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. 990-EZ

Department of the Treasury Internal Revenue Service

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)

➤ 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.

OMB No 1545-1150

2016

Open to Public Inspection

Α	For the	2016 calenda	ar year, or tax year beginning , 2016, and ending		, 20
B ☐	Check if ap Address cl		C Name of organization COLORADO NATIVE PLANT SOCIETY		dentification number he
H	Name cha	-		ephone r	
Ĭ	Initial retur	- 1	•	70-663-4085	
님		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	OUD Exe	emption
H	Amended Application		FORT COLLING OF SECOND	ımber	. '
G		ing Method	<u></u>		if the organization is not
	Website				tach Schedule B
					0-EZ, or 990-PF)
		organization	☑ Corporation ☐ Trust ☐ Association ☐ Other		
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s	
(Pa	art II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	> 5	\$
F	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instri	uction	s for Part I) 📠
		Check If	the organization used Schedule O to respond to any question in this Part I		
H	<u>~1</u>	Contribution	ons, gifts, grants, and similar amounts received	1	6,346
h	E 2	Program s	ervice revenue including government fees and contracts	2	38,816
h	23	Membersh	ip dues and assessments	3	20,773
h	4	Investment	t income	4	13,742
	5a	Gross amo	ount from sale of assets other than inventory . 5a		
	≶ b	Less cost	or other basis and sales expenses	7	
	C	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
Revenue	<u>⊊</u> 6	Gaming ar	d fundraising events	,	
	a a	Gross inc	ome from gaming (attach Schedule G if greater than	,	
	Z	\$15,000) .		ŀ	
er	₹ b	Gross inco	me from fundraising events (not including \$ of contributions	7	
ě	Q	from fundr	aising events reported on line 1) (attach Schedule G if the		
	S	sum of suc	th gross income and contributions exceeds \$15,000) . 6b] '	
	С	Less: direc	t expenses from gaming and fundraising events 6c		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	1	
		line 6c)		6d	0
	- 7a⁻	Gross sale	s of inventory, less returns and allowances	_1	
	b		of goods sold	2	
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8,589
	8	Other reve	nue (describe in Schedule O) .	8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	88,266
	10	Grants and	I similar amounts paid (list in Schedule O)	10	3,970
	11	•	aid to or for members	11	26,363
Expenses	12		ther compensation, and employee benefits in	12	0
Sus	13		al fees and other payments to independent contractors 🖟 .	13	27,201
ž	. 14		y, rent, utilities, and maintenance	14	0
Ü	15		ublications, postage, and shipping	15	5,279
	16		enses (describe in Schedule O) 🚾	16	4,481
	17		enses. Add lines 10 through 16	17	67,294
ţ	18		(deficit) for the year (Subtract line 17 from line 9)	18	20,972
se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		-	r figure reported on prior year's return)	19	239,816
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)	20	(480)
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	260,308

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)



Cat No 106421



e Pa	rt II	Balance Sheets (see the instructions f	or Part II)				
		Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u>.</u>
					(A) Beginning of year		(B) End of year
22	Cas	h, savings, and investments			229,163	22	254,742
23	Lan	d and buildings		[23	0
24		er assets (describe in Schedule O)			13,216		17,368
25		al assets			242,379	25	272,110
26		al liabilities (describe in Schedule O) .			2,563	26	11,802
27		assets or fund balances (line 27 of column	(B) must agree with	h line 21)	239,816		260,308
Par	t III	Statement of Program Service Accom			Part III)		
		Check if the organization used Schedule	•		,		Expenses
Wha	t is the	organization's primary exempt purpose?		vation of Colorado's			quired for section
			hanta far acab a	f its thus a largest in			(c)(3) and 501(c)(4) anizations, optional for
		ne organization's program service accomplised by expenses. In a clear and concise m				_	ers)
		enefited, and other relevant information for ea		e services provided	a, the humber of		,
28		ngs, Workshops, Classes, Field Trips, Field Stu		t conservation progr	ams for 900+		<u> </u>
<u>L</u> 20		pers throughout Colorado throughout the year	•		l l		
		ational & research speakers, meetings, field trip					1
9						00.	33,781
20		terly educational newsletter and weekly events	includes foreign gra		formation news	28	30,701
29		he latest research of Colorado native and rare p	-		· ·		
		ols, and plant conservation projects for 900+ m					
							0E 270
_	(Gran		includes foreign gra		▶	29	25,370
30		s given to researchers, authors and Colorado r					
	tne ed	ducation & conservation of Colorado's native a	nd rare plants, and tr	ne ecosystems that s	support them		
	(Gran		ıncludes foreign gra	ants, check here .	▶ □	<u>30</u> a	3,970
31	Other	program services (describe in Schedule O)					Ì
	(Gran	ts\$) If this amount	includes foreign gra	ants, check here	▶ 🗆	31	
_32	Total	program service expenses (add lines 28a t	hrough 31a) .		•	32	67,294
Par	t IV	List of Officers, Directors, Trustees, and Key				stru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		
			(b) Average	(c) Reportable	(d) Health benefits,	Π.,	
		hc (a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employe benefit plans, and		other compensation
			devoted to position	(If not paid, enter -0-)			,
Cha	rlie Tur	ner	6			T	
Co-l	reside	nt)	0	0
− Jan	Turner			 		+-	
Co-l	reside	nt	12	1 (o	0
Iren	e Shon	le	_			+	
Vice	Presid	ent	3			ol	0
Bav	ard Ewi	ing			 -	+	
	surer		3			اه	0
	ise Wils	son				-	
	retary		3		\	0	0
	-	e & Lenore Mitchell			<u></u>	" -	
	ctors	e a Lenore miterien	2	l ,			
_		n & Robert Powell		9	,	<u> </u>	0
			2				_
	ctors				<u> </u>	<u> </u>	0
		& Amy Yarger	2	ĺ			
	ctors	<u> </u>		()	0	0
	ica Sm	nith	2				
Dire			_)	이	0
Lind	a Smit	h	10			\top	
Con	tract A	dministrator	12	9,551		o	0
Jeni	nifer Bo	puselott		<u> </u>	 	+-	
Con	tract M	embership/Marketing Coordinator	10	17,100	ol	o	0
	da Kos			11,100		+-	
		orkshop Coordinator	2	1.348		0	0

