RETROACTIVE REINSTATEMENT 8903620

990-EZ

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)

OMB No 1545-1150

Department of the Treasury

Open to Public

Inter	mal Rever	nue Service ´	► Information about Form 9	90-E∠ and its instruc	tions is at www.irs.gov/fo	rluaaby 🗸	
A F	or the	2016 calend	ar year, or tax year beginning	April 1	, 2016, and ending	March 3	17 , 20 17
В	Check If ap	plicable	C Name of organization			D Employer id	entification number
	Address c	hange	Sunstate Equipment Foundation			4	7-5301530
	Name cha	-	Number and street (or P O box, if mail is no	ot delivered to street add	(ress) Room/suite	E Telephone n	umber
_	Initial retur		5552 E. Washington Street			60	2-683-2259
一		n/terminated	City or town, state or province, country, an	d ZIP or foreign postal co	ode / / /	F Group Exe	mption
_	Amended Application		Phoenix, AZ_85034			Number •	• `
		ing Method	☐ Cash	cify) ►	н	Check ▶ 🕖	f the organization is not
	Vebsite	-		·· —			ach Schedule B
			eck only one) - 🗸 501(c)(3) 🔲 501(c)	() ∢ (insert no) [☐ 4947(a)(1) or ☐ 527		0-EZ, or 990-PF)
		organization.		Association	Other Foundation	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		-	7b to line 9 to determine gross receipts			al assets	
			w) are \$500,000 or more, file Form 990	•		▶ \$	106705
_	art I		e, Expenses, and Changes in			e instructions	
			the organization used Schedule		•		
	1		ons, gifts, grants, and similar amou		iy quostion in this rait	. 11	106,705
	2		ervice revenue including governme		's	2	00,703
	3	-	up dues and assessments		J	3	
	4	Investment	•	•		4	0
	5a		ount from sale of assets other than	· IDV			
			or other basis and sales expenses		5b	0	
	b		ss) from sale of assets other than i		L	5c	
	C		nd fundraising events	iventory (Subtract i	ine 30 from line 3aj	50	
	6	_	-	dule G if areater	than		
0	а	\$15,000)	ome from gaming (attach Sche	dule G II greater	1 1		
Š					6a	0	
Revenue	b		ome from fundraising events (not in- raising events reported on line 1) (o of contributio	ris	
ď			ch gross income and contributions				
			-				
	6		ct expenses from gaming and fundi		book for and fib and su	ubtract	
	d		e or (loss) from gaming and fundi	aising events (add	lines oa and ob and st	1	_
	l _	line 6c)				6d	0
	7a		s of inventory, less returns and allo	wances	7a	<u>0</u>	
	b	Less. cost	of goods sold		DEGEN/ED		
	C		it or (loss) from sales of inventory (, , ,	WATTAETAETA	7c	0
	8		nue (describe in Schedule O)			8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d		· MAR 1· 8· 2019 - 19	. ▶ 9	106,705
	10		d similar amounts paid (list in Schei	Jule (O)	· · · · · · · · · · · · · · · · · · ·	10	25,125
	11	•	aid to or for members		JONEN IT	11	0
Expenses	12		ther compensation, and employee		OGDEN, UT	12	0
ë	13		al fees and other payments to inde	•		13	0
Ž	14	•	y, rent, utilities, and maintenance			. 14	0
ш	1 .0	•	ublications, postage, and shipping			. 15	
	16	•	enses (describe in Schedule O)			16	0
	17		enses. Add lines 10 through 16	<u> </u>		. 🕨 17	25,125
ß	18		(deficit) for the year (Subtract line 1	•		. 18	81,580
Se	19		s or fund balances at beginning of	•	, .	e with	
Net Assets		=	ar figure reported on prior year's re			· · 19	0
et	20		nges in net assets or fund balances			20	0
Z	21	Net assets	or fund balances at end of year. C	ombine lines 18 thr	ough 20	. ▶ 21	81 580

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2016)



