For Paperwork Reduction Act Notice, see the separate instructions.

| | | | ł | Snort Form | | | | L | OMB No. 1545-1150 |
|--|------------------------|----------------------|--|--|-------------------|------------------|---------------|----------|--------------------------------|
| Form 990-EZ Return of Organization Exempt From Income Tax | | | | | | | @@ 4 @ | | |
| į. | | | | | | | 2016 | | |
| Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) | | | | | | | | | |
| | | | ▶ Do not enter social sec | urity numbers on this for | rm as it may | , he made nu | hlic i 🗇 | .1 | Open to Public |
| Den | artment o | of the Treasury | | | | | 15 | 06 | Inspection |
| Inter | mal Reve | nue Service | ▶ Information about Form | 990-EZ and its instruction | ons is at ww | rw.irs.gov/for | m990.` | | |
| A F | or the | 2016 calend | ar year, or tax year beginning | June 24 | , 2016, | and ending | | July 3 | , 20 17 |
| В | Check if a | pplicable | C Name of organization | | | | D Emple | yer ide | entification number |
| ✓. | Address o | change | lowa Bandmasters Association, In | ıc. | | | i | 42 | 2-1525499 |
| | Name cha | ange | Number and street (or P.O. box, if mail is | | ss) | Room/suite | E Telep | | |
| _ | initial retu | | 361 Durango Drive | | | | | 319 | 9-899-0944 |
| = | | m/terminated | City or town, state or province, country, | and ZIP or foreign postal code | e | 12 | F Grou | | |
| = | Amended Application | return on pending | Marion, IA 52302 | | | UJ | | ber ▶ | |
| | | ting Method | | pecify) ▶ | | Ī u | | | the organization is not |
| | Vebsite | | bandmasters.org | | | " | | | ach Schedule B |
| | | ***** | | a) () 4 (Speed po) [] | 4947(a)(1) or | r | • | |)-EZ, or 990-PF). |
| | | | | c) () ◀ (insert no.) ☐ ☐ Association | Other | ا الانتان | (1 01111 01 | | |
| | | | : Corporation Trust 7b to line 9 to determine gross recei | | | nore or if tota | l assats | | |
| | | | w) are \$500,000 or more, file Form 99 | | | nore, or ir tota | assers | • | 475 470 |
| | art I | | e, Expenses, and Changes i | | | on (occ the | inotaro | tions | 175,478 |
| | arti | | | | | | | HOUS | _ |
| _ | T . | | the organization used Schedul | | question | in this Part i | | <u> </u> | · · · · · · <u> </u> |
| | 1 | | ons, gifts, grants, and similar amo | | | | | 1 | 15,601 |
| | 2 | | ervice revenue including governn | nent tees and contracts | 3 | | | 2 | 98,364 |
| | 3 | | ip dues and assessments | | | | | 3 | 46,245 |
| | 4 | Investmen | | | | | | 4 | 12,942 |
| | 5a | Gross amo | ount from sale of assets other tha | n inventory | . <u>5a</u> | | 0 | | |
| | b | | or other basis and sales expense | | 5b_ | <u> </u> | 0 | - 1 | |
| | С | | ss) from sale of assets other than | inventory (Subtract lin | e 5b from l | ine 5a) | | 5c | 0 |
| | 6 | - | nd fundraising events | | | | | | |
| 4. | а | | ome from gaming (attach Scl | nedule G if greater t | than _. | | | | |
| Revenue | 1 | \$15,000) | | | - 6a | | 0 | | |
| ě | b | | ome from fundraising events (not | | | f contributio | าธ | | |
| æ | ŀ | from fundr | raising events reported on line 1 |) (attach Schedule G if | f the _ | | | | |
| | | sum of suc | ch gross income and contribution | ns exceeds \$15,000) . | - 6b | | 0 | | |
| | c | Less: direc | ct expenses from gaming and fun | draising events | . 6с | | 0 | | |
| | ď | Net incom | e or (loss) from gaming and fur | ndraising events (add li | ines 6a an | d 6b and su | btract | | |
| | ł | line 6c) | | | | | | 6d | 0 |
| | 7a | Gross sale | es of inventory, less returns and a | llowances | . 7a | 1 | 1,508 | | |
| | ь | | of goods sold | | . 7b | | 818 | | |
| | C | | fit or (loss) from sales of inventor | V (Subtract line 7b from | i line 7a) . | | | 7c | 690 |
| | 8 | | enue (describe in Schedule O) . | , , , , , , , , , , , , , , , , , , , | | | | 8 | |
| | 9 | | enue. Add lines 1, 2, 3, 4, 5c, 6d, | 7c. and 8 | | | . ▶ | 9 | 174,660 |
| | 10 | | d similar amounts paid (list in Sch | | ECEIV | | . | 10 | 11,650 |
| | 11 | | | | | | | 11 | 3,444 |
| ý | 12 | • | | 13 H | 10/1 @ W | 2017. | | 12 | 8,698 |
| Se | 13 | Profession | ther compensation, and employed all fees and other payments to in your rest, utilities, and maintenance. | dependent contractors | AOA. B. A. | (S) | \ | 13 | 5,964 |
| ě | 14 | Occupanc | y, rent, utilities, and maintenance | (CO) | | | | 14 | 2,178 |
| Expenses | 15 | • | ublications, postage, and shippir | " ~ | NGMEN | | ١. ز | 15 | 36,569 |
| | 16 | • • | enses (describe in Schedule O) | '9 | | | | 16 | 74,834 |
| | 17 | | enses. Add lines 10 through 16 | | | | | 17 | |
| _ | 18 | | deficit) for the year (Subtract line | | | <u> </u> | <u> </u> | 18 | 143,337 |
| şţs | 19 | | (deficit) for the year (Subtract line s or fund balances at beginning | | | · · · · · | A with | 10 | 31,323 |
| SS | '5 | | ar figure reported on prior year's | | |) (musi agre | O ANITH | 40 | 507 |
| Ę | 000 | - | | • | | | | 19 | 235,758 |
| Net Assets | 20 | | nges in net assets or fund balanc | | | · · · · | | 20 | 0 |
| | 21 | | or fund balances at end of year. | | | · · · · · | <u> </u> | 21 | <u>267,081</u> |
| For | Paper | work Reduct | tion Act Notice, see the separate ir | structions. | Cat | . No. 106421 | | | Form 990-EZ (2016) |





