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| | | Check if | the organization use | d Schedule O to resp | ond to any que | stion | n this Part | ١. | | | <u>_</u> |
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| 144 | rt II Balance Sheets (see the instructions t | or Part II) | | | | |
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| | Check if the organization used Schedulo | | ny question in this l | Part II | | |
| _ | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | , | [| 120716 | | 114498 |
| ස | Land and buildings | | ., . | 10000 | 53 | 10000 |
| 24 | Other assets (describe in Schedule O) | | | | 24 | |
| 25 | Total assets | | | 130716 | 25 | 124498 |
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| 27 | Net assets or fund balances (line 27 of column | (B) must agree wit | h line 21) | 130716 | 27 | 124498 |
| | III Statement of Program Service Accom | | | | | |
| | Check if the organization used Schedule | | | | | Expenses |
| lhai | t is the organization's primary exempt purpose? | | 7.1 | | | Lined for section |
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| 822 | המותכם במאיפו והמיניסים ב"המותבה בעיל פתו בפותב" measured by expenses. In a clear and concise m | ರ ಗಮೂರಿಗಳು ಮಾರ್ಡಾಪ್ರ dt edonach, voore | id 129 jilisi eeris 27 7. Habiyata eerisaas e | the number of | othe | :25-0% (C) 0'3 '9'. '81 |
| | ons benefited, and other relevant information forces | | c services provided | , the number of | | |
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| 31 | Other program services (describe in Schedule O) | | | | 4 | 1 |
| ٠. | | | | * 11 | • | J |
| • | | र्गेष्ट्र संद् वेदान्त इक्केर्यकारे | ्रातिक क्षेत्रका स्थाप | > | 3าย | |
| | · - · | र्गेष्ट राष्ट्रकाटने उस्तर्गारकारो | ं स्थान प्रदर्श व जाते | . , | | 16426 |
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| Onviging to the state of the st | Total program service expenses (add lines 28a it IV 'List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Name and title (a) Name and title (b) Name and title (b) Name and title (c) Name and title (d) Na | hrough 31a) . Employees (hat eac O to respond to a O) Average hours for week devoted to position 10-12 hrs/wk 2-4 hrs/mo 10-12 hrs/wk 2-4 hrs/mo 10-12 hrs/wk 2-4 hrs/mo 4-6 hrs/wk 1-1 hrs/wk | h one even if not commy question in this (e) Reportable III. comparisativi (iforms W-2/1099-MISC) (if not paid, enter -0-) | pensated —see the in Part IV An IV Lead to benefits, contributions to employ benefit plans, and benefits plans, and benefits plans, and benefit plans, and benefit plans, and benefits of compensation. | 318 32 struct | 16426 chorns for Part IV) Feturnated aurount of other compensation |
| Onviging to the state of the st | Total program service expenses (add lines 28a it IV 'List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Name and title (a) Name and title (b) Name and title (b) Name and title (c) Name and title (d) Na | hrough 31a) . Employees (hat eac O to respond to a O) Average hours for week devoted to position 10-12 hrs/wk 2-4 hrs/mo 10-12 hrs/wk 2-4 hrs/mo 10-12 hrs/wk 2-4 hrs/mo 4-6 hrs/wk 1-1 hrs/wk | h one even if not commy question in this (e) Reportable III. comparisativi (iforms W-2/1099-MISC) (if not paid, enter -0-) | pensated —see the in Part IV An IV Lead to benefits, contributions to employ benefit plans, and benefits plans, and benefits plans, and benefit plans, and benefit plans, and benefits of compensation. | 318 32 struct | 16426 chorns for Part IV) Feturnated aurount of other compensation |
| Onviging to the state of the st | Total program service expenses (add lines 28a it IV 'List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Name and title (a) Name and title (b) Name and title (b) Name and title (c) Name and title (d) Na | hrough 31a) . Employees (hat eac O to respond to a O) Average hours for week devoted to position 10-12 hrs/wk 2-4 hrs/mo 10-12 hrs/wk 2-4 hrs/mo 10-12 hrs/wk 2-4 hrs/mo 4-6 hrs/wk 1-1 hrs/wk | h one even if not commy question in this (e) Reportable III. comparisativi (iforms W-2/1099-MISC) (if not paid, enter -0-) | pensated —see the in Part IV An IV Lead to benefits, contributions to employ benefit plans, and benefits plans, and benefits plans, and benefit plans, and benefit plans, and benefits of compensation. | 318 32 struct | 16426 chorns for Part IV) Feturnated aurount of other compensation |
| Onviging to the state of the st | Total program service expenses (add lines 28a it IV 'List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Name and title (a) Name and title (b) Name and title (b) Name and title (c) Name and title (d) Na | hrough 31a) . Employees (hat eac O to respond to a O) Average hours for week devoted to position 10-12 hrs/wk 2-4 hrs/mo 10-12 hrs/wk 2-4 hrs/mo 10-12 hrs/wk 2-4 hrs/mo 4-6 hrs/wk 1-1 hrs/wk | h one even if not commy question in this (e) Reportable III. comparisativi (iforms W-2/1099-MISC) (if not paid, enter -0-) | pensated —see the in Part IV An IV Lead to benefits, contributions to employ benefit plans, and benefits plans, and benefits plans, and benefit plans, and benefit plans, and benefits of compensation. | 318 32 struct | 16426 chorns for Part IV) Feturnated aurount of other compensation |

