

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



# **Short Form Return of Organization Exempt From Income Tax**

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

2016

OMB No. 1545-1150

Department of the Treasury

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

**Open to Public** Inspection

inter	nai neve	anue Service Information about 1 of in 550-LL and its instructions is at www.iis.gov/10/i							
A	For the	2016 calendar year, or tax year beginning , 2016, and ending			, 20				
В	Check if a	D Empl	loyer ide	ntification number					
	Address o	Love City Pan Dragons & Baby Dragons Youth Steel Orchestras, Inc.	66-0601485						
=	Name cha		E Telep	phone nu	mber				
75	Initial retu	IPO Rox 1537	ĺ	340	)-998-3726				
=	Amended	City or town, state or province, country, and ZIP or foreign postal code	F Grou	up Exen	nption				
=		on pending St John VI 00831-1537	Nun	nber 🕨					
G /	Accoun	ting Method:   Cash	Check !	<b>►</b> ② rf	the organization is not				
	Vebsite				ch Schedule B				
jΤ	ax-exer		•		-EZ, or 990-PF).				
		forganization: Corporation Trust Association Other							
		is 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	lassets						
(Par	rt II, col	lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$					
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions	for Part I)				
		Check if the organization used Schedule O to respond to any question in this Part I							
	1	Contributions, gifts, grants, and similar amounts received		1	24,619				
	2	Program service revenue including government fees and contracts		2	24,010				
	3	Membership dues and assessments		3	375				
,	4	Investment income		4					
	5a	Gross amount from sale of assets other than inventory		<del>                                     </del>					
	b	Less: cost or other basis and sales expenses							
	C								
	6	Gaming and fundraising events	100	0					
	а	Gross income from gaming (attach Schedule G if greater than							
Ō	"	\$15,000)	400						
<u> </u>	ь	Gross income from fundraising events (not including \$ 0 of contribution	423						
Revenue		from fundraising events reported on line 1) (attach Schedule G if the	15						
Œ	1	sum of such gross income and contributions exceeds \$15,000)   6b	202						
		Less: direct expenses from gaming and fundraising events 6c	267						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	otract	l					
	_	line 6c)	6d	450					
	70	Gross sales of inventory, less returns and allowances		ou	156				
	7a	Less: cost of goods sold	60						
	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0	7.					
	C	·	}	7c	60				
	8			8					
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	· •	<del></del>	25,210				
	1	Densite poid to ou for members		10					
"	11	Benefits paid to or for members	~·        }	11	1,000				
Ses	12	Salaries, other compensation, and employee beliefts	] ]	12					
Expenses	13	( )	·]· · }	13	19,945				
훘	14	Occupancy, rent, utilities, and maintenance		14					
ш	15	Printing, publications, postage, and shipping	.	15	567				
	16	Other expenses (describe in Schedule O)		16	5,271				
	17	Total expenses. Add lines 10 through 16	. ▶	17	26,783				
ş	18	Excess of (deficit) for the year (Subtract line 17 from line 9)	·	18	· <u>1,573</u>				
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		.					
Net Assets		end-of-year figure reported on prior year's return)		19	67,908				
9	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-1,078				
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. ▶	21	66,830				