Part				_	
•	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V . Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	1.0	-
	detailed description of each activity in Schedule O	33	L	1	- 1
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)	04		مر	
35a	·	34_		~	-
	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 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		./	h
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-00	ļ	_	_ =
b	Did the organization file Form 1120-POL for this year?	37b		1	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		·		ī
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1	h
39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	. "	` `	•	:
ээ a	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9				1
b	Gross receipts, included on line 9, for public use of club facilities				I I
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	,]]
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	h
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				[
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			٠	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
41	List the states with which a copy of this return is filed ▶ Colorado				_
42a	A057 Cottonwood Dr. Lovoland CO	970-66 805	3-408	5 	
b	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	Yes	No	-
	If "Yes," enter the name of the foreign country: ▶	720			-
	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		1	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		í	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year				-
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	Yes	No	•
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	<u></u>	ī I
С	Did the organization receive any payments for indoor tanning services during the year?	44b			
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	44d	~		•
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		/	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of				j !
	Form 990-EZ (see instructions)	45b		V	

Form 9	90-EZ (2016)					P	age '
						Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office?	ndirectly, in political d complete Schedule C	campaign activities on	behalf of or in opp	1		-
Part		s only s must answer que	estions 47–49b and	52, and complete			
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during t	he tax	Yes	No
48	Is the organization a school as described in		ii)? If "Yes," complete s		48	-	1
49a	Did the organization make any transfers t		•		. 49a		1
50 	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	five highest compen	sated employees (oth	nization. If there is r	ectors, truste	es, an	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defer compensation			
None							
							
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp	ensated independent	contractors who e	ach received	more	tha
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c) Compensat	ion	
None			-				
						-	
d	· · · · · · · · · · · · · · · · · · ·	_		>	0		_
52 	Did the organization complete Schedu completed Schedule A			nizations must att	ach a ►	; [] I	No
Under j	penalties of penury, I declare that I have examined this prect, and complete peclaration of preparer (other than	return, including accompar n officer) is based on all info	nying schedules and stateme formation of which preparer h	ents, and to the best of mas any knowledge	ny knowledge an	d belief,	ıt ıs
Sian	1 Duylod Com	ng		- may	12,20	2	
Sign Here		/		Date (/			
	Type or print name and title						

Preparer's signature

Print/Type preparer's name Denise C Wilson

Firm's name Wilson Associates, Inc.

Firm's address > 354316 Gap Rd, Golden, CO 80403

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

Paid

Preparer

Use Only

539015

84-1137516

303-642-0510

► ✓ Yes ☐ No

PTIN

Check If self-employed

Firm's EIN ▶

Phone no

Date

5-10-2107

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

		organization DO NATIVE PLANT SOCIETY					Employer identification 84-07	n number 34596
Par	t I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The c		nization is not a private founda A church, convention of churc A school described in section	hes, or associati	on of churches descr	ibed in s e	ection 17	'O(b)(1)(A)(i).	
	□ A	A hospital or a cooperative ho A medical research organization ospital's name, city, and stati	on operated in co	onjunction with a hosp	pital desc	cribed in s	section 170(b)(1)(A)	• •
	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.)							
6 7		A federal, state, or local gover An organization that normally described in <mark>section 170(b)(1</mark>)	receives a subs	stantial part of its sup				n the general public
8		A community trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II)			
9	C L	An agricultural research organ or university or a non-land-gra iniversity:	int college of agr	riculture (see instruction	ons) Ente	er the nan	ne, city, and state of	f the college or
10	r s a	An organization that normally eceipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un ifter June 30, 19	inctions—subject to c related business taxa 75 See section 509(a	ertain exc ble incon a)(2). (Coi	ceptions, ne (less si mplete Pa	and (2) no more tha ection 511 tax) from art III)	n 331/3% of its
11		An organization organized and	•		•			
12	c	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in secti	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а		Type I. A supporting organ the supported organization supporting organization Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of t		
b		Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same			
С		Type III functionally integ its supported organization	rated. A suppor s) (see instructio	ting organization opei ons) You must comp	rated in c lete Part	onnection IV, Secti	n with, and function i ons A, D, and E .	ally integrated with,
d	- C	Type III non-functionally that is not functionally integredurement (see instructionally)	grated The orga	inization generally mu	st satisfy	a distribi	ution requirement ar	
е		Check this box if the organ functionally integrated, or						e II, Type III
f g		ter the number of supported of supported of supported of the following information of the following inf		oorted organization(s)		•		
	(ı) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you docu	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