| om 9 | 90-EZ (2016) | | a | age 3 |
|--------------|--|------------------------|--------------|--|
| Parl | Other Information (Note the Schedule A and personal benefit contract statement requirements | in th | e | |
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | |
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provice a | | | |
| 94 | detailed description of each activity in Schedule O | 33 | ` | |
| 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 | | 10 |
| 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 | | |
| ¢ | 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 | 362 | , , | V |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| 27- | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 4 |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? | 37b | | |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 3,0 | Η. | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | |
| ь | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | , |
| Ç, | Soc to 1.50 (Id) Collegen ze to the Egypti |) | ì | • |
| | Initiation fees and capital contributions included on line 9 | 1 | İ | |
| | Gross receipts, included on line 9, for public use of club facilities Section 601(4)(2) account line 9. For public use of club facilities | ├ ′ | ` | |
| 44/2 | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ► | 1 | • | 1 |
| 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-EZ2 if "Yes," complete Schedule, L. Part I | 40b | | * |
| C | Section 501(c)(5), 501(c)(4), and 501 (c)(29) organizations. Enter amount of dix Tribused | } | ,- 1 | ŕ |
| | on-organization managers or disqual fied persons during the year under sections 4912, | ļ | ١, |] |
| _ | 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | ľ | | |
| u | 40c reimbursed by the organization | 1 | | ļ |
| 8 | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | } |
| | transaction? If "Yes," complete Form 8886-T | 40e | | 1 |
| 41 | List the states with which a copy of this return is filed | iti Kabu | e y z u | 474 |
| 4 2 8 | the ordanization a condition of the cond | 055 | 2269 | |
| h | Located at 2050 Novano Avenue Unit 102, Hondoru, Hawaii At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | , |
| - | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | 103 | 1 |
| | If "Yes," enter the name of the loreign country | - | - | - |
| | See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and | - | 1 | |
| | Financial Accounts (FBAR) | | | |
| ¢ | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | <u></u> | 1 |
| | If "Yes," enter the name of the foreign country." | | | F [] |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | and enter the amount of tax-exempt interest received or accross during the tax year | | Ves | -No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | 1 | 1 |
| | completed instead of Form 990-EZ | 440 | | ~ |
| ь | Old the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | 2 | · | |
| | completed instead of Form 990-EZ | AAD | <u> </u> | <u>' </u> |
| | Did the organization receive any payments for indoor tanning services during the year? If I Year to like the process to be processed to be a payment? If I have a payment of the payment | 44c | | 4 |
| đ | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 444 | ئــــا | ··· |
| 450 | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 44d 45a | - | 1 |
| b | | 7.561 | - | ▼ |
| ~ | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | _ | | 1 " |
| | Form 990-EZ (see instructions) | 45b | | * |
| | | | = | -20.3 |

