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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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. 1705

Open to Public **Inspection**

Department of the Treasury

ınter	nai ne ver	nue Service	Information about 1 offin 950-E2 and its	moductions is at w	777.113.gov7.0711100	···	
A F	or the	2016 calend	ar year, or tax year beginning June	, 2016,	and ending	May 31	, 20 17
В	Check if ap	oplicable	C Name of organization ?		DE	mployer ide	ntification number ?
	Address c	change	New Jersey Boy State Foundation, Inc			2	23675313
	Name cha	-	Number and street (or P O. box, if mail is not delivered to s	street address)	Room/suite E	relephone nu	mber
$\overline{}$	Initial retur	m m/terminated	19 Christopher Lane		<u> </u>	609	9-306-2714
=	Amended		City or town, state or province, country, and ZIP or foreign	postal code	F	Group Exen	nption
=	Application		Eastampton, NJ 08060			Number 🕨	?
G /	Account	ting Method	☐ Cash ☑ Accrual Other (specify) ▶		H Che	ck ▶ 🗌 ıf	the organization is not
ı v	Vebsite	e:▶ njbsf	org				ch Schedule B
J T	ax-exen	npt status (ch	ck only one) - ✓ 501(c)(3)	ert no)	or □527 (For	m 990, 990	-EZ, or 990-PF)
			☑ Corporation ☐ Trust ☐ Assoc	ciation			
			7b to line 9 to determine gross receipts. If gross receipts.				
(Pa	rt II, coli	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of For	m 990-EZ		. ▶ \$	86,291
Р	art I	Revenu	e, Expenses, and Changes in Net Asset	s or Fund Balanc	es (see the ins	tructions	for Part I) 2
		Check If	the organization used Schedule O to respor	nd to any question	in this Part I.		🗆
3	1	Contribution	ns, gifts, grants, and similar amounts received			. 1	66,449
?	2	Program s	ervice revenue including government fees and	contracts		. 2	
?	3	Membersh	ip dues and assessments			. 3	
? (?) (4	Investmen	income			. 4	19,842
$\overline{\sim}$	5a	Gross amo	unt from sale of assets other than inventory	5a			
-	b	Less: cost	or other basis and sales expenses	5b			
(С	Gain or (lo	ss) from sale of assets other than inventory (Su	btract line 5b from I	line 5a)	. 5c	
ب	6	Gaming ar	d fundraising events			100	
SC A Revenue DE	a	Gross inc	ome from gaming (attach Schedule G if g	greater than			
Ē		\$15,000)		6a			
9	b	Gross inco	me from fundraising events (not including \$		f contributions		
Re:	Į		aising events reported on line 1) (attach-Sche				
2			h gross income and contributions exceeds \$15				
€.	C	Less: direc	t expenses from gaming and fundraising event	s 6c			
CI.	d	Net incom	e or (loss) from gaming and fundraising even	ts (add lines 6a an	d 6b and subtra	ct	
	l	line 6c)		1		· 6d	
	7a	Gross sale	s of inventory, less returns and allowances	=.\ <u>7a</u>			
	b		of goods sold	7b			
	С	Gross prof	t or (loss) from sales of inventory (Subtract line	7b from line 7a) .		. 7с	
	8	Other reve				. 8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .	<u> </u>	<u> </u>	9	86,291
	10	Grants and	similar amounts paid (list in Schedule O) .			. 10	37,857
	11	Benefits pa	id to or for members			. 11	
es	12	Salaries, o	her compensation, and employee benefits 🔽			. 12	
S	13	Profession	al fees and other payments to independent cor	ntractors 🛂		. 13	986
Expenses	14	Occupancy	r, rent, utilities, and maintenance			. 14	
IJ	15		iblications, postage, and shipping			. 15	1,326
	16		nses (describe in Schedule O) 🔞			. 16	
	17	Total expe	nses. Add lines 10 through 16	<u> </u>	<u> </u>	▶ 17	40,169
S.	18	Excess or	deficit) for the year (Subtract line 17 from line 9	9)		. 18	46,122
set	19		or fund balances at beginning of year (from			35.346.1	
As		_	r figure reported on prior year's return)				178,567
Net Assets	20		ges in net assets or fund balances (explain in S	•			
_	21	Net assets	or fund balances at end of year. Combine lines	s 18 through 20 .	<u> </u>	<u>▶ 21 </u>	224,689
For	Panen	work Reduct	on Act Notice, see the separate instructions.	Cat	No. 106421		Form 990-EZ (2016)