Schedule A (Form 990 or 990-EZ) 2016

Part	Support Schedule for Organiza	ations Descr	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>	ļ	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>				
	on B. Total Support					·	·
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
-13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her			<u> </u>	· ·	· ·	. ▶ 🗆
	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line 6					14	%
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi					15	<u>%</u>
100	box and stop here. The organization qual	ifies as a publ	icly supported	organization			Check this
b	331/3% support test—2015. If the organiz						ore check
-	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on .		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "organization	016. If the orga	anization did n	ot check a box ances" test, ch	k on line 13, 1 leck this box a	6a, or 16b, and and stop here .	d line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c ts-and-circums	circumstances" stances" test.	test, check	this box and s	stop here.
18	Private foundation. If the organization did	d not check a		 162 165 17a	or 17h aba-		. 🟲 📋
	instructions				, or 17b, cnec		see ► □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

C4:	on A Dublic Company	<u> </u>	oto notou bon	out, picaco oc	inproto i air i	••/	
	on A. Public Support	1.2010	#10010				
	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	40.400	22.22.	40.000		445	44.4.000
^	received. (Do not include any "unusual grants")	18,192	20,931	19,820	28,267	27,119	114,329
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,834	24,098	24,945	42,118	47,405	163,400
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	43,026	44,583	44,765	70,831	74,524	277,729
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				Ī		
b	Amounts included on lines 2 and 3			_			
	received from other than disqualified	ļ					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	5,000	5,000	5,000	5,000	5,000	25,000
С	Add lines 7a and 7b	5,000	5,000	5,000	5,000	5,000	25,000
8	Public support. (Subtract line 7c from		1	J. 425.00		5.63.513	
	line 6)	195	The state of the s	第八字数数			252,729
<u>Secti</u>	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	43,026	44,583	44,765	70,831	74,524	277,729
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,194	4,584	5,889	17,603	13,742	47,012
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_ C-	Add lines 10a and 10b	- 5,194	- 4,584	5,889	17,603	13,742	47,012
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.)				ę.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	48,220	49,167	50,654	88,434	88,266	324,741
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization					
Secti	on C. Computation of Public Suppo						<u>· · · · · - </u>
15	Public support percentage for 2016 (line			3 column (fl)		15	78 %
16	Public support percentage from 2015 Sc		-			16	77 %
	on D. Computation of Investment In			· · · · · · · · · · · · · · · · · · · 		1.0	., 70
	Investment income percentage for 2016		<u>=</u>	v line 12 colu-	on (fl)	17	15 %
17	Investment income percentage for 2016 Investment income percentage from 201			•	ın (i)) .	18	14 %
18	331/3% support tests—2016. If the organ				 ad line 15 is ∽		
19a	17 is not more than 33½%, check this box						
						-	
b	331/3% support tests—2015. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_	•	· -	· · · · · ·	

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.)

Secti	on A. All Supporting Organizations		132	
1	Are all of the organization's supported organizations listed by name in the organization's governing	F	Yes	No
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
За	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI 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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6 	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.	5c		
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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	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 I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	}	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	445		ال ا
h	A family member of a person described in (a) above?	11a 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		\vdash
	on B. Type I Supporting Organizations	L	L	
			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			1 1
	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,	ŀ		
	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	H		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Section	on C. Type II Supporting Organizations		134	
4	Maria a majamba of the average description of the discription		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			!
	or management of the supporting organization was vested in the same persons that controlled or managed	ŀ		
	the supported organization(s).	1		
Section	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	٠ ا		
	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			j i
	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			<u> </u>
	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		<u> </u>
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-	.	'
Section	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	
· a	The organization satisfied the Activities Test Complete line 2 below.		01,0,,,	٠,.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	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	Γ	163	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			;
	those supported organizations and explain how these activities directly furthered their exempt purposes,			!
	how the organization was responsive to those supported organizations, and how the organization determined			;
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	}		
	activities but for the organization's involvement	2b	-	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Ľ.	
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		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			tions A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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-functionall instructions).	y int	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	S) 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 organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
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.			
a				
b				
c	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)			
<u>j</u> _	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			
c				
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 .			
С	Excess from 2014 .			
d	Excess from 2015			
e	Excess from 2016 .			

Page	ł

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.)
•	