| 46 | Did the organization engage, directly or in | ndirectly, in political c | ampaign activities on | behålf of or in oppos: | tion Yes | No |
|-----------------------------|--|--|--|---|-------------------------------------|-----------|
| | to candidates for public office? If "Yes," (| | , Part I | | 46 | • |
| art | All section 501(c)(3) organization 50 and 51. | s must answer due | | | re tables for line | es |
| | Check if the organization used Sci | hedule O to respond | to any question in the | nis Part VI | 134 | |
| 17 | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par | | section 501(h) electro | n in effect during the | tax Yes | No. |
| 8 9a | Is the organization a school as described in Oid the organization make any transfers to | o en exempt non-cha | ritable related organiz | | 48 49a | 1 |
| D Ý | # "Yes," was the eleted eigenizations es Complete this table for the organization's employees) who each received more than | five highest compen | sated employees (oth | | | d 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) Haalth benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amo: | |
| ONE | | | | | | |
| | | | <u> </u> | <u> </u> | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 51 | Complete this table for the organization \$100,000 of compensation from the orga- (a) Name and business address of each indepen- | inization If there is no | | | c) Componsation | |
| | | | | | | |
| ioni | | | | | | |
| ÖNE | | | | 1 | | |
| ioni | | | | | | |
| IONE | | | | | | |
| ioni | | | | | | |
| d | Total number of other independent contribution the organization complete Schedi | actors each receiving | | nizations must attac | . – – | |
| d 52 | Total number of other independent contra | actors each receiving the A? Note: All se | ection 501(c)(3) organ | nizations must attac | .► 🗹 Yes 🔲 | |
| d 52 nder ie, co | Tiotal number of other independent contribution the organization complete Schedule A penalties of perjury, I declare that I have examined this prect, and complete Declaration of prepalty (other the Signature of officer Devigna T Maedo, President | actors each receiving the A? Note: All se | ection 501(c)(3) organ | nizations must attac ents, and to the best of my k nea any knowledge | Yes □ to led believen. | r is |
| d 52 ign lere | Total number of other independent contributed the organization complete Schedule A penalties of perfuy, I declare that I have examined this prect, and complete Declaration of prepare (other than Signature of other Devignit T Maeds, President Type or print name and true | actors each receiving the A? Note: All se | ection 501(c)(3) organ | nizations must attacents, and to the best of my kind and the best of my kind and the best of my kind and the best of my kind and the best of my kind and the best of the best | unowledge and belief by 1 18 20 | r is |
| d 552 nder jue, co | Total number of other independent contribution the organization complete Scheducer Schedule A penalties of perjury, I declare that I have examined this prect, and complete Declaration of prepair (other the Signature of officer Devight T Maede, President Type or port name and trie | actors each receiving the A? Note: All so return including accompan offician is based on all info | ection 501(c)(3) organizing schedules and statem ormation of which preparer in | ents, and to the best of my knewledge 2 Date | unowledge and belief by 1 18 20 | r is |

SCHEDULE A (Form 990 or 990-EZ)

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.