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	90-EZ (2	•					Page 2
Par		Balance Sheets (see the instructions t	or Part II)	·			,
		Check if the organization used Schedule	•	ny question in this	Part II		
				7	(A) Beginning of year		B) End of year
22	Cash	, savings, and investments		<u> </u>	181,842	22	234,808
23		and buildings				23	201,000
24		r assets (describe in Schedule O)				24	
		•		}		25	
25		lassets				 	
26		I liabilities (describe in Schedule O)		-	3,275		10,119
27		assets or fund balances (line 27 of column			178,567	27	224,689
Descr as me	is the libe the	Statement of Program Service Accommendation (Schedule organization) organization used Schedule organization) organization which program service accomplised by expenses. In a clear and concise monested, and other relevant information for each	O to respond to an Support and improve shments for each on anner, describe the	ny question in this e the ALJBS progran f its three largest p	Part III	501(c	Expenses ured for section)(3) and 501(c)(4) sizations; optional for s.)
28	Hosted	Family Day Picnic at ALJBS 2017 for all dele	gates and parents				
	Grant: Covere	s \$\) If this amount and County Athletic Shirt, Technology, EMS, an	includes foreign gra d College Fair related			28a	22,280
-							
Ī	(Grant:	s \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	29a	8,589
30	Paid fo	r 16 delegates to attend ALJBS 2017					
-	(Grant	s \$) If this amount	includes foreign gra	ants, check here	▶ 🗍	30a	4,000
-		program services (describe in Schedule O)					
	Grants		includes foreign gra	ants, check here .	▶ □	31a	
		program service expenses (add lines 28a	through 31a)			32	34.869
Part							
	TV.	List of Officers Directors Trustees and Key					
Q. C	IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list each	n one even if not com	pensated-see the i	nstruc	tions for Part IV)
		List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	/ Employees (list each	n one even if not com	pensated—see the in Part IV	ree (e) i	tions for Part IV)
	nclose	Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
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		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
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		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
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		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
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		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)
		Check if the organization used Schedule (a) Name and title	/ Employees (list each O to respond to and (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ree (e) i	tions for Part IV)

Part	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part Vy Oneck if the organization used Schedule O to respond to any question in this	Fail	Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	L	~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a	til.	7.5	
þ	Did the organization file Form 1120-POL for this year?	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	1	1	
39	Section 501(c)(7) organizations. Enter:		12	
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities		1	
40a	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		*	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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	1	
41	List the states with which a copy of this return is filed ▶ New Jersey			
42a	· · · · · · · · · · · · · · · · · · ·	609-30	6-271	4
	Located at ► 19 Christopher Lane, Eastampton, NJ ZIP + 4 ►	080	060	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No V
	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		'
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		. I	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	
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	N. S.	
c	Did the organization receive any payments for indoor tanning services during the year?	44c	24	V 100
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		V
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990	-EZ (20	16)						F	Page 4
		e organization engage, directly or in							No V
Part V	70 ;	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	stions 47–49b and	d 52, and	complete th		for lin	
		Check if the organization used Sci	hedule O to respond	to any question in	this Part	<u>VI</u>	· · · ·	Yes	No No
,	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	t11				. 47	Tes	V 5
49a b 50	Did th if "Ye: Comp	organization a school as described in the organization make any transfers to s," was the related organization a selete this table for the organization's	o an exempt non-cha ection 527 organization five highest compens	iritable related organ on?	nization? . ther than o	officers, direct	. 49a . 49b ors, truste	ees, ar	
	<u> </u>	oyees) who each received more than	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) He contribut benefit pl	If there is non ealth benefits, ions to employee ans, and deferred mpensation	(e) Estima	ted amo	unt of
NA - no	empl	oyees, and no compensation paid to							
Trustee	S			1					
				}					
				 					
.,									
						··			
				1	1				
			A488 888				L		 -
51	Comp	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	's five highest compo	ensated independer	nt contrac	tors who eacl	h received	d more	e than
	(a)	Name and business address of each independ	dent contractor	(b) Type of se	ervice	(c) Compensa	tion	
NA NA				 					
				1					
									*
									
				_		ł			
									
						-			
			· · · · · · · · · · · · · · · · · · ·					<u> </u>	
		number of other independent contribe organization complete Schedi	_		. ► nanization	s must attac			
		1.1. 16-11.1- 4		* * * * * * * * * * * * * * * * * * * *	=		.► 🗌 Ye	s 🗌	No
Under pe	enalties rect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other tha	return, including accompar n officer) is based on all info	nying schedules and state ormation of which prepare	ments, and t er has any kn	o the best of my k lowledge.	nowledge ar	nd belle	, it is
Sign		Signature of officer	9			10/15 Date	12017	-	
Here	3	Dominic Santillo, Chairman		 					
 Paid		Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check C	1		
Prepa		Eurn's name		<u> </u>		self-emple	oyeu		
Use (Inly	Firm's name				Firm's EIN ▶			

Firm's address ►

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

► ☐ Yes ☐ No

Phone no.

SCHEDÜLE 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.

