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## Form **990-EZ**

Department of the Treasury

# 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

		2 85 4 1 1964 4423V 1
A	For the 2016 calendar year, or tax year beginning , 2016, and ending	
7	Check if applicable Address change C Name of organization	nployer identification number
	Name change   Captain Bly's Educational Foundation   9	3-1187529
-	Number and street (or P O box, if mail is not delivered to street address)  Room/suite  E Te	elephone number
		509) 548-6393
	Amended return  City or town, state or province, country, and ZIP or foreign postal code	roup Exemption
		umber
G		If the organization is <b>not</b>
ı		attach Schedule B
<u> 1</u>	Tax-exempt status (trieck unity trie) — [25] 30 (to)() — 30 (to) (	990-EZ, or 990-PF)
K	Form of organization X Corporation Trust Association Other	
L	Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total	
	assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	.►\$ <u>8,602.</u>
Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructi	
	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 8,532. 2
	Program service revenue including government fees and contracts	3
		<u> </u>
	4 Investment income	4 70.
	5a Gross amount from sale of assets other than inventory	4
	b Less cost or other basis and sales expenses	4
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c
ь	6 Gaming and fundraising events	
R E	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
Ě	b Gross income from fundraising events (not including \$ of contributions	
Ü	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b	
) [	c Less direct expenses from gaming and fundraising events 6 c	
		SANSE
2	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d
ē 	7 a Gross sales of inventory, less returns and allowances	1.3
<b>)</b>	b Less cost of goods sold	1 4
3	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 8,602.
	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
E	12 Salaries, other compensation, and employee benefits	12
E X P	13 Professional fees and other payments to independent contractors	13
E N	14 Occupancy, rent, utilities, and maintenance.	. 14
S E S	14 Occupancy, rent, utilities, and maintenance	15 1,953.
s	16 Other expenses (describe in Schedule O)	16
	17 Total expenses. Add lines 10 through 16	17 1,953.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18 6,649.
A S.,	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
A NS E T T S	figure reported on prior year's return)	76,061.
'T S	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 82,710.
BA	A For Paperwork Reduction Act Notice, see the separate instructions.	Form 990-EZ (2016)



COLL	990-EZ (2016) Captain Bly's Ed	ducational Foundat	lon		93-11	87529 Page 2
Par	t If Balance Sheets (see the instr		# B 4#			П
	Check if the organization used Schedi	ule O to respond to any questi	on in this Part II	(A) D	·	· · · · · · · · · · · · · · · · · · ·
22.4	Cash, savings, and investments		-	(A) Beginning of		(B) End of year
	Land and buildings			76,0		
23	Other assets (describe in Schedule O)		L-	<del> </del>	0. 23	<del> </del>
24	Total assets		<u> </u>		0. 24	<del></del>
25			L-	76,0		
26	Total liabilities (describe in Schedule O).		La		0. 26	<del></del>
27	Net assets or fund balances (line 27 of co			76,0	)61, <b>27</b>	
Pal	t III	ccomplishments (see the ins	structions for Part III)			Expenses
Milhat	Check if the organization used Sche	edule O to respond to any que	suon in this Part III	<del></del>		guired for section 501
Doe	is the organization's primary exempt purpose? St	udent Educational	Grants	PD/ICDS 25		3) and 501(c)(4) anizations, optional
mea	inbe the organization's program service acci	nanner, describe the services	provided, the number	of persons		others)
	fited, and other relevant information for each	<del></del>				<del></del>
28	Provide students education	<u>n tuiton/grants – j</u>	<u>Various stude</u> r	<u>its_unrelat</u>	<u>.ed</u>	
					-	
	(Grants \$ 0.) If the	s amount includes foreign gra	nts, check here	<u> </u>	28 a	0.
29					4	
	72					
	(Grants \$ ) If the	s amount includes foreign grain	nts, check here	<u> •</u>	29 a	<u> </u>
30						
					- 🚽	
		s amount includes foreign gra			30 a	a
31	Other program services (describe in Sched					
		s amount includes foreign gra		<u>. ►</u>	31 a	a
	Total program service expenses (add lin				► 32	0.
Pa	t IV List of Officers, Directors,					
	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV.			<u> </u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	LONGIDUUONS LO	employee	(e) Estimated amount of
	1-7					V - 4
		position	(if not paid, enter -0-)	benefit plans, an compensa	d deferred ation	other compensation
Jol	n Dawson	position	(if not paid, enter -0-)	benefit plans, an compensa	d deferred ation	other compensation
	n Dawson	0.00	(if not paid, enter -0-)	benefit plans, an compensa	d deferred ation	other compensation
Din	rector		(if not paid, enter -0-)	compensa	ation	other compensation
<u>Dir</u> Jea			(If not paid, enter -0-)	compensa	ation	other compensation
Dir Jea Cha	mector nn Dawson	0.00	(If not paid, enter -0-)	compensa	0 .	other compensation
Di Jea Cha Dek	ector in <u>Dawson</u> irman	0.00	(if not paid, enter -0-)	compensa	0 .	O .
Dia Jea Cha Dek	ector nn Dawson urman obie McMahan	0.00	(if not paid, enter -0-)	compensa	0 . 0 .	O .
Dir Jea Cha Dek Cha Dev	mector In Dawson Ilrman Dble McMahan	0.00	(if not paid, enter -0-)	compensa	0 . 0 .	O .
Dir Jea Cha Dek Cha Dev Cha	mector  in Dawson  ilrman  ble McMahan  irman  wayne McMahan  irman	0.00 0.00 0.00	(if not paid, enter -0-)	compensa	0 . 0 .	O .
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Dir Jea Cha Dek Cha Cha Ann Cha Cha Lar	mector  in Dawson  ilrman  ble McMahan  ilrman  wayne McMahan  ilrman  ne Ostella  ilrman  we Winters  ilrman  iry Meyer	0.00 0.00 0.00 0.00 0.00	(if not paid, enter -0-)	compensa	0. 0. 0.	0 . 0 . 0 . 0 0 0 0 0
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Dir Jea Cha Dek Cha Cha Ann Cha Cha Lar	mector  in Dawson  ilrman  ble McMahan  ilrman  wayne McMahan  ilrman  ne Ostella  ilrman  we Winters  ilrman  iry Meyer	0.00 0.00 0.00 0.00 0.00	(if not paid, enter -0-)	compensa	0. 0. 0.	0 . 0 . 0 . 0 0 0 0 0