Pa						
	Balance Sheets (see the instruction			<b>5</b>		
	Check if the organization used Schedu	ile O to respond to a	ny question in this	(A) Beginning of year	<del></del>	(B) End of year
22	Cash, savings, and investments		-	5,721	22	4,643
23	Land and buildings			3,721	23	4,043
24	Other assets (describe in Schedule O)			62,187	24	62,187
25	Total assets		[	67,908	25	66,830
26	Total liabilities (describe in Schedule O) .		<b>←</b>		26	
27	Net assets or fund balances (line 27 of columns and a second seco			67,908	27	66,830
Pal	t III Statement of Program Service According Check if the organization used Schedul	-		•	)	Expenses
Wha	t is the organization's primary exempt purpose?	<del></del>	<del></del>			quired for section
	cribe the organization's program service accom-	<del></del>				(c)(3) and 501(c)(4) inizations; optional for
	neasured by expenses. In a clear and concise				othe	• •
pers	ons benefited, and other relevant information for	<del></del>	<u> </u>			
28	After-school year-round Caribbean steel band; tea					1
	performances/mo. at community & cultural events	& private engagements	s; current members a	pprox. 20		
	(Grants \$ 0) If this amou	nt includes foreign gra	ente check hare	<b>N</b> [	28a	20 702
29	· · · · · · · · · · · · · · · · · · ·				200	26,783
						1
	(Grants \$ ) If this amou	nt includes foreign gra	ants, check here .	▶ 🗆	29a	
30						
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	(Grants \$ ) If this amou	nt includes foreign gra	note obook horo		30a	
31	Other program services (describe in Schedule C				304	<del> </del>
•	, ,	nt includes foreign gra			31a	, [
32	Total program service expenses (add lines 28	a through 31a)			32	26,783
1						
	t IV List of Officers, Directors, Trustees, and R		n one even if not com	pensated—see the in		
	List of Officers, Directors, Trustees, and M Check if the organization used Schedu		n one even if not com ny question in this	pensated—see the in		
	Check if the organization used Schedu	le O to respond to a	ny question in this (e) Reportable compensation	pensated — see the in Part IV	nstruc · · ·	ctions for Part IV)
		le O to respond to a	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	ctions for Part IV)
	Check if the organization used Schedu	(b) Average hours per week	ny question in this (e) Reportable compensation	pensated — see the in Part IV	ee (e)	ctions for Part IV)
Elain	Check if the organization used Schedu	(b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Elain	Check if the organization used Schedu (a) Name and title	(b) Average hours per week devoted to position	n one even if not coming question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (If not paid, enter -0-)	pensated — see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
	Check if the organization used Schedu (a) Name and title	(b) Average hours per week devoted to position	n one even if not coming question in this  (c) Reportable compensation  (Forms W-2/1099-MISC)  (If not paid, enter -0-)	pensated — see the in Part IV	ee (e)	Estimated amount of other compensation
Greg	Check if the organization used Schedu (a) Name and title  le C. Penn, President  lory Edward, Vice President	le O to respond to a  (b) Average hours per week devoted to position  12	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated — see the in Part IV	nstruc 	Estimated amount of other compensation
Greg	Check if the organization used Schedu (a) Name and title ne C. Penn, President	(b) Average hours per week devoted to position	n one even if not cominy question in this (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated — see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruc 	Estimated amount of other compensation
Greg	Check if the organization used Schedu (a) Name and title  ee C. Penn, President  eory Edward, Vice President  erine Lee, Secretary	le O to respond to a  (b) Average hours per week devoted to position  12  2	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated — see the in Part IV	o o	Estimated amount of other compensation  0
Greg	Check if the organization used Schedu (a) Name and title  le C. Penn, President  lory Edward, Vice President	le O to respond to a  (b) Average hours per week devoted to position  12	n one even if not comply question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated — see the in Part IV	o O	Estimated amount of other compensation
Greg Catho	Check if the organization used Schedu  (a) Name and title  le C. Penn, President  lory Edward, Vice President  erine Lee, Secretary  phine Edward, Co-Treasurer	le O to respond to a  (b) Average hours per week devoted to position  12  2	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated — see the in Part IV	nstruce	Estimated amount of other compensation  0
Greg Catho	Check if the organization used Schedu (a) Name and title  ee C. Penn, President  eory Edward, Vice President  erine Lee, Secretary	le O to respond to an  (b) Average hours per week devoted to position  12  2  2	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated — see the in Part IV	o o	Estimated amount of other compensation  0  0
Greg Catho	Check if the organization used Schedu  (a) Name and title  le C. Penn, President  lory Edward, Vice President  erine Lee, Secretary  phine Edward, Co-Treasurer	le O to respond to an  (b) Average hours per week devoted to position  12  2  2	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated — see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruce	Estimated amount of other compensation  0  0
Greg Catho	Check if the organization used Schedu  (a) Name and title  le C. Penn, President  lory Edward, Vice President  erine Lee, Secretary  phine Edward, Co-Treasurer  Monsanto, Co-Treasurer	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	n one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruc 	Estimated amount of other compensation  0  0 0
Greg Cathe Jose Ann I	Check if the organization used Schedu  (a) Name and title  le C. Penn, President  lory Edward, Vice President  erine Lee, Secretary  phine Edward, Co-Treasurer  Monsanto, Co-Treasurer	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	n one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	nstruc 	Estimated amount of other compensation  0  0 0
Greg Cathe Jose Ann I	Check if the organization used Schedu  (a) Name and title  The C. Penn, President  The Correctory Edward, Vice President  The Lee, Secretary  The Edward, Co-Treasurer  Monsanto, Co-Treasurer  Frett, Board Member	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Greg Cathe Jose Ann I	Check if the organization used Schedu  (a) Name and title  The C. Penn, President  The Correctory Edward, Vice President  The Lee, Secretary  The Edward, Co-Treasurer  Monsanto, Co-Treasurer  Frett, Board Member	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Greg Cathe Jose Ann I	Check if the organization used Schedu  (a) Name and title  The C. Penn, President  The Correctory Edward, Vice President  The Lee, Secretary  The Edward, Co-Treasurer  Monsanto, Co-Treasurer  Frett, Board Member	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Greg Cathe Jose Ann I	Check if the organization used Schedu  (a) Name and title  The C. Penn, President  The Correctory Edward, Vice President  The Lee, Secretary  The Edward, Co-Treasurer  Monsanto, Co-Treasurer  Frett, Board Member	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Greg Cathe Jose Ann I	Check if the organization used Schedu  (a) Name and title  The C. Penn, President  The Correctory Edward, Vice President  The Lee, Secretary  The Edward, Co-Treasurer  Monsanto, Co-Treasurer  Frett, Board Member	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Greg Cathe Jose Ann I	Check if the organization used Schedu  (a) Name and title  The C. Penn, President  The Correctory Edward, Vice President  The Lee, Secretary  The Edward, Co-Treasurer  Monsanto, Co-Treasurer  Frett, Board Member	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Greg Cathe Jose Ann I	Check if the organization used Schedu  (a) Name and title  The C. Penn, President  The Correctory Edward, Vice President  The Lee, Secretary  The Edward, Co-Treasurer  Monsanto, Co-Treasurer  Frett, Board Member	le O to respond to a  (b) Average hours per week devoted to position  12  2  2  1	h one even if not cominy question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)  0	pensated — see the in Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement 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	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO
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		1
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	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
	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	35c		1
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
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			_
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			-
39	Section 501(c)(7) organizations. Enter:	1		İ
а	Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities	]	•	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	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
	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			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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
	List the states with which a copy of this return is filed ▶			
		340-77		
	Located at ► PO Box 1314, St John VI ZIP + 4 ►	00831		
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 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 completed instead of Form 990-EZ	44b		1
đ	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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-EZ (see instructions)	45b		*