| Pa | t II Balance Sheets (see the instructions f | or Part II) | | | _ | |
|-------|--|--|---|--|------|--|
| | Check if the organization used Schedule | | ny question in this f | Part II | | 🗅 |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | | 235,758 | 22 | 267,081 |
| 23 | Land and buildings | | [| | 23 | 0 |
| 24 | Other assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| 25 | Total assets | | | 235,758 | 25 | 267,081 |
| 26 | Total liabilities (describe in Schedule O) | | | | 26 | 0 |
| 27 | Net assets or fund balances (line 27 of column | (B) must agree with | line 21) | 235,758 | 27 | 267,081 |
| Par | t III Statement of Program Service Accom | plishments (see th | e instructions for P | | | |
| | Check if the organization used Schedule | O to respond to ar | ny question in this I | Part III 🔲 | - | Expenses |
| What | is the organization's primary exempt purpose? | Promote/improve inte | erest/quality of band | music in Iowa | | quired for section (c)(3) and 501(c)(4) |
| as m | ribe the organization's program service accomplising the accomplisation of the control of the co | anner, describe the ch program title. | services provided | , the number of | orga | anizations, optional for |
| 28 | Annual conference is held which includes continuing | | | | | 1 |
| | meetings, committee meetings, displays, and awards | banquet. Attendand | e: approx. 1,200 men | nbers and | | |
| | guests. | | ata abadi bara | | 20. | 74.050 |
| 20 | | includes foreign gra | | | 28a | 74,650 |
| 29 | Information services include quarterly magazine (\$29 | | (\$1,009.84), member: | snip | | |
| | directories (\$6,200.09), and website (\$2,178.00) for ou | ir 1,000 + members. | | | | |
| | (Grants \$ 0) If this amount | includes foreign ara | nts, check here . | | 298 | 38,586 |
| 30 | 6 Scholarships (winners must be HS seniors who into | | | | | 30,360 |
| 00 | universities - [selected by audition/music theory test: | | | | | |
| | Mentor Program (\$3,350), IA Public TV (\$300), and lov | | | S Ed. dild IAAE | | |
| | (Grants \$ 11,650) If this amount | | | • 🗇 | 30a | 11,650 |
| 31 | Other program services (describe in Schedule O) | | | | | 7,7000 |
| • | , , | includes foreign gra | ints, check here . | ▶ □ | 318 | a O |
| 32 | Total program service expenses (add lines 28a t | | | | 32 | |
| Par | | | | | stru | |
| | Check if the organization used Schedule | | | | | 🗀 |
| | (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employ | - 1 |) Estimated amount of other compensation |
| Russ | Kramer | | | | | |
| Presi | | 20 | 1,600 | | 0 | |
| Муго | n Peterson | | } | | | |
| Presi | dent-Elect | 10 | 0 | | 0 | 0 |
| Steve | : Cook | | | | | |
| Secre | etary | 20 | 1,600 | | 0 | 0 |
| Aaro | 1 Nuss | | | | | |
| Treas | urer | 20 | 1,600 | | 0 | 0 |
| Dick | Redman | | | | | |
| Maga | zine Editor | 20 | 1,600 | | 0 | 0 |
| Micha | ael Golemo | | | | | |
| Past- | President | 2 | 0 | | 0 | 0 |
| | *************************************** | | İ | | | |
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| Form 99 | 90-EZ (2016) | • |) F | age 3 |
|--------------|---|------------|-------|------------|
| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | е | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | Yes | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | · | 1 |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | 1 |
| b b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b 35c | | 1 |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0 Did the organization file Form 1120-POL for this year? | 37b | | 1 |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . | 38a | | 1 |
| b 39 a | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | 1 |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | 1 |
| 41 42a | List the states with which a copy of this return is filed ► None The organization's books are in care of ► Aaron C. Nuss, Treasurer Telephone no. ► | 319-89 | 9-094 | 4 |
| | Located at ▶ 361 Durango Drive, Marion IA ZIP + 4 ▶ | 52 | 302 | T |
| D | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | No ✓ |
| | If "Yes," enter the name of the foreign country: N/A See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: N/A | 42c | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | | ▶ □ |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | No ✓ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | 1 |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c | - | 1 |
| | explanation in Schedule O | 44d | | <u> </u> |
| 45a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a 45b | | 1 |
| | | 1 | 1 | ı ∀ |