Form 990-EZ (2016) Captain Bly's Educational Foundation 93-118752	9	Pa	age 3
Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in	<u></u>		
the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			للن
33 L 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	Yes	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	33		Х
a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a 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)?	35 a		X
c 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	35 c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant	330		<u> </u>
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	المستخفظة		لُـــــــــــــــــــــــــــــــــــــ
b Did the organization file Form 1120-POL for this year?	37 b	6. 1 July 10	X
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	cimbilistus	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		7.4	,, .
39 Section 501(c)(7) organizations Enter			1
a Initiation fees and capital contributions included on line 9		ger.	
b Gross receipts, included on line 9, for public use of club facilities			
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
section 4911 , section 4912 , section 4955 , sectio	(g)	, A. S.	
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	40 b	ا گاه ده در سور	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			C as
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	- 1		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	-	<u> </u>	11:3
shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41 List the states with which a copy of this return is filed			
42 a The organization's			
books are in care of Larry Meyer Telephone no (509)  Located at 110 Park Ave Leavenworth WA ZIP+4 98826		639	3
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[	Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
If 'Yes,' enter the name of the foreign country			, , «
			`
	.	-	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1 1		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	***	X
If 'Yes,' enter the name of the foreign country			
		_	
43 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'	^ ∐	J
and enter the amount of tax-exempt interest received or accrued during the tax year		V	T N =
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	Γ	Yes	No
of Form 990-EZ	44 a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	-	<del>  ^</del>
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	44 d	<u></u>	<del> </del>
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	<del> </del> -	X
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)	45 b	<u> </u>	X
	orm 99	0-EZ (	