Form 990-	-EZ (2)	D16)						F	Page <b>4</b>
				<del></del>				Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," o							1
Part V		Section 501(c)(3) organizations		<del></del>					<del></del>
		All section 501(c)(3) organization 50 and 51.	s must answer que	estions 47-49b and	d 52, an	d complete th	e tables	for lin	es
		Check if the organization used Scl	nedule O to respond	to any question in	this Par	t VI	<u> </u>	<u></u>	. 🗆
								Yes	No
У	/ear?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	tli				tax . 47		1
		organization a school as described in					. 48		1
		ne organization make any transfers to							1
50 (	Comp	s," was the related organization a se plete this table for the organization's	five highest compen	sated employees (o	ther than	officers, directo		es, an	
	empi	oyees) who each received more than	\$100,000 of compe	nsation from the org		lealth benefits.	e, enter	None."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO	contribu	utions to employee plans, and deferred ompensation	(e) Esturnation other co		
none									
					+				
			<del> </del>	ļ <del></del>					
					-				
51 (	Comp	number of other employees paid over olete this table for the organization' 000 of compensation from the orga	s five highest comp	ensated independer	nt contra	ctors who each	ı received	d more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	ervice	(c)	Compensa	tion	
none									
	<del></del> -								
							<del></del>		
<b>d</b> T	otal	number of other independent contra	ctors each receiving	over \$100,000 .	, •				
		he organization complete Scheduleted Schedule A	le A? Note: All se	ection 501(c)(3) org	•		ı a .▶∐ Ye:	s 🗆 I	No
Under pen true, corre	alties ct, and	of penury, I declare that I have examined this red complete. Declaration of preparer other than	eturn, including accompan officers is based on all info	ying schedules and states ormation of which prepare	ments, and r has any kr	to the best of my kn lowledge	owledge an	d belief,	rt ıs
Sign	$\top$	Signature of officer	Der-			Date /			
Here		Elaine C. Penn, President				4/2	8/17		
		Type or print name and title				/			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-employ			
Prepai Use Oi		Firm's name ▶				Firm's EIN ▶	- · · · · · · · · · · · · · · · · · · ·		
	· · · y		_			1			

