

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## 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.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

S K	GA INC					47422	
Pa							ns.
The o	organization is not a private found		•		•	•	
1	A church, convention of church						
2	A school described in section		· ·			• •	
3	A hospital or a cooperative ho						
4	A medical research organizati	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(	iii). Enter the
_	hospital's name, city, and stat						alt danada
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	ar unit described in
6	☐ A federal, state, or local gover	•	mental unit described	l in <b>secti</b> c	n 170(b)	(1)(A)(v).	
7	An organization that normally	_					the general public-
	described in section 170(b)(1	<b>)(A)(v:,.</b> (Comple	te Part II.)				REJEIVE
8	☐ A community trust described	ın <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ	ization describe	d in <b>section 170(b)(1)</b>	(A)(ix) op	erated in	conjunction with a	၌hd-grant <sub>i</sub> college ၇၉
	university:	ant college of agi	nculture (see instruction	ons). Ente	r trie nan	ne, city, and state of	the college of
10	☐ An organization that normally	receives. (1) moi	e than 331/3% of its si	upport fro	m contri	butions, membership	o fees and press
	receipts from activities related support from gross investmen	ito its exempt to	inctions—subject to c irelated business taxa	ertain exc ble incom	epuons, ie (less se	and (2) no more that ection 511 tax) from	businesses
	acquired by the organization a	after June 30, 19	75. See <b>section 509(</b> a	a)(2). (Cor	nplete Pa	art III.)	
11	An organization organized and	d operated exclu	sively to test for publi	c safety. S	See <b>sect</b> i	ion 509(a)(4).	
12	☐ An organization organized and						
	of one or more publicly support Check the box in lines 12a through						
_	_	•	• • • • • • • • • • • • • • • • • • • •		•	•	
а	Type I. A supporting organ the supported organization						
	supporting organization. Y					the directors or trasti	bes of the
ь	☐ <b>Type II.</b> A supporting orga	-	-			supported organization	on(s) by having
_	control or management of	•				• •	
	organization(s). You must		•		•		
С	Type III functionally integ	grated. A suppor	ting organization opei	rated in co	onnection	n with, and functiona	ally integrated with,
	its supported organization	(s) (see instructio	ons). <b>You must comp</b>	lete Part	IV, Secti	ons A, D, and E.	
d							
	that is not functionally inte						d an attentiveness
	requirement (see instruction	ons). <b>You must c</b>	complete Part IV, Sec	ctions A a	and D, ar	nd Part V.	
е	Check this box if the organ functionally integrated, or	nization received	a written determination	on from th	ne IRS the	at it is a Type I, Type	e II, Type III
f	Enter the number of supported	* *		pporting	Jigariizat	ion.	NONE
g							
	(i) Name of supported organization				rganization	(v) Amount of monetary	(vi) Amount of
	•		(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
			above (see instructions))	4000		instructions)	instructions)
		ļ		Yes	No		
A) _	/A	21/2	81/4		,	ALIA	AI/A
	<u>/A</u>	N/A	N/A		<u> </u>	N/A	N/A
B)							
C)	<del></del>	<del> </del>					18
<u>-,</u>							
D)							
				-			
E)					1		

Total

Part	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
Sacti	Part III. If the organization fails to ion A. Public Support	o quality unde	er the tests is	stea below, p	lease comple	ete Part III.)	
		(-) 0010	(F) 0014	(-) 001E	(4) 0016	(a) 2017	(6 Total
Caler 1	idar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")				NONE		NONE
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	7					_
_6	Public support. Subtract line 5 from line 4		J. # 1		) / <sub>\(\)</sub>	清楚的人。	NONE
	on B. Total Support						
Calen 7	dar year (or fiscal year beginning in)  Amounts from line 4	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				N/A		N/A
- 9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	TO SERVICE SERVICES	* 241.	-15 apr 1 apr	元かにう関数。		N/A
12	Gross receipts from related activities, etc.					12	N/A
13	First five years. If the Form 990 is for the organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor				_		
14	Public support percentage for 2017 (line 6					14	0 %
15	Public support percentage from 2016 Sch					15	0 %
16a	331/3% support test—2017. If the organi						
b	box and stop here. The organization qual 331/3% support test—2016. If the organization	•		-			_
U	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	017. If the organisets the "facts facts-and-circ	anization did n	ot check a bo ances" test, chest. The organi	x on line 13, 1 neck this box a zation qualifie	6a, or 16b, and and <b>stop here.</b> s as a publicly	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the meets the	ne "facts-and-d ts-and-circum:	circumstances stances" test.	" test, check The organizati	this box and son qualifies as	stop here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedu	le A (Form 990 or 990-EZ) 2017	•	A				Page \$
Part	Support Schedule for Organiz (Complete only if you checked t If the organization fails to qualify	he box on lin	e 10 of Part I	or if the orga	nization failed		der Part II.
Secti	on A. Public Support				·		
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				N/A	l i	N/A
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	<b>Total.</b> 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						N/A
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10a	Amounts from line 6				N/A		N/A
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						N/A
14	First five years. If the Form 990 is for the organization, check this box and stop he				_	ear as a section	

