**
- 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).
- B 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	V Supporting Organizations (continued)			
44	the the considering accepted a rift or contribution from any of the following accepted		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	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			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sacti	on C. Type II Supporting Organizations	2		
Secu	on c. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
	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		V	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	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		L
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	ction	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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(000 ID	ota iot	iona)
С	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity	(566 111		
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,	ł		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
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.	2:		
_		2b	استنان	
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	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 "Yes" describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (exp	ain in Part VI). See			
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	T					
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	ly in	tegrated Type III support	ing organization (see			
instructions).						

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
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 exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6	<u></u>		
10	Line 8 amount divided by Line 9 amount	, ,		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			·
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013		·	
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
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:			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
c	Excess from 2014			
d_	Excess from 2015			
<u>e</u>	Excess from 2016	<u> </u>	<u> </u>	L