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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

<u> </u>	For the	2016 cale	endar year, or tax year beginnin	g July 1	2016, and er			e 30	,20 17					
<u>-</u> -							Juri		er identification n	 umber				
B		applicable:	C Name of organization The Exch.	ange Club of New Canadi Fo	oungation, ini	<u>. </u>		p,						
님	Address		Doing business as	mail is not delivered to street addre)cc) Room	n/suite		E Telepho	06-1496954 one number					
님	Name ch	-	i ·	mail is not delivered to street addre	155)	i / Suite		E releption						
님	Initial ret		P O Box 1163	and ZID or former postal and	<u>, l</u> _				203-912-8985					
		rn/terminated		untry, and ZIP or foreign postal coo	ie .									
	Amende		New Canaan, CT 06840				ئـــــــــــــــــــــــــــــــــــــ	G Gross r						
Ш	Applicati	ion pending	F Name and address of principal offi	cer:					subordinates? Yes	_				
	_		<u> </u>						es included? L. Yes					
L_		mpt status	501(c)(3) 501(c)) () ◀ (insert no) ☐ 4947(i	a)(1) or 📙 52	7	1		a list (see instructio	ns)				
<u>J</u> _	Website						H(c) Group							
K				ciation Other ▶	L Year of for	rmation	l	M State	of legal domicile					
Ŀ	art I	Summ					······································							
	1	Briefly de	escribe the organization's mis	ssion or most significant act	tivities: Thr	ough	fund-raise	rs, provi	de support to loc	:al				
Activities & Governance		charities and others whose primary mission is prevention of child abuse and families in crisis												
Таг	ĺ		<u></u>											
Ver	2		is box ▶☐ if the organization			ed of	more than	25% of	its net assets.					
යි	3	Number	of voting members of the gov	erning body (Part VI, line 1	a)			3		13				
ං ජ	4	Number of	of independent voting memb	ers of the governing body (Part VI, line	1b)		4						
Ę.	5		nber of individuals employed					5						
<u>`</u>	6	Total nun	nber of volunteers (estimate i	f necessary)				6		117				
Ac	7a	Total unre	elated business revenue from	n Part VIII, column (C), line	12	, <u>.</u> .	.	7a						
_	b	Net unrel	lated business taxable incom	e from Form 990-ग, line 34		ر ر	.)	7b						
				ISI NOV	n 2017	TT.	Prior Ye	ar	Current Ye	ar				
ø.	8	Contribut	tions and grants (Part VIII, line	e 1h)	, , , , , , , , , , , , , , , , , , , ,	1		20,850		7,500				
Revenue			service revenue (Part VIII, line	· · · · · ·			:1	228,964		238,964				
	ı		ent income (Part VIII, column (1							
			enue (Part VIII, column (A), lii											
	12		enue—add lines 8 through 11		-			249,814		246,464				
_			nd similar amounts paid (Part		. (),	<u>'</u>		133,277		136,502				
	i		paid to or for members (Part		100,211		100,002							
			other compensation, employee											
Expenses	1		onal fundraising fees (Part IX,		•			_						
ne.			draising expenses (Part IX, co			-		,		 				
X			penses (Part IX, column (A), li				£ 7,23 3		1 3 3 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8 4 8					
						\vdash		114,357		112,130				
			enses. Add lines 13–17 (mus		•	<u> </u>	-	247,634		248,362				
		nevenue	less expenses. Subtract line	16 from line 12	· · · · · · · · · · · · · · · · · · ·		inning of Cu	2,180		-2,168				
Assets or Balances	00	Takal aaa	ata (Daut V. I 46)			Def	Jilling of Cu							
isse Bala	20		ets (Part X, line 16)					<u>16,856</u>		25,842				
Fig.	21					-		500		11,654				
			ts or fund balances. Subtract	line 21 from line 20	• • • •			16,356		14,188				
	art II		ure Block											
			ry, I declare that I have examined this ete Declaration of preparer (other tha						my knowledge and	belief, it is				
		The service	oto Bosiaration of preparer (other the	arrender) is based on an information			IS EATY KITOWN	/						
0:-	_			<u></u>				_/7/	4/17					
Sig		y Signa	ature of officer				Da	(e						
He	re		MKKHA	AN TEGANIE	<u> </u>									
		<u> </u>	or print name and title			T								
Pa	id	Print/Typ	oe preparer's name	Preparer's signature		Date		Check						
	epare	r	·- · · · · · · · · · · · · · · · · · ·	<u></u>				self-em	ployed					
	e Only	1	ame 🕨			_	Firm	's EIN ▶						
		Firm's ac	ddress ▶				Pho	ne no	······································					
Ma	the IR	S discuss	this return with the preparer	shown above? (see instruc	ctions)				🗌 Yes	i ∏ No				
For	Paperw	ork Reduc	ction Act Notice, see the separ	rate instructions	<u> </u>	at No	11282Y		Form 9	90 (2016)				