2016 Open to Public

OMB No. 1545-0047

| Repartment of the Treasury Internal Revenue Service | ► information abou | | ch to Farm 990 or Farm m 990 or 990–EZ) and its | | nena hisaran | w.irs.gov/form990 | Open to Public |
|--|---|--|--|--|---|---|--|
| ame of the organization: | | | | | | Employer identification | n number |
| Shoomer - Care . | | | | | | | 196007942 |
| | | | organizations must | | | | ons |
| 1 A church, cor 2 A school desi 3 A hospital or | ivention of church cabed in section a cooperative hos | nes, or associati 170(b)(1)(A)(ii). spital service org | on of churches descr (Attach Schedule E (Fi ganization described in | bed in se om 990 i n section | oction 170 or 990-EZ n 1 70(b) (1) |)(b)(1)(A)(I).)) (A)(iii). | 09 |
| ar hospital's har | ne, city, and state | · | onjunction with a hosp | | | | |
| | b)(1)(A)(h), (Com) | • | | | | | |
| 7 An organizati | | receives a subs | imental unit described stantial part of its supi te Part II) | | | | n the general public |
| | | |)(1)(A)(vI). (Complete I | | | | |
| 9 ☐ An agricultura or university o | al research organi or a non-land-gra | ization described nt college of agr | d in section 170(b)(1)(noulture (see instruction | (A)(N) ope ans) Ente | erated in d ir the nami | conjunction with a l e, city, and state o | land-grant college f tne college or |
| receipts from support from acquired by t | activities related gross investment he organization a | to its exempt full tincome and un fter June 30, 19. | e than 33'rs% of its sunctions—subject to crelated business taxal 75. See section 509(e | ertain exc ble incom i)(2). (Con | ceptons, a ne (less se nplete Par | and (2) no more that ction 511 tax) from rt III) | in 331/296 of its |
| | | | sively to test for public | | | | |
| of one or mo | re publicly suppo | orted organizatio | sively for the benefit or insidescribed in section scribes the type of sup | on 509(a |)(1) or sec | ction 509(a)(2). Se | e section 509(a)(3). |
| the suppo | orted organization | (s) the power to | nsine Viset, el portir regularly appoint or e ste Pert IV, Sections | iect a ma | yonty of th | | |
| control or | management of | the supporting o | sed or controlled in co organization vested in IV, Soctions A and C. | the same | | | |
| | | | rung organization oper ons). You must comp | | | | ally integrated with, |
| | | | ים: בליהקים אי ימנות מו בליהקים אי ימנות | | | | والمهيط وبدور والمساير والمراد |
| that is no requireme | t functionally inte ent (see instructio | grated. The organish. You must o | anization generally mur complete Part IV, Sec | st satisfy stions A a | a distribut and D, am | tion requirement ar d Part V. | nd an attentiveness |
| e L Check the functional | is box if the organ Ify integrated, or 1 | nization received Type III non-fund | l a written determination otionally integrated sup | on from ti oporting (| ne IRS tha organizatio | it it is a Type I, Typ on | e II, Type III |
| f Enter the numb | per of supported (| organizations | ported organization(s). | · | | | |
| on aggue to erusin (i) | nci organization | (n) EIN | (iii) Type of organization (feet, - sec or (king 1 = 1) access (see) taken lasting | "Jested in you | | (v) Amount of monetary ルクロスクをも あないのはなる。 | (m) Amount of other bill poor (see |
| ,, ,, ,, , , , , , , , , , , , , , , , | | l | | Yes | No | | |
| (A) — — —— | | | | | | | |
| (B) | | | | | | | |
| (C) | | 1 | 1 | 1 | 1 1 | | |
| (0) | | ļ | ļ. <u></u> | | | | ļ |
| (E) | | | | | | | |
| Total | | THE BOX WITH | September 200 Se | 100 000 | F | | † |