| Form 99 | 10-EZ (20 | 016) | | | | | | F | age 4 |
|--------------|--|--|--|--|-----------------------------|--|------------------|-------------|--|
| 46 | | ne organization engage, directly or in | | | | | | Yes | No |
| | | ndidates for public office? If "Yes," of | | Part I | <u></u> | | 46 | 1 | 1 |
| Part ' | | Section 501(c)(3) organizations | | 47 401 | 150 | | | | |
| | | All section 501(c)(3) organization 50 and 51. | s must answer que | stions 47–49b and | 1 52, and | complete the | tables | ror IIn | es |
| | | So and 51. Check if the organization used Scl | hadula O ta menana | to any question in | thic Dart \ | л | | | |
| | | Check if the organization used Sci | ledule O to lespond | ito any question in | tills Fait | <u> </u> | | Yes | No |
| 47 | | he organization engage in lobbying If "Yes," complete Schedule C, Par | | section 501(h) electi | | ct during the t | ax 47 | 103 | 1.0 |
| 48 | - | organization a school as described in | | | | F | | + | _/ |
| 49a | | ne organization make any transfers t | | | | | | + | 1 |
| b | | s," was the related organization a se | • | • | | | 49b | | |
| 50 | | plete this table for the organization's | | | | | rs, truste | es, an | nd key |
| | emplo | oyees) who each received more than | \$100,000 of comper | nsation from the orga | anization. I | f there is none | e, enter "l | None.' | <i>,</i> |
| | (a) | Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC | contribution to benefit pla | alth benefits, ons to employee ins, and deferred opensation | (e) Estimat | | |
| None | | | <u> </u> | | | | | | |
| | | | | | <u> </u> | | | | |
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| | | | <u> </u> | | | | | | ~ |
| | | | | | | | | | |
| f | Total | number of other employees paid ov | er \$100,000 | . ▶ | | · | | | |
| 51 | Comp \$100, | olete this table for the organization 000 of compensation from the organization | s five highest companization. If there is no | ensated independer one, enter "None." | nt contract | ors who each | received | i more | e than |
| | | Name and business address of each independ | | (b) Type of se | ervice | (c) | Compensa | tion | |
| None | | | | <u> </u> | | | | | |
| | | | | | | | | | |
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| | | | | - | | | | | |
| | | | | | | | | | |
| | | | | 1 | | | | | |
| d | Total | number of other independent contra | actors each receiving | over \$100,000 . | .▶ | | | | |
| 52 | | he organization complete Schedi | ule A? Note: All se | ection 501(c)(3) org | | | ia . ⊳ | s □ | No |
| | | of perjury, I declare that I have examined this d complete Declaration of preparer (other than | | | | | owiedge ar | d belief | f, rt is |
| | T | Han C //ww | | | | 11/12/1 | 7 | | |
| Sign Here | | Signature of officer | <u>-</u> . | | | Dafe / | | | |
| Here | | Aaron C. Nuss, Treasurer Type or print name and title | | | | | | | |
| Paid | | Print/Type preparer's name | Preparer's signature | | Date | Check | if PTIN | | |
| Prepa | arer | | | | | self-employ | | | |
| Use (| | Fırm's name ▶ | | | | Firm's ElN ▶ | | | |
| | لـــــــــــــــــــــــــــــــــــــ | Firm's address ▶ | | | | Phone no | | | |
| May th | e IRS | discuss this return with the prepare | r shown above? See | instructions | | | ► □ Ye | s 🗆 | No |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| чанне | or the organization | | | | | Employer Identification | (imper |
|-------|--|--|--|--------------------------|-----------------------|-------------------------------|---------------------------------------|
| | Bandmasters Association, Inc. | | | | l | 42-152 | |