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Phone 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.

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Love City Pan Dragons & Baby Dragons Youth Steel Orchestras, Inc. 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). [7] 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 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 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part	(Complete only if you checked the						
	Part III. If the organization fails to						
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and			ļ			
	membership fees received. (Do not include any "unusual grants.")						
_	· · · · · · · · · · · · · · · · · · ·	55918	7818	30266	22484	25210	141696
2	Tax revenues levied for the organization's benefit and either paid			I	,	ł	
	to or expended on its behalf				_		_
2	The value of services or facilities	0	o	0	0	0	0
3	furnished by a governmental unit to the			ļ		ļ	
	organization without charge	10000	10000	10000	10000	10000	50000
4	Total. Add lines 1 through 3	65918	10000	10000	10000	10000	50000
	<del>-</del>	03910	17818	40266	32484	35210	191696
5	The portion of total contributions by			1	ļ		
	each person (other than a governmental unit or publicly	i		ļ	Į.		
	supported organization) included on		ļ			į	
	line 1 that exceeds 2% of the amount					İ	
	shown on line 11, column (f)			1	j	1	
6	Public support. Subtract line 5 from line 4						191696
	on B. Total Support	1				<del>_</del>	131030
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	65918	17818	40266	32484	35210	191696
8	Gross income from interest, dividends,						
	payments received on securities loans,				1	i	
	rents, royalties and income from similar		,		Ì		
	sources	o	o	o	o	0	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	o	o	o	o	o	0
10	Other income. Do not include gain or				7		
	loss from the sale of capital assets	ì	}	1	)	1	
	(Explain in Part VI.)	0	0	0	0		0
11	Total support. Add lines 7 through 10						191696
12	Gross receipts from related activities, etc.	•	•		1.	12	
13	First five years. If the Form 990 is for th	-	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	1 501(c)(3)
	organization, check this box and stop her			<u> </u>	<u></u>	<u> </u>	<u>· · ▶ □</u>
	on C. Computation of Public Suppor					441	
14	Public support percentage for 2016 (line 6		•	·	i-	14	<u>%</u>
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organiz					15	100 %
16a	box and <b>stop here.</b> The organization qual						
b	331/3% support test—2015. If the organization			-			
U	this box and <b>stop here.</b> The organization				•		•
170	•		, .,	•			
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me						
	Part VI how the organization meets the "I						
	organization			_	ation qualines	as a publicly :	anthorited
a.	<b>5</b>						
D	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization management of the organization or the organization of the organization of the organization or the organization of the organization or the organization or the organization of the organization or the organization of the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the or						
	supported organization		s-and-circums		ne organizatio	ni quaiiies as	
18	Private foundation. If the organization did				or 17b check	this box and s	see
		D., u L		, , , , , , , , , , , , , , , , , ,	o, i.e., oneon	box and s	