Form 9	90 (2016) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The foundation's mission is to raise funds to support organizations helping with the prevention of child abuse and families in crisis
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$248,632 including grants of \$136,502) (Revenue \$246,464)
	Most expenses excluding grants are direct expense realted to fund raising events
	Major grants 1 Exchange Club Parenting Skills Center - \$ 60,000 2 Pivot Ministries, Inc - \$5,000 3, Bridgeport Rescue Mission - \$4,000
	4 Domestic Violence Crisis Center - \$4,000
	5 GetAbout, Inc - \$4,000 6 Human Services Council - \$4,000 7 College Scholarships (4) - \$10,000
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expenses.

	10 (2016)		<u>-</u>	age 🕻
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	r) :li	,0	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
			000	

Form 99			- 1	Page 4
Part	V Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	105	√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	-	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	\	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	ı	✓ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		**************************************	·
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		▼
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	- 	√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30_		
38	Part VI	37	1	✓
	The second secon		n 990	(2016)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		· A	Ş. ,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ă.	i
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		. 2	ا الله الله
_	reportable gaming (gambling) winnings to prize winners?	1c		✓_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		3	3 2
L			ů"	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	# 4 ·	✓
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	u k.e.	12.20 √
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		<u> </u>
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	*	, 11	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		25.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	. 3 .38	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			3 S
u	and services provided to the payor?	7a		<u>li</u> .
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u>,</u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		•	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		211	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	e III	4 10
-	sponsoring organization have excess business holdings at any time during the year?	8	63.i.	
9	Sponsoring organizations maintaining donor advised funds.		814	~ b:
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	oscalista 10"	10. 10 MEDIE
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			Š. S.
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 23 0 20	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			11.71
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		*	- ,3
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	73.3	30. 1
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		43	
J	the organization is licensed to issue qualified health plans		4.1	
С	Enter the amount of reserves on hand			K
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		\
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Form	990	(2016)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Company.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🔽
Secti	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	Secretary of the second	
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi any other officer, director, trustee, or key employee?	2	. &	/
3	Did the organization delegate control over management duties customarily performed by or under the dire supervision of officers, directors, or trustees, or key employees to a management company or other person? .	ct 3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6 nt 7a		√ √ √
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	7b	- 1 PS	✓
o a	the year by the following: The governing body?	19 8a		
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Re-	∕enue C	, -	
		-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	s, 10a 10b	✓	1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form	? 11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	لله شاشة	د د نگا	131
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a ? 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes describe in Schedule O how this was done	," 12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14 Dy		✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme with a taxable entity during the year?	nt 16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate a participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply.	tion 501	(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and Mark Hahn, 475 Silvermine Road, New Canaan, CT 06840 203-912-8985	ı records	: ▶	

	<u> </u>						
Part VII	Compensation of Officers, Dire	rectors, Trustees,	Key Employees,	Highest	Compensated	Employees,	and
- 	Independent Contractors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, u	Position o not check more than one ox, unless person is both an ficer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Hans Dijs, President	<u> </u>			1			E			
(2) Charlie Holmes, President Elect				1						
(3) Dan McEvoy, Immediate Past President				1						
(4) Chris LeBris, Secretary				1						
(5) Mark Hahn, Treasurer				1						
(6) Randy Dalia, Director	1	1								
(7) Jeff Platt, Director		1								
(8) Matthew Oldham, Director		1								
(9) Jim Murray, Director	T	1								
(10) Charles Froland, Director	<u> </u>	1								
(11) Luke Tashjian, Director		1								
(12) Robert Clay, Director		1							_	
(13) Michael Abbott, Director		1								
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)							
	(A) (B) (de			ot ch		ition	e than o	ne	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportat		Estima	
		hours per week (list any	(list any						compensation from	compensatio related		amour othe	
		hours for	Individual trustee or director	75	Officer	€	a F	Former	the	organizati	ons	compen	
		related	dred.	₹	Set.	en e	l olog	mer	organization	(W-2/1099-I	MISC)	from	
		organizations below dotted	or a	悥		employee	8 8		(W-2/1099-MISC)			organız and rel	
		line)	Sur	3		yee	mg					organiza	
			ee	nstitutional trustee			Highest compensated employee						
				TO TO			<u>e</u>			L			
(15)													_
]										
(16)													