Form 990-E	Z(2016) Captain Bly's Educa	tional Foundat	ıon	93-118	37529 Page <b>4</b>
	ne organization engage, directly or indirectly dates for public office? If 'Yes,' complete So				Yes No 46 X
ParkVII	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		stions 47-49b and 5	2, and complete the	tables
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI	·	<u> </u>
	ne organization engage in lobbying activities lete Schedule C, Part II				Yes No
	organization a school as described in secti				<del></del>
	ne organization make any transfers to an ex s,' was the related organization a section 52		-		49a X
50 Comp emplo	olete this table for the organization's five hig oyees) who each received more than \$100,	hest compensated empl 000 of compensation fro	oyees (other than officer m the organization if the	s, directors, trustees and ere is none, enter 'None'	key
	(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None					
51 Com	number of other employees paid over \$100 plete this table for the organization's five hig sensation from the organization. If there is n	hest compensated inde	pendent contractors who	each received more thai	n \$100,000 of
	(a) Name and business address of each independent con		(b) Type	of service	(c) Compensation
None					
52 Did th	number of other independent contractors ene organization complete Schedule A? Note	e: All section 501(c)(3) o	rganizations must attach	<b>&gt;</b>	.► XYes No
Under penaltie	s of penjury, I declare that I have examined this return, inc	tuding accompanying schedules	and statements, and to the best	of my knowledge and belief, it is	.► XYesNo
true, correct, ai	nd complete Declaration of preparer (other than officery)s	s based on all information of white	on preparer has any knowledge		
Sign Here	Signature of officer  Larry Meyer  Type or print fame and title	ueze		Date Member 2 -	16-17
	Pnnt/Type preparer s name	Preprer's signature	Date 2   12	1 131 1	PTIN
Paid	Ashley Lannoye Firm's name ► Allstar Tax & A	ccounting LLC	naye   2/13/1		201490202
Preparer Use Only	Firm's address > 11 Spokane Stre			Firm's EIN ►	47-4952268
Movetha (C)	Wenatchee	m channel Control of	WA 98801	Phone no (50	
way the IR	S discuss this return with the preparer show	vn above? See instructio	ns		Form 990-EZ (2016)

#### 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

Name of	the organization					Employer Identifica	uon number	
	ain Bly's Educationa					93-118752		
Part	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	S.	
The or	ganization is not a private foundati	on because it is (For I	lines 1 through 12, check	only on	e box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	A school described in section	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))						
3	A hospital or a cooperative hos	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	A medical research organization name, city, and state	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						
5	An organization operated for the section 170(b)(1)(A)(iv). (Con	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	A federal, state, or local govern	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	An organization that normally in section 170(b)(1)(A)(vi).		part of its support from a	govemm	ental ur	nit or from the general pu	iblic described	
8	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)					
9	An agricultural research organ	ization described in se	ction 170(b)(1)(A)(ix) o	erated ii	n conjur	ction with a land-grant c	ollege	
	or university or a non-land-gra	nt college of agriculture	e (see instructions) Ente	r the nar	ne, city, 	and state of the college	or 	
10	An organization that normally in from activities related to its exemples and unrelated units and unrelated units and units of the section 5 and 1975. See section 5	empt functions—subjec ted business taxable ir	t to certain exceptions, a scome (less section 511)	nd (2) nd	more t	han 33-1/3% of its suppo	ort from gross	
11	An organization organized and		•	ee <b>sect</b>	on 509	(a)(4).		
12	An organization organized and or more publicly supported org	ianizations described ii	n section 509(a)(1) or se	ection 50	)9(a)(2).	See section 509(a)(3).	irposes of one Check the box in	
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	ion operated, supervisegularly appoint or elec	ed, or controlled by its si	ipported	organiz	ation(s), typically by giving	ng the supported tion. <b>You must</b>	
b	Type II. A supporting organiza management of the supporting must complete Part IV, Section 1	tion supervised or con						
C	Type III functionally integrat organization(s) (see instruction					functionally integrated w	ith, its supported	
d	X   Type III non-functionally inte functionally integrated The or instructions) You must comp	ganization generally m	ust satisfy a distribution i	connecti equirem	on with ent and	its supported organization an attentiveness require	n(s) that is not ment (see	
е	Check this box if the organization integrated, or Type III non-fund	ion received a written	determination from the IF	RS that it	ıs a Тур	oe I, Type II, Type III fund	ctionally	
f	Enter the number of supported on	ganizations						0
g	Provide the following information	about the supported or	ganızatıon(s)					
(	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions	)
				Yes	No			
		<del> </del> -		T ====	<del></del> -		<del> </del>	_
(A)				)				
<u></u>							<del></del>	_
(B)					L			
(C)								
(D)								_
(E)						<u> </u>		_
Total								

Schedule A (Form 990 or 990-EZ) 2016 Captain Bly's Educational Foundation 93~1187529