	(Explain in Part VI.)			
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)			N/A
14	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and <b>stop here</b>			
ecti	on C. Computation of Public Support Percentage			_
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15		0 %
16_	Public support percentage from 2016 Schedule A, Part III, line 15	16		0 %
ecti	on D. Computation of Investment Income Percentage			
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17		0 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18		0 %
19a	331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is mo	re than	331/3%,	and line
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly support	rted orga	nızatıon	. 🕨 🔲
b	331/2% support tests-2016. If the organization did not check a box on line 14 or line 19a, and line 16			
	line 18 is not more than 331/8%, check this box and stop here. The organization qualifies as a publicly su	pported (	organiza	ition 🕨 📋
20_	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box a	nd see u	nstruction	ons 🕨 🔲

## 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?
- 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).
- B 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**.
- 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
ļ	ļ	
1		~
	ļ	الـــــا
. 2	<del> </del>	, , ,
3a	<del> </del>	
Ja	┼	
3b	ļ	1
-	1	
3c		~
4a		~
J		
10.1	,	لنتہ ۔۔۔
4b		<b>V</b>
\$ \frac{1}{2}	19.7	
7.5	9, 3	1117
	·	فننث
4c	<u></u>	<b>₩</b>
1	- 1	14.0 M
5a		
	٠,	13 16 2012
ئىزىڭ 5b	سأنلس	السلام السلام
5c		~
	2/512	5. 8.
,	5.1	
	1.1	أ ، ا
6		~
[, ]	1	
7		<b>✓</b>
	777	
<u>8</u>	, ,	· ·
٠.,	-	•
9a		
Ja		
9b		~i
	;	
9c		~
	1 2	•
		` , , ']
10a		<b>/</b>
10b		•

Part	Supporting Organizations (continued)		т	
11	Has the exemization eccented a gift or contribution from any of the fall and a paragraph		Yes	No
	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		V
	A family member of a person described in (a) above?	11b	_	~
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
3601	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 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 <b>Part VI</b> 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.		163	
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	<u> </u>		
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		· ;
<u>Secti</u>	on D. All Type III Supporting Organizations			
	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?		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	**************************************	- 1
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	1.4	
Secti	on E. Type III Functionally Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (</li> </ul>			
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 <b>Part VI identify those supported organizations and explain</b> 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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		~
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 Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tn niza	ust on Nov. 20, 1970 (explai tions must complete Sectio	n in Part VI). <b>See</b> ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	0	
2 Recoveries of prior-year distributions	2	0	
3 Other gross income (see instructions)	3	0	
4 Add lines 1 through 3.	4	0	
5 Depreciation and depletion	5	0	
6 Portion of operating expenses paid or incurred for production or	Π		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	0	
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	1	The state of the second	
instructions for short tax year or assets held for part of year):	7/		The track of the first
a Average monthly value of securities	1a	0	
<b>b</b> Average monthly cash balances	1b	0	
c Fair market value of other non-exempt-use assets	1c	0	
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	0	
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by .035.	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	15 10 10 10 10 10 10 10 10 10 10 10 10 10	
2 Enter 85% of line 1.	2	第2条从VIII 图 1825年A	(
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>建建设的</b>	
4 Enter greater of line 2 or line 3.	4	A SALABATA CARACA SALABASA SAL	
5 Income tax imposed in prior year	5	XXXXX XXXX	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y in	tegrated Type III supporting	organization (see

Pelu		3) Supporting Organ	izations (continued)	<del></del>
	ion D - Distributions		<del> </del>	Current Year
1_	Amounts paid to supported organizations to accomplish		<del>.</del>	
2	Amounts paid to perform activity that directly furthers ex-	empt purposes of suppo	orted	
	organizations, in excess of income from activity	<u> </u>		
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
	Qualified set-aside amounts (prior IRS approval required)		<del>_</del>	
<u>      6                              </u>	Other distributions (describe in Part VI). See instructions	<u>.</u>		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	the organization is res	sponsive	
9			<del> </del>	
	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount	···		am
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			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.	,,,,,,,, .	0	or in the second of the second
3	Excess distributions carryover, if any, to 2017			, ,
а	To the state of th		-	J*7
b	From 2013			, , , ,
С	From 2014		* / },	· j. · · · · · · ·
d	From 2015	, ,		3.
е	From 2016	*	3	- , ,
f	Total of lines 3a through e	0	\$*.	18.2
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount	4.5	3" / " " " " " " " " " " " " " " " " " "	(
i	Carryover from 2012 not applied (see instructions)		- 1 - 1 (3×3 - 1)	A . 70 - 19 . 2 4 4
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from	7.5. SA 11.5%	23. T. S. C.	Marie .
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years	3 7 ME - 2 1997 19 15	0	Candida Caranterior
b	Applied to 2017 distributable amount	5,.45	1	(
С	Remainder. Subtract lines 4a and 4b from 4.	0	\$ 7, 7, 1	14. July 1997
5	Remaining underdistributions for years prior to 2017, if	* 53		3 , 162 1
	any. Subtract lines 3g and 4a from line 2. For result			
_	greater than zero, explain in Part VI. See instructions.	<u>'</u>	0	, , , , , , , , , , , , , , , , , , ,
6	Remaining underdistributions for 2017. Subtract lines 3h	?	, ., .,	
	and 4h from line 1. For result greater than zero, explain in		3	
	Part VI. See instructions.	المراجع المحرد المحرد المحرد المحرد	15 大年三一日日十日 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·	
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	0	,	
_8	Breakdown of line 7:	,		
а	Excess from 2013	4	` .	``.
b	Excess from 2014			
С	Excess from 2015	.,,		
d	Excess from 2016			
е	Excess from 2017	G	,	

Page	8

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.)
·	
	<del></del>