(17)													
]										
(18)													
			1	ļ									
(19)				1									
33		†	1						•				
(20)		<u> </u>											
			1										
(21)													
	***************************************		1										
(22)													
		<u></u>	1										
(23)													
		*	1			ł							
(24)													
			1										
(25)													
		<u> </u>					l	<u> </u>					
1b	Sub-total							▶		,			
С	Total from continuation sheets to Part	VII, Sectio	n A					▶					
d	Total (add lines 1b and 1c)							▶					
2	Total number of individuals (including but						above	e) w	ho received m	ore than \$1	00,000	of of	
	reportable compensation from the organi							•			-		
													es No
3	Did the organization list any former of									est compe	ensated	ı 🔃	8 k*
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3	√
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npei	nsatio	n a	nd other comp	ensation fr	om the	e	. · [2].
	organization and related organizations												
	individual											4	✓
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsa	tion	fro	m any	un un	related organiz	ation or inc	dividua	I * * ; };	
	for services rendered to the organization	? If "Yes," c	compi	lete	Sch	hedi	ıle J f	or s	such person			5	7
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	acto	ors that receive	d more tha	an \$100	0,000 of	
	compensation from the organization. Rep	ort compe	nsatio	on f	or th	ne c	alend	lar y	ear ending wit	h or within	the org	ganization	's tax
	year.								_				
	(A)								(B)			(C)	
	Name and business add	ress							Description of s	ervices		Compensati	on
			_										
									· · · · · · · ·		,		<u>, , , , , , , , , , , , , , , , , , , </u>
2	Total number of independent contractor) th	ose listed abo	ove) who			
	received more than \$100,000 of compens	ation from t	the or	gan	izat	ion	▶_				1 1 1 1	<u> </u>	11327