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked organization fails to qualify un	d the box on line 5, nder the tests listed	7, or 8 of Part I or below, please cor	if the organization nplete Part III)	failed to qualify un	der Part III If the	
Sec	tion A. Public Support	<b>,</b>					
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 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						
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						
Sec	tion B. Total Support					<del></del>	
Cale	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</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 carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	30 1				,, »» ·	
12	Gross receipts from related activit	ties, etc (see instru	ictions)			12	
13	First five years. If the Form 990 organization, check this box and						🔽
Sec	tion C. Computation of Pu	ıblic Support F	Percentage			<del>,,</del>	
14			<del></del>	1, column (f))		14	%
15	Public support percentage from 2	015 Schedule A, Pa	art II, line 14 · · ·			15	%
16a	33-1/3% support test—2016. If t and stop here. The organization	he organization did qualifies as a publi	not check the box	on line 13, and lin	ie 14 is 33-1/3% or	more, check this be	ox ► [
b	33-1/3% support test—2015. If the and stop here. The organization	ne organization did qualifies as a publi	not check a box or cly supported orga	n line 13 or 16a, ar inization	nd line 15 is 33-1/3	% or more, check th	nis box
17a	10%-facts-and-circumstances to or more, and if the organization methe organization meets the facts-	est-2016. If the or neets the 'facts-and and-circumstances	ganization did not -circumstances' te ' test The organiza	check a box on lin st, check this box a ation qualifies as a	e 13, 16a, or 16b, and stop here. Exp publicly supported	and line 14 is 10% blain in Part VI how l organization .	▶ [
b	10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and	neets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Exc	olain in Part VI how	the
18	Private foundation, If the organia	zation did not checi	k a hoy on line 13	16a 16b 17a or	17h check this box	and see instruction	ns ▶

Schedule A (Form 990 or 990-EZ) 2016 Captain Bly's Educational Foundation

[Pantill 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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	any 'unusual grants ')			1	ł		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
9	tax-exempt purpose				<del> </del>		
3	Gross receipts from activities that are not an unrelated trade or business under section 513			ļ.		ı	}
<b>4</b> 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
J	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
<i>7</i> a	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 persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6)			- 11	2	*****	V
Sec	tion 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				T	1	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fift	h tax year as a sec	tion 501(c)(3)	<b>.</b> []
Sec	tion C. Computation of Pu					<u> </u>	
15	Public support percentage for 201		•			}~	15 8
16	Public support percentage from 20				<u> </u>	<u> </u>	16 8
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•		•	• • •	<u> </u>	17 %
18	Investment income percentage from		•			_	18 8
	33-1/3% support tests-2016. If t is not more than 33-1/3%, check t	his box and <b>stop h</b>	ere. The organiza	ation qualifies as a	publicly supported	organization	<b></b> [_]
	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3%,	check this box and	stop here. The	organization qualifi	es as a publicly sup	oported organi	zation ▶ 🔲
20	Private foundation. If the organiz	ation did not check	a box on line 14	, 19a, or 19b, chec	k this box and see	instructions.	▶ 🗍

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting	<b>Organizations</b>
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- Are all of the organization's supported organizations listed by name in the organization's governing documents?
  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes, answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- g<sub>a</sub> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
Action (A)	133.	
	Yes	
1	X	
-3-		X
2	Z.	
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Par	t IV   Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	NO
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		X
b	o A family member of a person described in (a) above?	11b		Х
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b> .	11c		Х
Sec	tion B. Type I Supporting Organizations			
		(See )	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		X
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 VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		X
Sec	tion C. Type II Supporting Organizations			
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 <b>Part Vi</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes X	No
Sec	tion D. All Type III Supporting Organizations			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	**
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	
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	X	
Sec	tion 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 instruction	s).		
á	The organization satisfied the Activities Test. Complete line 2 below			
,	The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions)		
•	A hara Tara A array ( ) and ( ) balance		<u></u>	Γ.,
	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 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		ļ 	
	substantially all of its activities	2a	<u> </u>	ļ
١	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	71-		
	organization's involvement	2b	<del> </del>	<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		
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Par	t V.   Type III Non-Functionally integrated 509(a)(3) Supporting Org	janiza	uons	
1.	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in	Nov. 20 must co	0, 1970 (explain in Part VI	) <b>See</b> n E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0.	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	0.	
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	0.	
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
а	Average monthly value of secunties	1 a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1 c		
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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		0.
2	Enter 85% of line 1	2	6 ( 5 % ) 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	0.
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1 ten ( ) 1 1	
4	Enter greater of line 2 or line 3	4		0.
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		0.
7	Check here if the current year is the organization's first as a non-functionally integral (see instructions).	ted Typ	e III supporting organization	on

Schedule A (Form 990 or 990-EZ) 2016

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c Excess from 2014 . . .

d Excess from 2015

e Excess from 2016 .

Schedule A (Form 990 or 990-EZ) 2016

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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)