| Pa | t Reason for Public Char | ity Status (All | organizations must | comple | te this pa | art.) See instructio | ns. |
| The | organization is not a private foundat | | , | | - | - // | |
| 1 | A church, convention of church | | | | | | |
| 2 | A school described in section | | | | | • • | · · |
| 3 | A hospital or a cooperative hos | | | | | | |
| 4 | A medical research organizatio | • | onjunction with a hosp | ital desci | nbed in s | ection 170(b)(1)(A)(| iii). Enter the |
| _ | hospital's name, city, and state | | | | | | |
| 5 | An organization operated for t | he benefit of a | college or university | owned o | r operate | d by a government | al unit described in |
| _ | section 170(b)(1)(A)(iv). (Comp | • | | | | | |
| 6 | A federal, state, or local govern | | | | | | |
| 7 | An organization that normally i | | | port from | a govern | nmental unit or from | the general public |
| | described in section 170(b)(1)(| | | | | | |
| 8 | A community trust described in | | | | | | |
| 9 | ☐ An agricultural research organiz | | | | | | |
| | or university or a non-land-grar university: | nt college of agri | iculture (see instructio | ns). Ente | r the nam | ne, city, and state of | the college or |
| 40 | An organization that normally re | | - 4h 001-0/ -6 ito o | | | utions mombombie | food and arosa |
| 10 | receipts from activities related | eceives: (1) more to its exempt fui | e than 3373% of its st nctions—subject to ce | ipport iro ertain exc | entions. | and (2) no more that | 331/3% of its |
| | support from gross investment | income and uni | related business taxal | ole incom | e (less se | ection 511 tax) from | businesses |
| | acquired by the organization at | | | | | | |
| 11 | An organization organized and | • | • | - | | | |
| 12 | An organization organized and | | | | | | |
| | of one or more publicly suppo Check the box in lines 12a throi | | | | | | |
| _ | | • | • • • • • | | - | • | |
| а | | | | | | | |
| | the supported organization supporting organization. You | | | | | ne directors or trust | ees of the |
| _ | | - | | | | | an/a) bu bauina |
| b | Type II. A supporting organ control or management of t | | | | | | |
| | organization(s). You must o | • • • • | • | | persons | triat control of mark | age the supported |
| С | | * | | | onnection | with, and functions | ally integrated with. |
| Ŭ | its supported organization(s | | | | | | , |
| d | | - • | • | | | | orted organization(s) |
| _ | that is not functionally integ | | | | | | |
| | requirement (see instruction | | | | | | |
| е | ☐ Check this box if the organ | zation received | a written determination | on from th | ne IRS tha | at it is a Type I. Type | e II. Type III |
| | functionally integrated, or T | | | | | | ·, . , , , , |
| f | Enter the number of supported of | rganizations . | | | | | |
| g | Provide the following information | about the supp | orted organization(s). | | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization | | rganization | (v) Amount of monetary | (vi) Amount of |
| | | | (described on lines 1–10 above (see instructions)) | | ir governing ment? | support (see instructions) | other support (see instructions) |
| | | • | 100vc (000 ii.22 doi.01.0), | | | , | |
| | | | | Yes | No | | |
| A) | | | | | | | |
| | | | <u> </u> | ļ | | | |
| B) | | | | | | | |
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| C) | } | | |] | | | |
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| D) | | | | 1 | \ | | |
| E) | | ······································ | <u> </u> | | | | |
| E) | | | _ | <u>L</u> | | | |
| _ | | | | | | , | |

| Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) To a 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 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) 6 Public support. Subtract line 5 from line 4 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 12 Gross receipts from related activities, etc/(see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 16 Sa31-3% support test—2016. If the organization did not check the box on line 13, and line 14 is 331-3% or more, check to box and stop here. The organization did not check to box on line 13, and line 15 is 331-3% or more, check to box and stop here. | Part I | Support Schedule for Organiza (Complete only if you checked the | | | | | | • // |
|--|-------------|---|-----------------|---------------------------------|---------------------------------|---------------|---------------|--------------|
| Calendar year (or fiscal year beginning in) 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. 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) . 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 . 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 carned 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 12 Gross receipts from related activities, etc/ (see instructions) . 12 Instring years. If the Form 990 is for/the organization's first, second, third, fourth, or fifth tax year as a section 501(c organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2015 Schedule A, Part II, line 14 . 15 Salva% support test—2016. If the organization did not check the box on line 13, and line 14 is 331-3% or more, check this box and stop here. | | | | | | | | |
| and membership fees received. (Do not include any "unusual grants.") | Sectio | n A. Public Support | | | | | | / |
| membership fees received. (Do not include any "unusual grants.") | Calend | ar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 / | (f) Total |
| 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) . 6 Public support. Subtract line 5 from line 4 Section B. Total Support 7 Amounts from line 4 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 carned 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 12 Gross receipts from related activities, etc/(see instructions) . 12 12 13 15 15 15 15 15 15 15 | (| membership fees received. (Do not | | | | | | |
| furnished by a governmental unit to the organization without charge | | organization's benefit and either paid | | | | / | | |
| 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). 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support seceived on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1 | furnished by a governmental unit to the organization without charge | | | | | | |
| 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) 6 | 4 | Total. Add lines 1 through 3 | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) To Amounts from line 4 B. 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 carned 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 12. Gross receipts from related activities, etc./(see instructions) 13. First five years. If the Form 990 is for/the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here Section C. Computation of Public Support Percentage 14. Public support percentage from 2016 (line 6, column (f) divided by line 11, column (f)) 15. Public support percentage from 2015 Schedule A, Part II, line 14 16. 331/s% support test—2016. If the organization did not check the box on line 13, and line 14 is 331/s% or more, check to box and stop here. The organization qualifies as a publicly supported organization 16. 331/s% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more, check to some line 15 is 331/s% or more | 9 9 1 | each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount | | | | | | |
| Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) To Amounts from line 4 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 carned 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 12 Gross receipts from related activities, etc:/(see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop/here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support test—2016. If the organization did not check the box on line 13, and line 14 is 33½% or more, check the box and stop/here. The organization qualifies as a publicly supported organization 18 33½% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check the support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check the support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check the support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check the support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check the support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check the support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check the support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check the support test—2016. | _6 I | Public support. Subtract line 5 from line 4 | | | / | | | |
| 7 Amounts from line 4 | Sectio | n B. Total Support | | | , | | | |
| 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 carned 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 12 Gross receipts from related activities, etc./ (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(corganization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33¹a% support test—2016. If the organization did not check the box on line 13, and line 14 is 33¹a% or more, check the box and stop here. The organization qualifies as a publicly supported organization 18 33¹a% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹a% or more, check the same and the | | - · · · · · · · · · · · · · · · · · · · | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 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 carned 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 12 Gross receipts from related activities, etc./(see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(corganization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 331/a% support test—2016. If the organization did not check the box on line 13, and line 14 is 331/a% or more, check the box and stop here. The organization qualifies as a publicly supported organization 18 331/a% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check the box on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost on line 13 or 16a, and line 15 is 331/a% or more, check the lost of t | | | J | | | |] | |
| activities, whether or not the business is regularly carned 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 12 Gross receipts from related activities, etc. (see instructions) | í 1 | payments received on securities loans, rents, royalties and income from similar | | | | | | |
| loss from the sale of capital assets (Explain in Part VI.) | á | activities, whether or not the business | | | | | | |
| 12 Gross receipts from related activities, etc./ (see instructions) | 1 | oss from the sale of capital assets | | | | | | |
| organization, check this box and stop here | 12 (| Gross receipts from related activities, etc | | | | | | on 501(c)(3) |
| Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) | | | | | | | | |
| Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) | | | | | | | | = |
| 33¹/s% support test—2016. If the organization did not check the box on line 13, and line 14 is 33¹/s% or more, check the box and stop here. The organization qualifies as a publicly supported organization | 14 | Public support percentage for 2016 (line | 6, column (f) d | ivided by line | 1, column (f)) | | 14 | % |
| box and stop here. The organization qualifies as a publicly supported organization | 15 F | Public support percentage from 2015 Scl | nedule A, Part | II, line 14 . | | | | % |
| b 331/3% support test -2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, che | | | | | | | | |
| | | | | | | | | |
| this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
| 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization | | 10% or more, and if the organization meart VI how the organization meets the | eets the "facts | -and-circumst | ances" test, c | heck this box | and stop here | . Explain in |
| b 10%-facts-and-circumstances test 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop he Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publication of the properties. | | 15 is 10% or more, and if the organiza Explain in Part VI how the organization r | ation meets th | ne "facts-and- ts-and-circum | circumstances stances" test. | " test, check | this box and | stop here. |
| supported ofganization | 18 I | Private foundation. If the organization di | | box on line 13 | s, 16a, 16b, 17a | | | |