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
į, s:	· · · · · · · · · · · · · · · · · · ·	Check if Schedule C	contains a	response or note t			(C)	· · · · · <u> </u>					
	24				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
ats st	1a	Federated campaigns	s	la		14.10 : 12 11 1		1844 1851					
Contributions, Gifts, Grants and Other Similar Amounts	Ь			(b									
s, C	С	Fundraising events .	[1c 238,964									
Sift ar,	d	Related organizations	s	id 300	78322 2020 511 6 8 8 2 2 2 2								
is, e	е	Government grants (con	ntributions)	1e									
tion	f	All other contributions, g	ıfts, grants,										
를 를		and similar amounts not inc	luded above	1f 7,200		Kinder elektrik							
E G	g	Noncash contributions include	ded in lines 1a-1f										
<u>පි</u>	h	Total. Add lines 1a-1	f		246,464								
ne ne				Business Code	*	771444	Ji 1.ji!::						
Program Service Revenue	2a												
æ	b												
<u>Ş</u> .	С												
Ser	d												
Ē	е												
ogu	f	All other program ser	vice revenue										
<u> </u>	g	Total. Add lines 2a-2	f				`3 ^{; ;}						
	3	Investment income		vidends, interest,									
		and other similar amo		▶									
	4	Income from investmen	t of tax-exemp	t bond proceeds ►									
	5	Royalties	(i) Real	<u> ▶</u>									
			(i) Real	(ii) Personal		, ,							
	6a	Gross rents				1 1 1 1 1 1 1							
	b	Less: rental expenses											
	С	Rental income or (loss)											
	d	Net rental income or (>									
	7a	Gross amount from sales of	(i) Securities	(ii) Other		· 8:310		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		assets other than inventory											
	b	Less: cost or other basis				157 138 5							
		and sales expenses .				,,,	,**						
	С	Gain or (loss)				i, '''							
	d	Net gain or (loss) .		. <u> </u>									
ø	_												
/enne	8a	Gross income from fu	ındraising		la, Phi								
		events (not including \$				Milita							
ŭ.		of contributions reporte											
Other Re	_	See Part IV, line 18 .		a		l : Li iada diki							
ö		Less: direct expenses		b									
	C	Net income or (loss) fi	rom fundraisi	ng <u>events</u> . 🕨			33						
	ya	Gross income from ga		1									
								Muli si da					
		Less: direct expenses		b	148°22		ir kizi. Ki	1 1. 1. 11. 11. 11. 11. 11. 11.					
	C	Net income or (loss) fr						· x a xx\xx \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	10a	Gross sales of in- returns and allowance											
	_			a									
		Less: cost of goods so		b_				1. na 18 4 93 15					
	С	Net income or (loss) fr		Business Code		: Winellië	N 2 N 28 3	- 11 2 2 3 7 001,600 Le 45					
}	11a	TVIISCEIIAI COUS TI	evenue	- Dusiness Code									
	b			-									
	C			-									
	d	All other revenue .		•	 			 					
İ	e e	Total. Add lines 11a-		<u> </u>	 	% ~ 2 cc / 18°							
	12	Total revenue. See in			2.2.5	** - * * * * * * * * * * * * * * * * *	, ****, . ' <u>\$</u>						
		Total levelide. See III	istructions.		246,464			Form 990 (2016)					
								rom 330 (2016)					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respon			<u> </u>	<u> </u>			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	126,502	126,502					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	10,000	10,000					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	, 17 days 1 **						
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):							
а	Management							
b	Legal							
C	Accounting							
d	Lobbying							
e 4	Professional fundraising services. See Part IV, line 17 Investment management fees			<u>}</u>				
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy			-				
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .							
23	Insurance		.,,		\$ 20.000			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If	4 (4)						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)							
а	Christmas Fundraiser - goods and svcs	86,304			86,304			
b	Golf Fundraiser - goods and services	24,602			24,602			
С	Raffle Fund-raisers - goods	630			630			
d								
е	All other expenses	594			594			
25	Total functional expenses. Add lines 1 through 24e	248,632	136,502		112,130			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)							

	artx	Dalance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
_			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	16,856	1	25,842
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	La L		The second of th
ន	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,856	16	25 942
	17	Accounts payable and accrued expenses	500	17	25,842 11,654
	18	Grants payable	500	18	11,034
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
w	22	Loans and other payables to current and former officers, directors,	498:77	<u> </u>	7 7 7
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>ia</u>	23			23	
_	24	Secured mortgages and notes payable to unrelated third parties		24	
		Unsecured notes and loans payable to unrelated third parties	,	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	500	26	11,654
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	300	.ts,5.	11,054
ces		complete lines 27 through 29, and lines 33 and 34.			
la l		Unrestricted net assets		27	
ã		Temporarily restricted net assets		28	
pu		Permanently restricted net assets		29	8 2 3 2 0 2 2 3
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ध	30	Capital stock or trust principal, or current funds		30	
SSE		Paid-in or capital surplus, or land, building, or equipment fund		31	
₹		Retained earnings, endowment, accumulated income, or other funds .	16,356	32	14,188
Š		Total net assets or fund balances	16,356	33	14 188
	34	Total liabilities and net assets/fund balances	16,856	34	25,842
					Form 990 (2016)

Form 99	00 (2016)			Pa	ge 12
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			16,464
2	Total expenses (must equal Part IX, column (A), line 25)	2		24	18,632
3	Revenue less expenses Subtract line 2 from line 1	3			-2,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			16 356
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10		1	14,188
Part	XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ []	All.	\$ " 0x
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ı	n 🏴		
	Schedule O.				1 . 7
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled c	or j	?	
	reviewed on a separate basis, consolidated basis, or both:			,	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				M
b	Were the organization's financial statements audited by an independent accountant?		. 2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a ု	2.7°	, 1
	separate basis, consolidated basis, or both:		*, *	Ni -	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1 5
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	ersigh/	ıt 🗀 🗀		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n 🦪	ž 13	
	Schedule O.		l á		

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.........................
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Name of the organization