اك ر	rt II	Balance Sheets (see the instructions	for Part II)				
		Check if the organization used Schedule	O to respond to a	ny question in this			<u></u>
				ļ.	(A) Beginning of year	<u> </u>	(B) End of year
22		h, savings, and investments				22	81,580
23		d and buildings				23	0
24		er assets (describe in Schedule O)		· · · · · ·		24	0
25		al assets				25	81,580
26		al liabilities (describe in Schedule O)				26	0
27		assets or fund balances (line 27 of column				27	81,580
Par	ш	Statement of Program Service Accom					Expenses
\A/b of		Check if the organization used Schedule organization's primary exempt purpose?	To receive contribut			(Re	quired for section
		, , , , , , , , , , , , , , , , , , , ,					(c)(3) and 501(c)(4)
as m	easure	ne organization's program service accompled by expenses. In a clear and concise nefited, and other relevant information for e	nanner, describe the				anizations, optional for ers)
		oundation was formed in October 2015, but di		tions, nor make cha	ritable donations		
		his Fiscal Year 2016. During this year, the Fou					
	from fu	unds contributed to the Foundation by employ	ees of Sunstate Equi	pment Co., LLC.			
	(Grant	ts\$ 25,125) If this amount	includes foreign gra	ints, check here .	<u>.</u> ▶ □	288	25,125
29							
				. 			
	(Grant	ts \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	298	0
30							
							_
04	(Grant		includes foreign gra		· · P U	30a	0
31		program services (describe in Schedule O)			· · ·	24-	
22	(Grant	program service expenses (add lines 28a	includes foreign gra			31a	
Par		List of Officers, Directors, Trustees, and Ke					
Гаі	. IV	Check if the organization used Schedule				isiiu	
		Officer if the organization used ochequit	O to respond to a				
			(h) Average	(c) Reportable	(d) Health benefits,	Ť	
		(a) Name and trile	(b) Average hours per week devoted to position		(d) Health benefits, contributions to employ benefit plans, and		Estimated amount of other compensation
Chris	Watts		hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and		
Chris Presi			hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		
Presi			hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n	other compensation
Presi Garti	dent		hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	(d) Health benefits, contributions to employ) benefit plans, and deferred compensatio	n	other compensation
Presi Garti	dent Price Preside		hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ) benefit plans, and deferred compensatio	n	other compensation
Presi Garth Vice Larry	dent Price Preside Cox		hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n	other compensation
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	other compensation 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	other compensation 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	other compensation 0 0
Presi Garth Vice Larry Secre Caro	dent Price Preside Cox etary / 1	ent Treasurer mer	hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	other compensation 0 0



Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ı aıı	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		\
	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		√
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		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 100 101 102 103 103 104 105 105 105 105 105 105 105	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		\
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
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		 -
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			
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 ▶ Arizona			
42a			33-231	2
b	Located at ► 5552 E. Washington Street, Phoenix, AZ ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	031	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		√
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	<u> </u>	_ ✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •) 	▶ □
4.6 -	Del 46- annual 1- 1- 200 - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 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			
	Form 990-EZ (see instructions)	45b		✓