### 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>(b)</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						
	furnished in any activity that is related to the				ļ		
	organization's tax-exempt purpose			<u> </u>			
3	Gross receipts from activities that are not an		1	į			
	unrelated trade or business under section 513		<u> </u>				
4	Tax revenues levied for the		1	1			
	organization's benefit and either paid		ļ	1			
	to or expended on its behalf	. <u></u>					
5	The value of services or facilities						
	furnished by a governmental unit to the		}				
_	organization without charge		ļ	ļ			
6	Total. Add lines 1 through 5			<b></b>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		}				
	, , , , , , , , , , , , , , , , , , ,						
b	Amounts included on lines 2 and 3 received from other than disqualified		1	[			
	received from other than disqualified persons that exceed the greater of \$5,000					'	
	or 1% of the amount on line 13 for the year		[	ļ			
С	Add lines 7a and 7b	<del></del>		<del> </del>			
8	Public support. (Subtract line 7c from						
	line 6.)		<u> </u>	}			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				-		
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			İ			
	acquired after June 30, 1975			ļ	L		
_	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 (Explain in Part VI.)			·			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	i's first, secon	d, third, fourth	, or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her				-		• • • • • • • • • • • • • • • • • • • •
Section	on C. Computation of Public Support					<del></del>	<del>_</del>
15	Public support percentage for 2016 (line 8	, column (f) dı	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2015 Sch	edule A, Part	III, line 15 .	<u></u> .	<u></u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (li					17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organization not more than 331/3% check this bay a						
	17 is not more than 331/8%, check this box a						
Ь	331/a% support tests - 2015. If the organization 18 is not more than 331/a%, check this b						
20	Private foundation if the organization dis		-	•	•		

### 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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	/.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> when and how the organization made the determination.	3ь		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> 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 <b>Part VI</b> .	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	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 <b>Part VI.</b>	9c		
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.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

	· · · · · · · · · · · · · · · · · · ·			
Part	Supporting Organizations (continued)			
44			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)	ĺ	1	}
а	below, the governing body of a supported organization?	11a	1	
h	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	+	<u> </u>
	on B. Type I Supporting Organizations		<u>.                                    </u>	<u> </u>
			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	ļ		l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ		
	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	<del> </del>	<u> </u>
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 <b>Part</b> VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.		İ	
Sect	on C. Type II Supporting Organizations	2	<u> </u>	<u></u>
OCCU	on o. Type it oupporting organizations	<del></del> _	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.00	
-	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		}	ì
	the supported organization(s).	1		
Sect	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	'		l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ł
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u>                                   </u>	<u> </u>	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> hos	v		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	}	<b> </b>
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		<u> </u>
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	e 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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ty (see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	f	1	<u> </u>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	`		<u> </u>
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	1	
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a	ļ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more than a second account of the organization (a) the organization (b) the organization (b) the organization (b) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organization (c) the organizatio	e		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		}
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
9	•	2b	<del> </del>	<b> </b>
3 a	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		<del>                                     </del>	
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	" зь		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying						
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of pnor-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	ĺ					
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	<b></b>	(A) Pnor Year	(B) Current Year (optional)			
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 value of securities  b Average monthly cash balances	1b		<del>-  </del>			
c Fair market value of other non-exempt-use assets	1c		<del> </del>			
d Total (add lines 1a, 1b, and 1c)	10					
e Discount claimed for blockage or other	-	·				
factors (explain in detail in <b>Part VI</b> ):						
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,	Ť					
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	y int	tegrated Type III supporti	ng organization (see			
instructions).						

Part		s) Supporting Organi	zauons (continuea)			
Secti	on D - Distributions			Current Year		
1						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
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	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	r		(12)		
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					
g	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
j_	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					
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:					
а						
b	Excess from 2013					
C	Excess from 2014					
d	Excess from 2015					
е	Excess from 2016	<u> </u>				

D	Form 990 or 990-EZ) 2016 Page 1
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.)
•••••	
************	

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Love City Pan Dragons & Baby Dragons Youth Steel Orchestras, Inc.	66-0601485
Part I, Line 16, Other Expenses:	
Bank charges: \$142	
Equipment rental: \$350	
Truck registration/insurance/fuel \$628	
Travel/Travel Meals: \$1351	
	••••••
Equipment Repairs: \$1695	
Office Supplies: \$57	
Website: \$120	
Uniforms: \$928	
Total Line 16: \$5271	
Part II, Line 24, Other Assets:	
Instruments: \$47187	•••••
Parade Trolley: \$5000	
Truck/Other Equipment: \$10000	
Total Line 24: \$62187	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
Love City Pan Dragons & Baby Dragons Youth Steel Orchestras, Inc.	66-0601485
	***************************************
•	
***************************************	
	•••••
•	