Employer identification number

t I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
organization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)		
A church, convention of church	nes, or associati	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).		
						iii). En	ter the
	•	mijanioni maria a mosp				,,	
☐ An organization operated for the	the benefit of a	college or university	owned o	r operate	ed by a government	al unit	described in
_		montal unit described	un sectiv	on 170/b\	(1)(A)(v)		
						the a	anaral public
		•	port non	i a goven	milental unit of hon	i uie g	eneral public
	• • • • • •	•					
			=				
university:		•	•		-		_
✓ An organization that normally r	eceives: (1) more	e than 331/3% of its su	ipport fro	om contril	outions, membership	o fees,	and gross
receipts from activities related	to its exempt fui	nctions—subject to co	ertain exc	ceptions,	and (2) no more that	∩ 33¹/3°	% of its
acquired by the organization a	. Income and uni fter .iune 30 - 197	75. See section 509/s	31 2) (Car	molete Pa	art III)	Dusine	:5565
	•	•	_			m, out	the nurnees
	-		-	=			
					he directors or trust	ees of	the
supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B				
☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), t	by having
				•		Ü	
	_			onnection	n with and functions	ally inte	egrated with
its supported organization(e) (see instructio	ing Organization oper	lete Part	IV Secti	ions A. D. and F.	any mic	gratou with,
	•	•					
						.ต ลกลา	
requirement (see instructio	ns). You must c	omniete Part IV. Sec				iu un u	itentiveness
☐ Check this box if the organ		a written determination	on from t	he IRS th	at it is a Type I, Type		
☐ Check this box if the organ functionally integrated, or 1		a written determination	on from t	he IRS th	at it is a Type I, Type		
	Type III non-func	a written determination	on from t pporting	he IRS th organizat	at it is a Type I, Type		
functionally integrated, or 1	Type III non-func organizations .	a written determinationally integrated sup	on from to pporting	he IRS th organizat	at it is a Type I, Type		
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination ally integrated supported organization(s).	on from the pporting of the contract of the co	he IRS the organizat	at it is a Type I, Type ion. 	e II, Typ	
functionally integrated, or T Enter the number of supported of	Type III non-func organizations .	a written determination and written determination and written determination and written determination (s). (iii) Type of organization (described on lines 1–10	on from the porting (iv) is the collisted in you	he IRS the organizat	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination tionally integrated supported organization(s).	on from the porting (iv) is the collisted in you	he IRS the organizat	at it is a Type I, Type ion	e II, Typ	Amount of
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and written determination and written determination and written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and written determination and written determination and written determination (s). (iii) Type of organization (described on lines 1–10	on from the porting (iv) is the collisted in you	he IRS the organizat	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and written determination and written determination and written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and written determination and written determination and written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and written determination and written determination and written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and written determination and written determination and written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and written determination and written determination and written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and a written determination and a written determination and a written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and a written determination and a written determination and a written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and a written determination and a written determination and a written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and a written determination and a written determination and a written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
functionally integrated, or T Enter the number of supported of Provide the following information	Type III non-funcorganizations . n about the supp	a written determination and a written determination and a written determination and a written determination (s). (iii) Type of organization (described on lines 1–10	(iv) Is the collisted in you	he IRS the organization organization or governing ment?	at it is a Type I, Type ion	e II, Typ	Amount of support (see
	A school described in section A hospital or a cooperative hos A medical research organization hospital's name, city, and state An organization operated for the section 170(b)(1)(A)(iv). (Composerible of the section 170(b)(1)(A)(iv). (Composerible of the section 170(b)(1)(A)(iv). (Composerible of the section 170(b)(1)(A) and the section 170(b)(1)(A) are community trust described in section 170(b)(1)(A) are community trust described in a community in the support from gross investment acquired by the organization organization. You must compose in a community in the supported organization (s). You must compose its supported organization (s). You must compose its supported organization (s) its supported o	 A school described in section 170(b)(1)(A)(ii). (A hospital or a cooperative hospital service org A medical research organization operated in cohospital's name, city, and state: An organization operated for the benefit of a section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governity and organization that normally receives a substitute described in section 170(b)(1)(A)(vi). (Completed A community trust described in section 170(b) An agricultural research organization described or university or a non-land-grant college of agriculturesity: ✓ An organization that normally receives: (1) more receipts from activities related to its exempt fur support from gross investment income and uniacquired by the organization after June 30, 197 An organization organized and operated exclusion one or more publicly supported organization Check the box in lines 12a through 12d that described the supported organization. You must complete the supporting organization. You must complete Type II. A supporting organization supervision organization(s). You must complete Part II. Type III functionally integrated. A supporting supported organization(s) (see instruction Type III non-functionally integrated. A supporting III non-functionally integrated. 	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (F) A hospital or a cooperative hospital service organization described in A medical research organization operated in conjunction with a hosp hospital's name, city, and state: An organization operated for the benefit of a college or university section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described An organization that normally receives a substantial part of its supple described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(or university or a non-land-grant college of agriculture (see instruction university: An organization that normally receives: (1) more than 33½% of its surfaceipts from activities related to its exempt functions—subject to complete from gross investment income and unrelated business taxal acquired by the organization after June 30, 1975. See section 509(a) An organization organized and operated exclusively to test for public of one or more publicly supported organizations described in section Check the box in lines 12a through 12d that describes the type of supporting organization. You must complete Part IV, Sections Type II. A supporting organization operated, supervised, or control or management of the supporting organization vested in organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in supporting organization in that is not functionally integrated. The organization generally must complete Part IV. 	 □ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 □ A hospital or a cooperative hospital service organization described in section A medical research organization operated in conjunction with a hospital described hospital's name, city, and state: □ An organization operated for the benefit of a college or university owned of section 170(b)(1)(A)(iv). (Complete Part II.) □ A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from 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) operate or university or a non-land-grant college of agriculture (see instructions). Enterprise from activities related to its exempt functions—subject to certain exemplated by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II.) □ An organization organized and operated exclusively to test for public safety. □ An organization organized and operated exclusively for the benefit of, to perfect one or more publicly supported organizations described in section 509(a)(2). (Complete Part II.) □ Type II. A supporting organization operated, supervised, or controlled by the supported organization. You must complete Part IV, Sections A and B □ Type III. A supporting organization supervised or controlled in connection control or management of the supporting organization operated in cits supported organization.) (See instructions). You must complete Part IV, Sections A and C. □ Type III functionally integrated. A supporting organization operated in cits supported organization(s) (see instructions). You must complete Part IV, sections A and C. □ Type III non-functionally integrated. The organiz	 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E). A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state:	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a government 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 described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a large or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 car of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sec Check the box in lines 12a through 12d that describes the type of supporting organization and complete line Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), the supported organization supervised or controlled in connection with its supported organization organization(s). You must complete Part IV, Sections A and B. Type III functionally integrated. A supporting organization operated in connection with, and functional its supported organization(s) (see instructions). You must complete Part	 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). En hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit section 170(b)(1)(A)(iii). (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 g 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-ground or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the cuniversity: An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½ support from gross investment income and unrelated business taxable income (less section 511 tax) from busine acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(3) or section 509(a)(3). See instructions of the supporting organization