Form 99	0-EZ (20	016)						F	age 4
								Yes	No
		ne organization engage, directly or ir			n behalf of	or in oppositi	ion		
		ndidates for public office? If "Yes," of		, Part I	<u> </u>	<u> </u>	. 46		✓
Part \		Section 501(c)(3) organizations							
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	d 52, and c	omplete the	e tables t	or lin	es
		50 and 51.							_
		Check if the organization used Scl	hedule O to respond	to any question in	this Part V	<u>!</u>	<u> </u>	1	<u>, L</u>
					.,		. —	Yes	No
		he organization engage in lobbying				_			١,
	•	If "Yes," complete Schedule C, Par					47	-	1
48		organization a school as described in				= .	48	 	-
						. 49a	+	\	
50		s," was the related organization a se plete this table for the organization's			ther than of	icare directo	. 49b		d ko
30		byees) who each received more than							
	Çp.	e y coo, mile caem received mere than		1		th benefits,	,		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		ns to employee	(e) Estimate		
			devoted to position	(Forms W-2/1099-MISC		s, and deferred ensation	other cor	npensa	lion
None									
			-			- "			
			·						
	_								
				L	<u></u>				
		number of other employees paid ov		• <u> </u>					
51	\$100	plete this table for the organization ,000 of compensation from the orga	s five nignest compe inization. If there is no	ensated independer one enter "None"	it contracto	rs wno eacn	received	more	tnar
	_					Ī			
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c)	Compensat	ion	
None									
				_		1			
						1			
				4					
				-					
				1					
	Total	number of other independent contra	ectore each recourse	Over \$100,000	•		0		
52		the organization complete Schedu	_		. P		-		
JZ		bleted Schedule A //	ne A! Note: All se	ction sortcits org	anizations		.► ✓ Yes	. 🗆	No
Under ne		- X // /	turn including accompan	ving schedules and stater	ments and to t				
true, cor	rect, an	of penury, I declare hat mave examined this documents are larger to the final documents are parented the second of	officer) is brased on all info	ormation of which prepare	r has any know	eledge /	A		
		1 11/2 / 1	m			3/13/2	019		
Sign		Signature of officer			D	ale	<u>-</u>		
Here		Garth Price, Vice President							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	"	Date	Check	ıf PTIN		
Prepa	arer				T	self-employ	/ed		
Use (Firm's name ▶		-	1	m <u>'s</u> EIN ▶			
		Firm's address >	a a b a comp a b a comp O c a c	unater ration =	P	hone no	► □ Vas		
wav th	IP IHS	discuss this return with the prepare	r snown apove / See I	INSTRUCTIONS			- V 🔿	2	NΛ

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

Suns	Sunstate Equipment Foundation 47-5301530						
Par							ns.
The c	organization is not a private foundat						
1	A church, convention of church						$\mathcal{C}\mathcal{M}$
2	A school described in section						$\mathcal{O}\mathcal{O}$
3	☐ A hospital or a cooperative hos ☐ A medical research organization						iii) Entar tha
4	hospital's name, city, and state	-	injunction with a nost	onal desc	nbed in s	ection (70(b)(1)(A)(in). Enter the
5	An organization operated for the		college or university	owned o	r onerate	d by a government	al unit described in
•	section 170(b)(1)(A)(iv). (Comp		comogo or armoromy	······································	. оролан	a o, a government	
6	A federal, state, or local govern	· ·	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally r						the general public
	described in section 170(b)(1)(A)(vi). (Complet	e Part II.)				
8	☑ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organiz						
	or university or a non-land-granuniversity:						_
10	An organization that normally re receipts from activities related to	eceives: (1) more	e than 331/3% of its su	upport fro	m contril	outions, membership	o fees, and gross
	support from gross investment	income and unr	elated business taxal	ble incom	ie (less se	ection 511 tax) from	businesses
	acquired by the organization af		= -		-	•	
11	An organization organized and	-	•	-			
12	An organization organized and of one or more publicly support						
	Check the box in lines 12a throu						
а		J	•		•	·	
_	the supported organization(
	supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B.			
b	_ ,, ,,	•					
	control or management of the	• • •	•		persons	that control or man	age the supported
	organization(s). You must o	-					
С	its supported organization(s	s) (see instructio	ns). You must comp l	iete Part	IV, Secti	ons A, D, and E.	
d							
	that is not functionally integ	_		_		•	d an attentiveness
	requirement (see instruction	•	-				u =
е	Check this box if the organi functionally integrated, or T						е п, туре ш
f		• •					
g	Provide the following information	about the supp	orted organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
				163	140		
(A)							
(B)							
(C)							
(D)							<u></u>
		<u> </u>					
(E)							
Tota	il		对自己的	1 THE ST.	200		

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 the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶ (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total