Part III 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 | on A. Public Support | | | | | | | | |
|-------|--|-----------------|-----------------|------------------|-----------------|-------------|---|--|--|
| Calen | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | | | |
| | received. (Do not include any "unusual grants.") | 48,906.24 | 49,748.00 | 52,094.00 | 47,708.35 | 61,846.00 | 260,302.59 | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | i | | | | | |
| | organization's tax-exempt purpose | 85,737.74 | 86,880.95 | 77,905.14 | 79,953.60 | 99,872.00 | 430,349.43 | | |
| 3 | Gross receipts from activities that are not an | | | | | | | | |
| | unrelated trade or business under section 513 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 4 | Tax revenues levied for the | | | | | | | | |
| | organization's benefit and either paid | j | j | , | } | } | | | |
| | to or expended on its behalf | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 5 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to the | | | | | ì | | | |
| | organization without charge | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 6 | Total. Add lines 1 through 5 | 134,643.98 | 136,628.95 | 129,999.14 | 127,661.95 | 161,718.00 | 690,652.02 | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | | | |
| | received from disqualified persons . | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| b | Amounts included on lines 2 and 3 | | | | | | | | |
| | received from other than disqualified | | i | | 1 | | | | |
| | persons that exceed the greater of \$5,000 | | | | | ļ | | | |
| | or 1% of the amount on line 13 for the year | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| C | Add lines 7a and 7b | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 8 | Public support. (Subtract line 7c from | | | ļ | | 1 | | | |
| | line 6.) | | | | | | 690,652.02 | | |
| | Section B. Total Support | | | | | | | | |
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | |
| 9 | Amounts from line 6 | 134,643.98 | 136,628.95 | 129,999.14 | 127,661.95 | 161,718.00 | 690,652.02 | | |
| 10a | Gross income from interest, dividends, | | | | | | | | |
| | payments received on securities loans, rents, | | | | | | | | |
| | royalties and income from similar sources . | 10,886.92 | 16,295.83 | 6,099.85 | 4,867.74 | 12,942.00 | 51,092.34 | | |
| þ | Unrelated business taxable income (less | | | | | | | | |
| | section 511 taxes) from businesses | | ' | | | | | | |
| | acquired after June 30, 1975 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| | Add lines 10a and 10b | 10,886.92 | 16,295.83 | 6,099.85 | 4,867.74 | 12,942.00 | 51,092.34 | | |
| 11 | Net income from unrelated business | | | | | | | | |
| | activities not included in line 10b, whether | ļ | |] | | | | | |
| 40 | or not the business is regularly carried on | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 12 | Other income. Do not include gain or | | | | | | | | |
| | loss from the sale of capital assets (Explain in Part VI.) | | | | | | | | |
| 12 | • | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | 474 000 00 | 744 744 00 | | |
| 14 | First five years. If the Form 990 is for the | 145,530.90 | 152,924.78 | | 132,529.69 | 174,660.00 | 741,744.36 | | |
| ' | organization, check this box and stop he | - | | | | | - | | |
| Sacti | on C. Computation of Public Suppor | | | | | | · · · · <u>- </u> | | |
| 15 | Public support percentage for 2016 (line | | | 3 column (fl) | | 15 | 93.11 % | | |
| 16 | Public support percentage from 2015 Sci | | | | | 16 | 94.43 % | | |
| | on D. Computation of Investment In | | | | · · · · · | 1 | G-1.43 /0 | | |
| 17 | Investment income percentage for 2016 (| | | v line 13. colur | nn (fi) | 17 | 6.89 % | | |
| 18 | Investment income percentage from 2015 | • | | - | | 18 | 5.57 % | | |
| 19a | 331/s% support tests—2016. If the organ | ization did not | check the box | x on line 14. ar | nd line 15 is m | | | | |
| | 17 is not more than 331/3%, check this box | | | | | | | | |
| b | 331/a% support tests—2015. If the organiz | | | | | | | | |
| _ | line 18 is not more than 331/3%, check this | | | | | | | | |
| 20 | Private foundation. If the organization di | = | - | | | | = | | |