Part	Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi))
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organization	n failed to qua	llify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
Section	on A. Public Support						
Calen	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 received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid					. [
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		23	5 '' - 5 8 < 18 8	12 a.	38 38 27	
5	The portion of total contributions by						
	each person (other than a				hall siki		
	governmental unit or publicly						
	supported organization) included on	l sillí	* 1,81,7		(. li)		
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)				34183 × 34183 × 3		
6	Public support. Subtract line 5 from line 4	****	, (K)	[7:4]/ ₁ ''131	1278.2	<u> </u>	
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Valen 7	Amounts from line 4	(a) 2013	(b) 2014	(0) 2013	(4) 2010	(6) 2017	(i) rotai
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business			·-·			-
•	activities, whether or not the business						
	is regularly 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	71837 × 3	kira iita		* (5)	Wi C	
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for t						
	organization, check this box and stop he				<u> </u>	<u> </u>	▶ 🗆
Secti	on C. Computation of Public Suppo			 		T 1 "	
14	Public support percentage for 2017 (line					14	%
15	Public support percentage from 2016 Sc	hedule A, Part	li, line 14 .			15	%
16a	331/3% support test—2017. If the organ	ization did not	check the box	x on line 13, al	na line 14 is 3	31/3% or more,	check this
	box and stop here. The organization qua						
b	331/3% support test—2016. If the organithis box and stop here. The organization	ization did not	cneck a box o	on line 13 or 10	oa, and line 15	18 33 /3 70 Of 111	ore, check
17a	10%-facts-and-circumstances test—2	017. If the org	anization did r	not check a bo	x on line 13, 1	oa, or 165, and	INE 14 IS
	10% or more, and if the organization m	eets the "tacts	s-and-circumst	ances test, cl	neck tris box i	and stop nere . s as a publick	explain in
	Part VI how the organization meets the	iacis-and-circ	umstances te	est. The organi	zation qualifie	s as a publicly	anhhouren
	organization						
b	10%-facts-and-circumstances test—2	016. If the org	anization did r	not check a bo	ox on line 13,	16a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization	ation meets th	ne "tacts-and-	circumstances	The crassizet	uns pox and :	sop nere.
	Explain in Part VI how the organization					ion qualifies as	
40	supported organization					· · · · · · · · · · · · · · · · · · ·	
18	Private roungation. If the organization of	iiu noi check a	DOX OH IITIE 13	o, 10a, 10b, 17a	a, or tru, cited	ת נווס טטא מווע	366