| Part | Support Schedule for Organiza (Complete only if you checked the Part III if the organization fails to on A. Public Support | ne box on hr | ne 5, 7, or 8 of | Part I or if th | e organizatio | n failed to our |) alify under |
|----------|--|---|--|--|--|------------------------------------|---|
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| ſ | Girs, grans, contributions, and membership fees received (Do not include any "unusual grants") | | | | 19,20.5 | | () 1021 |
| 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 arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguinzation without the arguing the ar | | | | 1 | | *************************************** |
| 4 | Total. Add-lines it through 3 . | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) uncluded on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | 3 4 - 11 25 | _ E - 12 } } | | - **, | |
| € | Public support Substactine 3 for grad4 | | | | , | | |
| | on B. Total Support | <u> </u> | | | | <u> </u> | |
| | dar year (or fiscal year beginning in) Amounts from line 4 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources | | | | | | |
| c | Let not refer to a stated dusiness activities, whether or not the business is regularly carned on . | 1 | | | | | |
| 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. | (see instruct | | (3 | - , -, 4 | 12 | |
| ~ | Charles Angle - Angle - Angle Court - 1975 by the first | | | eī, mireī, mileni | , and the folk yo | ಡ್ಯಾಂತರ ಬಂದ್ಯಂ | ′. ' <u></u> |
| land. | organization, check this box and stop he on C. Computation of Public Suppor | | · · · · · | | <u>:</u> | | |
| 14 | Public support percentage for 2016 (line | | | 1. column (fi) | | 14 | % |
| 15 | Public support percentage from 2015 Sci | | " - | ., | • | 15 | % |
| | 33^{4} n% support test -2016 . If the organization quality and stop here. The organization quality | zation did no idles as a pub | it check the bookied | organizajion | | 3'/3% or more, | check this |
| b | 33'ల% support test—2015. If the organi ాక సింగ జార్జ్ జీలా కాణ్ స్ట్రేజ్ రాగ్లక్ సహానా | zation did no इ.उ.६५७ स्ट. ह | t check a box o | n line 13 or 1€ >∿re⇔უ≎າຂອາ | ia, and line 15 | is 331/a% or m | |
| | 10%-facts-and-circumstances test - 2 10% or more, and if the organization me Part VI how the organization meets the organization | 016. If the on sets the "fact facts-and-cir | ganization did n s-and-circumst cumstances" te | of check a bo ances" test, cl st. The organi | x on line 13, 1 neck this box a zation qualifies | and stop here. Is as a publicly | Explain in supported |
| b | 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization in coorded organization in coorded organization. | ition meets t neets the "fa | he "facts-and-c cts-and-circum: | encumstances stances test. | " test, check The organizati | this box and s on qualifies as | a publicly |
| 18 | Private foundation, if the organization di instructions | | | , 16a, 16b, 17a | | k this box and | see . ▶ [] |
| | | | | | Sch | edula A (Form 99) | or 960-EZ) 2016 |
| | | | | | _ | | |

| | If the organization fails to qualify | under the tes | ts listed belo | w, please cor | npiete Part II | .) | |
|----------|--|--|--|--|--|----------------------------------|--------------|
| | A. Public Support | | | | | | |
| | ir year (or fiscal year beginning in) 🕨 🛚 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (0) 2016 | (f) Total |
| r | inta, gilo las, continent or a, and manderating less personal grants. The property of the prop | 53370 | 15141 | 16389 | 14012 | 10187 | 109099 |
| ħ. O | tross receipts from admissions, merchandise old or services performed, or facilities unished in any activity that is related to the irganization's tax-exempt purpose | | | | | | |
| | iross receipts from activities that are not an inference or business under section 513 | | | | | | l. |
| 3 | fax revenues lovied for the factor and appearance of the page of t | | | | | | |
| fi | The value of services or facilities unished by a governmental unit to the organization without charge | | | | | | |
| 6 1 | otal. Add lines 1 through 5. | | | | | | 109049 |
| | vmounts included on lines 1, 2, and 3 eceived from disqualified persons | 0 | 0 | o | 0 | 0 | O |
| ri p | Administration of the than disqualified derived from other than disqualified derived the greater of \$5,000 or 196 of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b . | 0 | 0 | 6 | 0 | 0 | 0 |
| 8 F | Public support (Subtract line 7c from ne 6) . | | e , , | | • | 730 - | 109099 |
| ectio | n B. Total Support | | 1 | 3 | ······································ | , | |
| nime il | . Last (2. Last 1967, 1967, 1977, 1967, 1 | (2012- | (b)2A3 | @32014 · | (4)2015 | CAZOIE | (B) Total |
| | Amounts from tine 6 | 53370 | 15141 | 16389 | 14012 | 10187 | 109099 |
| þ | aross income from interest, dividends, hayments received on securities loans, rents, oyalties and income from similar sources | 22 | 21 | 21 | 21 | 21 | 106 |
| ន | Inrelated business taxable income (less ecotion 511 taxes) from businesses icquired after June 30, 1975 | | ļ | | | | |
| c / | Rad mes TOR Rha TOD⊱ . | 23. | 21 | 21 | 2 i | 24 | 106 |
| 6 | Net Income from unrelated business activities not included in the 10b, whether or not the business is regularly carried on | | an a special control of the special control o | | | | |
| 6 | Other income Do not include gain or oss from the safe of capital assets Explain in Part VI.) | | | | | _ | |
| ā | Total support. (Add lines 9, 10c, 11,) | 53.392 | 15162 | 16410 | | | |
| | First five years. If the Form 990 is for th organization, check this box and etop her | | 's first, second | f, third, fourth, | or fifth tax ye | ar as a sectio | n 501(c)(3) |
| ectio | n C. Computation of Public Suppor | t Percentage | , | | | | |
| | Public support percentage for 2016 (line 8 Public support percentage from 2015 Sch | | | 3, column (f)) | | 15 | 99 % 99 % |
| | n D. Computation of Investment In | | | | | | |
| | nvestment income percentage for 2016 (| | | / line 13, colum | nn (f)) . | 17 | 0 % |
| 19a 3 | 33'a% support tests-2016. If the organi | zation did not | check the box | on line 14, an | d line 15 is me | ore than 331/31 | %, and line |
| b 3 | it is not more than 331%, check this box. 131% support tests—2015. If the organiz the 18 is not more than 331%, check this t | ation did not ch | eck a box on t | ine 14 or line 19 | 9a. and line 16 | is more than 3 | 331/2%, and |
| 17 19a 3 | n D. Computation of investment in nvestment income percentage for 2016 (if recome recome recome organization organi 31 and support tests—2016. If the organi 17 is not more than 33 and, check this box. 131 and support tests—2015. If the organiz | ne 10c, columne 10 | n (f)-divided by the character theck the box The organization teck a box on the | on line 14, an on qualifies as a line 14 or line 1 | d line 15 is me publicly suppo 9a. and line 16 | ore than 33'a' writed organizati | or 331 |