OMB No. 1545-0047

Open to Public Inspection

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 3318% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (b) 2014 (c) 2015 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2013 (d) 2016 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . 9.605 12,902 7,266 22,263 28,391 80,426 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 28,391 9,605 12,902 7,266 22,263 80,426 Total. Add lines 1 through 3 The portion of total contributions by person each (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 18,000 Public support. Subtract line 5 from line 4 62,426 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 12,902 7,266 22,263 28.391 Amounts from line 4 . 9.605 80,426 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from Net income from unrelated business activities, whether or not the business is regularly carried on 2,719 3.180 (4.339)13,648 8.341 (6,867)Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 88,767 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 70.3 % 15 15 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedu	le A (Form 990 or 990-EZ) 2017						Page
Part		ne box on line	e 10 of Part I	or if the orga			
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·	r 				
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") 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	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b		44				
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			· .			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	501(c)(3)

organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . 17 % Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 18 331/2% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line 19a 17 is not more than 331/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . 331/8% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/8%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20 Schedule A (Form 990 or 990-EZ) 2017

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.)

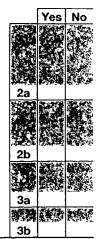
Section A. All Supporting Organizations

- 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.
- 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 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.
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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
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Part	N Supporting Organizations (continued)			
•		Ciario	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b		11b		<u> </u>
c	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		
	ion B. Type I Supporting Organizations			
			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 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			
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	Yes	No
Secti	on D. All Type III Supporting Organizations			
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	Yes	No.
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 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.	3		

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- ☐ 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 instructions).
- 2 Activities Test. Answer (a) and (b) below.
- 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.
- 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.
- 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 trustees of each of the supported organizations? Provide details in Part VI.
- 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.



Page	6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	£
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ı tru	st on Nov. 20, 1970 (explain	n in Part VII. See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) FIIOI Teal	(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	1		
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
Occion D - Minimum Asset Amount		(A) Thor Tear	(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):	1		
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	<u></u>	
e Discount claimed for blockage or other			ACCEPTANCE.
factors (explain in detail in Part VI)	1		
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,	1		}
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	<u></u>	
7 Recoveries of prior-year distributions	7	<u> </u>	
8 Minimum Asset Amount (add line 7 to line 6)	8	[<u></u>
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Service Control	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	SECTION AND SECTION AS	
4 Enter greater of line 2 or line 3.	4	erene malarese	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	,	THE RESIDENCE OF THE PARTY OF T	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	rage i
_	ion D - Distributions	of antiporting organi	indicate (continuou)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity	h . h h		
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
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	ch the organization is re	sponsive	
	(provide details in Part VI). See instructions.		·	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		r	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	THE REAL PROPERTY.	BINE WATER	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.		BOTTO AL T. KITAN TELEVISIONE PAR L'ANGEL	MEMILIANE ELE
3_	Excess distributions carryover, if any, to 2017		meant war in	
a	TO COMPANY TO THE PROPERTY OF THE PERSON OF		SLANCE WALLS	
b	From 2013			
<u>c</u>	From 2014			
d	From 2015			
<u>e</u>	From 2016	Contract Contract		
f	Total of lines 3a through e		AND THE RESERVE THE PROPERTY OF THE PROPERTY O	
<u>g</u>	Applied to underdistributions of prior years		A DOMESTIC AND THE STATE OF THE	
_ <u>h</u>	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.	5 / 4 / 6 / 18 / 18 / 18 / 18 / 18 / 18 / 18	A STATE OF THE RESIDENCE OF THE RESIDENC	
J_	Distributions for 2017 from		CALL THE WAY TO SERVE THE	
~	Section D, line 7:			
a	Applied to underdistributions of prior years	Y. STATES AND PROPERTY.	BRICKS STREET, MANUAL STREET, STREET,	Name of the last o
<u>b</u>	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	A CONTRACTOR SHOWING THE CONTRACTOR	NATARI NA	AND THE STATE OF
5	Remaining underdistributions for years prior to 2017, if	L. C. W. C. St. Market	A STATE OF THE PERSON NAMED OF THE PERSON NAME	LEAST CO.
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h	A TELEVISION OF	1112 - 144 - 1834	
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018 Add lines 3		1.03.63 (0.14.6)	THE WARRY
_	and 4c.		新华州市外	DESCRIPTION OF THE PARTY OF THE
8	Breakdown of line 7:		AND PARTY OF PROPERTY.	
а	Excess from 2013 .		THE REPORT OF THE PARTY OF THE	
b	Excess from 2014	PROPERTY STATE	HAN ADMITTED	
С	Excess from 2015	CEMINANT DETER		
d	Excess from 2016	3.4.8.8.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
е	Excess from 2017	经验证的证据	经过来的企业的	THE REAL PROPERTY.

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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.)
	,