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support						
Calen	idar 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	14,260	14,650	16,625	20,850	7,500	73,885
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	223,609	212,171	223,770	228,964	238,964	1,127,478
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	237,869	226,821	240,395	249,814	246,464	1,201,363
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,201,363
Secti	on B. Total Support		1 8 8 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1 97 3 8 8 x	<u> </u>	1,201,000
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	237,869	226,821	240,395	249,814	246,464	1,201,363
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						
C	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	Total support. (Add lines 9, 10c, 11, and 12.)	237,869	226,821	240,395	249,814	246,464	1,201,363
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second	d, third, fourth	, or fifth tax ye		1 501(c)(3)
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			3. column (f))		15	100 %
16	Public support percentage from 2016 Sch					16	100 %
	on D. Computation of Investment In-					- - - - - - - - - - 	100
17	Investment income percentage for 2017 (y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2016					18	0 %
19a	331/3% support tests – 2017. If the organ 17 is not more than 331/3%, check this box	ization did not	check the box	on line 14, ar	nd line 15 is m		, and line
b	331/3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this l	ation did not c	heck a box on	line 14 or line 1	19a, and line 16	s more than 3	3 ¹ /3%, and
20	Drivate foundation If the examination de	d not chack a	hay on line 14	10a or 10h	shack this hav	and see instance	tions -

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.

- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte 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) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(6 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")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretio despite being controlled or supervised by or in connection with its supported organizations.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E
- 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 El 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 actio 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 alread 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) anyone other than (I) its supported organizations, (II) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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 mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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 benef 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 integrate 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, determine whether the organization had excess business holdings.)

		Yes	No
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Part	IV Supporting Organizations (continued)			
		3922	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)		43	
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b 11c		
Secti	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.	Tile		L
3600	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	₹3 '	200	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		134	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	š 3	ê . ×	
	controlled the organization's activities. If the organization had more than one supported organization,	,	× 400,	. 3
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	l.ik	Lika	لأنشا
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ľ		16/4/1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	XX ,	***3	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			,
Soci	ion C. Type II Supporting Organizations	2		Ь
Secu	ion c. Type it 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	1 . 1	163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	16.48		
	or management of the supporting organization was vested in the same persons that controlled or managed		133	1
	the supported organization(s).	1	14 4	*
Secti	on D. All Type III Supporting Organizations			
<u> </u>			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	×^ *,	5 (2)	18, 4 .
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1,7 X		'
	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		
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	١,	4.7	* 3.:
	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			Ŷ.;
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	i i		
	supported organizations played in this regard.	3		
Secti	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	instru	ction	s).
а	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.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ik i.g.	103	NO.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		Fj	
	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	,	3 -1× 8 1-	
	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	1; 42 con 4c. 1	il	لشنين
_	activities but for the organization's involvement.	2b	4 3887 4	2
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لفقعفا
	trustees of each of the supported organizations? Provide details in Part VI .	3a	371.1	r ii
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h	لمعتشا	نقحدا