| | 777 | | 2000 |
|-----------|--|--------------|----------------|
| Part | Supporting Organizations (Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A. | | Ą |
| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P | art V.) | |
| iecti | on A. All Supporting Organizations | | |
| | | Les 1 | <u>ت.ر. ا</u> |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | 130 | 3. |
| | 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 | 1 | - |
| - | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | - 1 |
| | organization was described in section 509(a)(1) or (2). | 2 | |
| За | | | |
| | (b) and (c) below. | | |
| ь | 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 whon and how the | - +- | |
| | organization made the determination | 3b | |
| ¢ | | | |
| | 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 | <u> </u> | - |
| | *Yes, " and if you checked 12a or 12b in Part I, answer (b) and (c) below | 4a | <u> </u> |
| ٤ | Did the organization have untrivate control or old coretion in deciding whether to make grants to the foreign | C. C. 1/1 | 335 |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | -Eng. Parety | z:t: |
| | despite being controlled or supervised by or in connection with its supported organizations | 4b | |
| 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)(8) | | * |
| | burposes | 40 | |
| 5- | Did the organization add, substitute, or remove any supported-organizations during the tax year? If "Yes," | 4c | 14 |
| صد | and the organization and, substitute, or remove any supported organization ordining the law years in the same and any argumentary and the same and any argumentary and any argumentary and any argumentary and any argumentary and any argumentary and any argumentary and any argumentary and any argumentary argumentary and any argumentary argumentary and any argumentary argumentary and argumentary argumentary argumentary and argumentary arg | i. (. 6 | ١. ٠ |
| | 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 | | ٠, |
| | was accomplished (such as by amendment to the organizing accument) | 5a | |
| b | Type 1 or Type II only 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 | <u> </u> |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | [*** [*] | £ |
| | פינים בינים | ### (| <u>~</u> _ |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI | نكت عند | 17 |
| - | | 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 | Ord 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 | |
| وبند | שישר ים שיום על יבפון אמי שיו ביידינים שיול ניים יו עיליפייביי ים עילישיים. לשיייים והמישורים המיישים חוד פון | | £., |
| - | disqualified persons as defined in section 4945 (other than foundation managers and organizations described | | Ľ |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | |
| þ | 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 Pert VI. | 9b | |
| C | , | 2 | ° |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | \vdash |
| Oa | Was the organization subject to the excess business holdings rules of section 4943 because of section | 15 Jr. 13 | ŅĊ, |
| | 4946() (legarding penergingly) if it is a country in order zeronal and it in it is not not in a received in experience of the property of the penergy of the | 25 25 25 2 | <u> </u> |
| | supporting organizations)? If "Yes," answer 10b below | 10a | - |
| þ | 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.) | 10Ь | 丄 |