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.)

| Secti | on A. All Supporting Organizations | | | |
|-------|---|-----|-----|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | _1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| 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). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 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 . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| 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. | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 10a | | |
| 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.)

10b

| Scriedu | le A (FOIII) 990 OF 990-E2/ 2010 | | , | age C |
|----------|--|--------------|--|--|
| Part | Supporting Organizations (continued) | | 1 | - |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | 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 | | |
| Secti | on B. Type I Supporting Organizations | 1.0 | | |
| | on or type t capper and or game attention | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| • | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| | | 1 | | |
| 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 | | | |
| | on or type it outper this grant and the same | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | Γ | | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | | 1 | |
| | | 1 | | <u>.</u> |
| Secti | on D. All Type III Supporting Organizations | | | N |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 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 | | | |
| | 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 | | Ì | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | İ | | ! |
| | supported organizations played in this regard. | 3 | ł | |
| 04 | | 3 | <u> </u> | |
| 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 | struci | ions). |
| v | The digalization supported a governmental entity. Describe in 1 art vi non you supported a government entity (| | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| _ | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | 1 | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | 1 |
| | that these activities constituted substantially all of its activities. | 2a | | |
| L | | - | | |
| þ | 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 | | 1 | 1 |
| | or the organization's supported organization(s) would have been engaged in: It is explain in Fart VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | 1 | |
| | activities but for the organization's involvement. | 2b | | <u> </u> |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | İ | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | <u> </u> | <u></u> . |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | 1 |
| _ | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | <u>L</u> . |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | ani | zations | |
|--|-------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | |
| instructions. All other Type III non-functionally integrated supporting organ | izati | ons must complete Sect | ions A through E. |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other 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): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 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 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional instructions). | ly in | tegrated Type III support | ing organization (see |