	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	,	`		, ,		
	membership fees received. (Do not						
	include any "unusual grants.")	0	0	0	0	106705	106705
2	Tax revenues levied for the		-				
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	0	106705	106705
5	The portion of total contributions by						
	each person (other than a	į					
	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						106705
Section	on B. Total Support					1	100703
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	0	0	106705	106705
8	Gross income from interest, dividends,						
	payments received on securities loans,	ŀ					
	rents, royalties and income from similar					-	
	sources	0	о	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	0	0	0	<u> </u>
10	Other income Do not include gain or						
	loss from the sale of capital assets	i					
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10	(acc instruction		<u> </u>		10	106705
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the			 d third fourth	or fifth tax w	12	106705
13	organization, check this box and stop her	_			-		
Section	on C. Computation of Public Suppor				 		· · · ·
14	Public support percentage for 2016 (line 6			1. column (fl)		14	%
15	Public support percentage from 2015 Sch					15	<u>%</u>
16a	331/3% support test-2016. If the organi					31/3% or more,	check this
	box and stop here. The organization qual	lifies as a publi	cly supported	organization			. ▶ 🗆
b	331/3% support test-2015. If the organization						
	this box and stop here. The organization	qualifies as a p	oublicly suppor	rted organization	on		▶ 🗆
17a	10%-facts-and-circumstances test-20)16. If the orga	nization did n	ot check a box	on line 13, 1	6a, or 16b, and	l line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						
b	10%-facts-and-circumstances test—20	•					•
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
40	supported organization						
18	Private foundation. If the organization di						
	instructions				· · · ·		· · • 💆

		_
n –		-7
ΜЯ	αe	æ

Schedu	le A (Form 990 or 990-EZ) 2016						Page 3
Part							
	(Complete only if you checked the						der Part II.
Socti	If the organization fails to qualify on A. Public Support	under the te	sis listed bei	ow, piease co	omplete Part	u. <i>)</i>	/
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 A	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	(a) 2012	(b) 2013	(6) 2014	(a) 2015	(e) 2016	(i) Total
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				,		
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 7a	Total. Add lines 1 through 5 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			,			
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support	//					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012 ^{//}	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,					
11	Add lines 10a and 10b						
12	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets			1			
13	(Explain in Part VI.)						
14	and 12.)	_			•	ear as a section	
Secti	ion C. Computation of Public Suppor			· · ·	<u> </u>	· · · · ·	· · - L
15	Public support percentage for 2016 (line	-		3 column (fl)		15	
16	Public support percentage from 2015 Sci					16	
	ion D. Computation of Investment In					1	
17	Investment income percentage for 2016 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2015	Schedule A,	Part III, line 17			18	%
19a	33 ¹ / ₂ %/support tests – 2016. If the organ 17 is/not more than 33 ¹ / ₂ %, check this box	zation did not	check the box	c on line 14, a			, and line
b	33 ¹ / ₃ % support tests – 2015. If the organiz	ation did not o	heck a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and
	Jine 18 is not more than 331/3%, check this	_	_	•	-		_
20 4	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	tions ▶ 🔲

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			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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.			
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		li
Ja	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		<u> </u>
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		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
02	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more	8	ļ	li
Ja	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	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 Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	<u> </u>	
b	determine whether the organization had excess business holdings.)	10b		

10b

Pag	e	£

P,art	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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?	11a		
	A family member of a person described in (a) above? 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.	11b 11c		_
	on B. Type I Supporting Organizations	1110		L
<u> </u>	on b. Type i eapperaing enganizations		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.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	L		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?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		\vdash
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
<u>C4</u> :		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (saa in	etnict	ione)
С				·
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	, tru	st on Nov. 20, 1970 (expla	ın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	ons 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	. <u>-</u>	<u></u>
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)
1 Aggregate fair market value of all non-exempt-use assets (see			İ
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,	4		
see instructions). 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	1.3		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	v in	tegrated Type III supportin	g organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (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 exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.	•		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			····
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013 .			
d	From 2014 .			
е_	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount		-	
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			<u></u>
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 .			
е	Excess from 2016			



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.)
	.
	······································
	·