Schedule A (Form 990 or 990-EZ) 2016

| art | Supporting Organizations (continued) | | | |
|------|--|------------|--|---|
| | | | Yes | No |
| - | Has the organization accepted a gift or contribution from any of the following persons? | | , | |
| 9 | A person who directly or indirectly controls, orther alone or together with persons described in (b) and (c) | 4 | | |
| | below, the governing body of a supported organization? | 11a | | <u> </u> |
| | A family member of a paison described in (a) above? | 1113 | ├ | |
| | 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 | ــــــ | Ĺ |
| eç u | on B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | _ | 185 | H |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | 1 |] - | |
| | tax year? If "No," describe in Part VI how the supported organization(s)-effectively operated, supervised, or | } | | |
| | controlled the unusuation's activities. If the organization had more than one supported organization, | | ļ. | ! . |
| | describe form the porrest to copyright and/or remaind entered retries of trackes were allowed among the supported | \ | | , |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | <u> </u> | | |
| _ | | 1 | ļ, | ــِــا |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | Ì |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | l | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization | 2 | L | Ĺ |
| eco | on C. Type It Supporting Organizations | | | |
| | | | Yes | i No |
| 1 | Were a majority of the organization's or rectors or trustees during the tax year clee a majority of the directors | - | - | |
| | or trustees of each of the organization's supported organization(s)? // "No," describe in Part VI how control | f ' | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | - |
| | the supported organization(s) | 1 | <u>!</u> | |
| ecti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 4 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 11 | . 5 | ļ., , |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | \ | 1 | , |
| | react, () a body or the fight (60) that was investigated by the case of the offent case and () about of the | | | 2772 |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | <u>; </u> | ├ |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported |] | } | ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֓֡֓֓ |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | - |
| | the organization meintained a close and continuous working relationship with the supported organization(s) | 2 | - | <u>L</u> . |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 1 | * * | - |
| | significant voice in the organization's investment policies and in directing the use of the organization's | 1.8.3 | ĺ | , , |
| | 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. | | -1 | 1. ~ |
| | | <u>. E</u> | | |
| ecti | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | instru | ction | 3) |
| а | The organization satisfied the Activities Test. Complete line 2 below | | | |
| ь | ☐ 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. | (see in | struci | tions |
| • | Assulted Test December (a) and (b) before | | Von | Ta. |
| 2 | Ac wities Test Answer (a) and (b) below. | | Yes | N. |
| > | ייים פאר און אין אין אין אין אין אין אין אין אין אי | 100- | 1 | í |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 1 :- | 1 | |
| | 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_ | 1 . | Γ. |] - |
| | -now-the organization was responsive to those supported organizations, and now_ste_organization-deter <u>itabled</u> that theso activities constituted substantially all of its activities | - | | |
| | | 28 | | - |
| D | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | - | 1 ~ | 1 |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | 1 | ١ | 1. |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | 1-1 | |
| | activities but for the organization's involvement. | _ž:- | | <u> </u> |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | ſ. | [, ' |
| 3 | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | -> 6 | - | 102 |
| | trustees of each of the supported organizations? Provide details in Part VI. | Зa | <u> </u> | _ |
| | But the assumption account a substantial day of diseases asset the substantial and a stantial | 1 | 1 | 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 | - | | |