| | le A (Form 990 or 990-EZ) 2016 | | | Page 7 |
|------------|---|-----------------------------|--|---|
| Part | V Type III Non-Functionally Integrated 509(a)(3 ion D - Distributions |) Supporting Organi | zations (continuea) | Commont Voca |
| Sect 1 | | vomat numanos | | Current Year |
| | Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe | | et a d | |
| ~ | organizations, in excess of income from activity | inpi purposes oi suppo | rteu | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| | Amounts paid to acquire exempt-use assets | occo or capported orga | | |
| | Qualified set-aside amounts (prior IRS approval required) | | | |
| | Other distributions (describe in Part VI). See instructions. | | | · |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | sponsive | |
| | (provide details in Part VI). See instructions. | Ū | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| S | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| <u>`</u> a | Disease distributions starty story in arry, to 20101 | | | |
| b | | | | · · · · · · · · · · · · · · · · · · · |
| C | From 2013 | | | |
| d | From 2014 | | | |
| e | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i_ | Carryover from 2011 not applied (see instructions) | | | |
| <u>i</u> _ | Remainder. Subtract lines 3g, 3h, and 3ı from 3f. | | | - <u>-</u> |
| 4 | Distributions for 2016 from | | | |
| | Section D, line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| <u>b</u> | Applied to 2016 distributable amount | | | |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b_ | Excess from 2013 | | | |
| c | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| e_ | Excess from 2016 | | | |

| Page | 5 |
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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.) |
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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.

OMB No 1545-0047 2016

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** lowa Bandmasters Association, Inc. 42-1525499 990 EZ Part I, Line 10 The Major Landers Scholarship Program is the responsibility of the IBA Endowment Fund Committee. Up to six scholarships are awarded annually to high school seniors who plan to be music education majors in lowa colleges or universities. The scholarship is provided to IBA members (band directors) during the fall semester who then share that information with their high school band students who are seniors. Interested students then prepare to participate, beginning at their district level. The lowa Bandmasters Association, inc. (IBA) has six geographical district organizations which host several events for IBA members including the district level scholarship auditions. Auditions and a music theory test are held in each of the six IBA districts to determine a district winner. District winners come to the annual Conference in May for the final auditions and a music theory examination to determine the first place, second place, and up to four finalist scholarship winners at the state level. The first place winner also performs her/his solo at the IBA Conference Banquet. The monetary amounts are as follows: 1st Place - \$2,000, 2nd Place - \$1,500, up to four finalists - \$1,000 each. In FY2016 \$7,500 in total was paid out to the recipients. In addition to the Major Landers Scholarship Program IBA makes annual grants to the lowa Alliance for Arts Education (IAAE) (\$3,000), the IAAE Mentor Program (\$350), Friends of lowa Public Television (\$300), and the lowa Band Conductors Forum (\$500) to support their efforts to "promote, encourage, enhance, and improve interest in and quality of band music in lowa," the state purpose of IBA. 990EZ, Part I, Line 16 The lowa Bandmasters Association, Inc. (IBA) holds an annual conference in May which includes continuing education clinics, concerts by bands at all levels from lowa and around the midwest, workshops covering a variety of topics for band directors, IBA business meetings, IBA committee meetings, displays and exhibits by educational institutions and vendors, and an awards banquet to honor outstanding members, retirees, keynote speakers, and to feature the 1st Place winner of the Major Landers Scholarship. The Conference is regularly attended by over 1,200 people including IBA members, guests, family members, and workshop/clinic presenters. Expenses for the Conference are included in Part I, Line 16 (\$73,649.53). As part of the Conference IBA sponsors the All-lowa 8th Grade Honor Band, made up of representatives selected from the six IBA districts. As part of this event IBA contributes toward the composition of an original work to be performed by the band. This is included in Part I, Line 16 (\$1,000). Also included in Line 16 are expenses related to computer equipment, software upgrades, and upgrades to the IBA website

(www.bandmasters.org) (\$184.72)

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