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)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income	II Z.C.	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	·	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other 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 instructions for short tax year or assets held for part of year):	T -	ž ,	* * * * * * * * * * * * * * * * * * * *
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		<u> </u>
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		······································
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	18 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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	2 dr. c	
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 instructions)	y in	tegrated Type III supporting	g organization (see

	ule A (Form 990 or 990-EZ) 2017			Page 7
Part		3) Supporting Organ	izations (continued)	
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported ora	anizations	
	Amounts paid to acquire exempt-use assets	осос от отристии отд		
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 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	· · · · · · · · · · · · · · · · · · ·		
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	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 Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а		1 2 4 2 4 2		7.8 3.7 N. A. A.
b	From 2013		, , ,	/ ; / ¥ ¥ i i
C	From 2014	- 3,	,	0 () () ()
d	From 2015			` ; ; .
е	From 2016			1
f	Total of lines 3a through e		, > _{1,2}	
g	Applied to underdistributions of prior years		A.	16:4-406:408-14:61
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u> _	Carryover from 2012 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount	\$1 1 kg 2 1 1		
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	, <u>.</u>	**;	4 14 11 11 11
5	Remaining underdistributions for years prior to 2017, if 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 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:		STATE OF STATE OF	
a	Excess from 2013		JUMAN ANT 12	
<u>b</u> _	Excess from 2014	-i, 741, 321, 321, 321, 4		
с	Excess from 2015			
d	Excess from 2016			
ее	Excess from 2017			

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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.)
•••••	
••••	
	

SCHEDULE I (Form 990)

Part I

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury	► Attach to Form 990.
Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990
Name of the organization	

General Information on Grants and Assistance

1 Does the organization mainta			unt of the grants or	r assistance, the g	grantees' eligibility fo	or the grants or a
the selection criteria used to a	•					
2 Describe in Part IV the organi						
Part II Grants and Other As 990, Part IV, line 21, for						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assists
(1) Exchange Club Parenting Skills 141 Franklin St Stamford, CT 06901	06-1398440	501(c)(3)	60,000			
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
2 Enter total number of section 3 Enter total number of other or				ine 1 table		
For Paperwork Reduction Act Notice, s	ee the Instruction	ns for Form 990.		C	at No 50055P	

	Part III can be duplicated if addition				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book FMV, appraisal, other)
COlleg	e Scholarships	4	2,500	- 77	
!					
<u> </u>	++				
i	#*************************************				
,					
rt IV			eduired in Pari I. III	ie z: Part III. colum	n (b): and any other add
	of Directors has a Grant Nominating Con	nmittee, which solicits ar	d reviews all grant api	plications for meeting	
		nmittee, which solicits ar	d reviews all grant api	plications for meeting	
	of Directors has a Grant Nominating Con	nmittee, which solicits ar	d reviews all grant api	plications for meeting	
	of Directors has a Grant Nominating Con	nmittee, which solicits ar	d reviews all grant api	plications for meeting	
	of Directors has a Grant Nominating Con	nmittee, which solicits ar	d reviews all grant api	plications for meeting	
	of Directors has a Grant Nominating Con	nmittee, which solicits ar	d reviews all grant api	plications for meeting	n (b); and any other add
	of Directors has a Grant Nominating Con	nmittee, which solicits ar	d reviews all grant api	plications for meeting	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number			
The Exchange Club of New Canaan Foundation, Inc	06-1496954			
Part VI - Section B Line 10b - The organization has an affiliate, namely, the New Canaan Exchange Club, Inc. ("Club"). The Club's EIN is				
06-6045353 The Club has approximately 117 members, which pays dues to cover general Club expenses				
The Club is not a fund-raising organization, its main purpose is to recruit and retain me	embers who volunteer for			
this organization's fund-raising activities. As a result, there is no need for consistent/w	rritten policies			
regarding fund raising or the distribution of funds to charities, as the Board members r	epresent each			
organization				
Part VI Section B Line 11b - The Treasurer/Preparer emails the form to the Board of Directors prior to	iling the return The Board Meeting			
prior to the filing of the return there is a motion put forth to enable the Treasurer to file	the return as prepared			
Part VI Section B Lines 15a/b - All officers/directors are unpaid volunteers				
Part VI Section C Line 19 - We have never been requested by the public for any governing documents	, conflict of interest policy or financial			
statements. The New Canaan Exchange Club, Inc. has a website with a page dedicated	to our organization's			
activities and includes the names of members on the Board, who are directors for both organizations				
If anyone wishes to inquire about our foundation or club, we will provide such information				
	·			

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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