| Schadule A (Form 990 or 990-EZ) 2016 | | | Payo 6 |
|---|-------|------------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | jan | izations | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | g tru | ist on Nov 20, 1970 (explai | n in Part VI) See |
| Instructions. All other Type III non-functionally integrated supporting organ | iza | ions must complete Section | ns 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 exponses (see instructions) | ۲. | <u> </u> | |
| 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 | 1 | | |
| Instructions for short tax year or assets held for part of year). | Ľ. | | |
| a Average monthly value of secuntles | 1a | | |
| b Average monthly cash balances | 16 | | |
| c Fair market value of other non-exempt-use assets | 27. | | <u> </u> |
| d Total (add lines 1a, 1b, and 1c) | 10 | | <u> </u> |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | Ĺ | | |
| 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 | | |
| رَج هُو ، رَبِ اللَّهُ فِي مِن الرَّبِ اللَّهُ فِي اللَّهِ اللَّهُ اللَّالِمُ اللَّالِيلَا الللَّالِيلِيلِي اللَّهُ اللَّهُ اللَّلَّا اللَّهُ اللَّهُ اللَّهُ اللَّهُ | ĉ., |) | |
| 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 | | z* -> | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | 50 4 - 4 1141 5 | |
| 2 Enter 85% of line 1. | 2 | | |
| رَ وَا-بِ سِنْسَ فَكُومُ فَسِيْءَهِمْ بِيْرٍ، تَعَرِيْهُ مُعْفَدُ بِهِيْسَ. جَعْمَانِهِ فِي يَهِمُ فِي كِتُواسُدِ فِيْ | 3 | المناب والمستران | |
| 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 fine 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 enstructions). | iy In | tegrated Type III supporting | organization (see |

| ct | V Type III Non-Functionally Integrated 509(a)(3 on 0 - Distributions | | | Current Year |
|------------|--|--|--|-------------------------------------|
| 1 | | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | | rted | |
| _ | organizations, in excess of income from activity | | | . |
| 3 | Administrative expenses paid to accomplish exempt purp | assist of Supported artis | ภัเซิดีกังกิร | |
| | Amounts paid to acquire exempt-use assets | | | |
| | Qual-fied set-aside amounts (pnor IRS approval required) | | | |
| | Other distributions (describe in Part VI) See Instructions. | | | |
| | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to whic fprovide details in Part VI). See instructions | h the organization is res | ponsive | |
| _ | | | | |
| <u>y</u> | Distributable amount for 2016 from Section C, line 6 | | : | |
| 2 | Line Sizmourt dwidad by Line Sizmount | | An | |
| s | ection E - Distribution Allocations (see Instructions) | (l) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2010 |
| _ | 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 | Expess distributions comyover, hany, to 2016 | | الساوه ما يات والات | C. Takkan Market |
| B | | | · · · · · · · · · · · · · · · · · · · | |
| b | | | | |
| c | From 2013 . | | | |
| | From 2014 . | | | |
| ė | | | | |
| | Total of lines 3a through e | | 10.1 | |
| | Applied to underdistributions of prior years | | | |
| . <u>*</u> | | | | |
| ī | Carryover from 2011 not applied (see instructions) | , , | V | |
| ī | Remainder Subtract lines 3g, 3h, and 3l from 3f | | | |
| 4 | Distributions for 2016 from Section D. line 7 | | | |
| _ | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | , | | |
| | Remainder Subtract lines 4a and 4b from 4 | | | 1 . 1 . 2 |
| - <u>-</u> | Remaining underdistributions for years promite 2016, 4 | Franks of sales | <u>. </u> | |
| | any. Subtract lines 3g and 4a from line 2. For result |) |] | |
| | greater than zero, explain in Part VI. See instructions | ļ. , . | | <u> </u> |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | <u> </u> | | |
| • | and 4b from line 1. For result greater than zero, explain in Part V: See instructions | | | |
| | | , | | |
| <i>'</i> | Excess distributions carryover to 2017 Add lines 3; and 4c | | , | , |
| 3_ | Presidente of the ". | | | . , |
| 8 | 10, 10, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | | |
| b | Excess from 2013 | | | <u> </u> |
| Ç, | Excess from 2014 | | | L |
| đ | Excess from 2015 . | 1 | | |
| e | Excess from 2016 . | | 1 | 1 |

| Part Vi | Supplemental Information. Provide the explanations required by Part II, line 10, Part III, 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) |
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| Not Applica | ub lo |
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