Activities & Governance		statewide, grassroots organization, uniting A achieve social justice. We use our collective empowering, organizing and advocating with our Check this box I if the organization discontinued its operations or Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, Total number of individuals employed in calendar year 2016 (Part V, line Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34									
Revenue	8 9 10 11 12	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue — add lines 8 through 11 (must equal Part VIII, column (A)									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)									
	14	Benefits paid to or for members (Part IX, column (A), line 4).									
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), I									
nse		Professional fundraising fees (Part IX, dolumn (V) Fee (Part IX)									
xpe	b	Total fundraising expenses (Part IX, column (b), line 25)									
ш	17	Other expenses (Part IX, column (A), In 11a-11d 11f 24e)									
	_	Total expenses Add lines 13-17 (must ental Partilly, columny4), line									
	19	Revenue less expenses Subtract line 18 from line 12									
Net Assets or Fund Balance	20 21 22	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20									
		Signature Block									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any k											
		Signature of officer Joseph Santos Lyons Type or print name and title									
		Print/Type preparer's name Preparer's signature									
Pai	id	Jack Mesplay Jack Mesplay									
		<u> </u>									
Us	e On	ly Firm's address ► 333 SE 2nd Ave									
		Portland, OR 97214									
_		RS discuss this return with the preparer shown above? (see instructions)									
RA	A FOI	Paperwork Reduction Act Notice, see the separate instructions.									
	A San	Benunday 10 11 12 13 14 15 16a b 17 18 19 20 21 22 Part III Under penal complete D Sign Here Paid Prepare Use On									

Form **990** OMB No 1545-0047 2016 Return of Organization Exempt From Income Tax 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** Department of the Treasury Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning , 2016, and ending 6/30 , 2017 D Employer identification number Check if applicable APANO Communities United Fund Address change4 80-0252850 PO Box 6552 Telephone number Name change Portland, OR 97208 Initial return (971) - 340 - 4861Final return/terminated **G** Gross receipts \$ Amended return 1,758,900. F Name and address of principal officer H(a) Is this a group return for subordinates Application pending Yes Joseph Santos Lyons H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) Same As C Above Yes Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or Website: ► http://www.apano.org H(c) Group exemption number ▶ Form of organization X Corporation Trust Association L Year of formation 2008 M State of legal domicile OR Part I Summarv Briefly describe the organization's mission or most significant activities APANO Communities United Fund is a statewide, grassroots organization, uniting Asians and Pacific Islanders to achieve social justice. We use our collective strengths to advance equity through empowering, organizing and advocating with our communities. If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ► Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 47 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T. line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1.738.231 1,299,165. Revenue Program service revenue (Part VIII, line 2q) 411,057 458,175. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 764. 121 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,563. -13,793.Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,744,311. 2,155,972 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 37,025 26.385. Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 786,484 1,039,482. 16a Professional fundraising fees (Part IX, column (A) Inc. 873 **b** Total fundraising expenses (Part IX, column 123,624. 18 Total expenses Add lines 13-17 (must equal Part IX, column (4), Revenue less expenses. Subtraction of the column (4), Image 11a-11d, 11f-24e. 506,188 563,050. 1,330,570. 1,628,917. Revenue less expenses Subtract line 18 from line 12. 825,402 115,394. Beginning of Current Year End of Year Total assets (Part X, line 16) 20 1,375,790. 1,242,774. 21 Total liabilities (Part X, line 26) 102,239 119,861. Net assets or fund balances. Subtract line 21 from line 20 1,140,535 1,255,929. Part II Signature Block Under penalties of perjury, I declar complete Declaration of preparer re that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and (other than officer) is based on all information of which preparer has any knowledge Sign Here Joseph Santos Lyons
Type or print name and title Executive Director Print/Type preparer's name Preparer's signature Date X if Check May 15 2018 Jack Mesplay self employed P01706713 Paid Jack Mesplay Preparer Firm's name Jack Mesplay & Associates Use Only Firm's address 333 SE 2nd Ave Firm's EIN > 46-4013901

No

Form **990** (2016)

5034898195

X Yes

Phone no

TEEA0113L 11/16/16

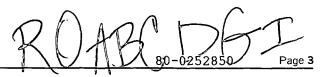
) (Revenue \$

including grants of

1,408,685.

4e Total program service expenses ▶

Form 990 (2016) APANO Communities United Fund
Part IV Checklist of Required Schedules



Yes No

			163	140
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		х
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4	Х	
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		Х
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_		X
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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			i
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	l
l	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	11 b		Х
(c 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	11 c		<u>x</u>
(I 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	11 d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
1	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	11 f	_	<u>X</u>
128	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
ł	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		Х
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If 'Yes,' complete Schedule E	13		X
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
ŀ	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		Х
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		х
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		X
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		Х
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	х	
	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		Х
DAA		= -	222	(2016)

Form 990 (2016) APANO Communities United Fund

Part IV Checklist of Required Schedules (continued)

			res	140
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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	х	
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		X
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? <i>If 'Yes,' complete Schedule J</i>	23		x
24	a 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		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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	25a		х
	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		Х
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		х
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		Х
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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c 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		Х
29		29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	ì	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-37 If 'Yes,' complete Schedule R, Part I	33		Х
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	Х	ļ
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	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		х
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, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38	X	
BA	4	Form	1 990	(2016)

Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check in deficience of contains a response of note to any line in this fact.		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	25	+	+
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	\dashv _	_	
	(gambling) winnings to prize winners?	10	c X	↓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	47		ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	ь X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		\top	_
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3:	a	X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	31	p	T
	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)?	4:	а	Х
	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)			- - -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 :		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5.	Ц	↓
6 a	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?	6	a	Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	ь	
7	Organizations that may receive deductible contributions under section 170(c).			T
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7.	a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	0	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			7
	Form 8282?	<u></u>	 	<u> </u>
	If 'Yes,' indicate the number of Forms 8282 filed during the year Put the exceptively receive any finds directly or indicately to now promise an a personal hopeful contract?		_	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		$\frac{X}{X}$
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	<u> </u>	+	+~
•	as required?	79	3	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	h	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	8		
	organization have excess business holdings at any time during the year?	<u> </u>	+	+
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9;	_	
	Did the sponsoring organization make any taxable distributions under section 4900. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	91	_	+
	Section 501(c)(7) organizations. Enter.	<u>-</u> -	┼─	+
	Initiation fees and capital contributions included on Part VIII, line 12	f	}	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-	1	
	Section 501(c)(12) organizations. Enter	┪		Ì
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\neg		
	Is the organization licensed to issue qualified health plans in more than one state?	13	3	
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in	}	1	1
	which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	\dashv		
	Did the organization receive any payments for indoor tanning services during the tax year?	14:		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	141	+	+
BAA	TEEA0105L 11/16/16			(2016)

Form 990 (2016) APANO Communities United Fund 80-0252850 Page 6 | Part VI | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a 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 9 1 a **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its governing documents See Sch O since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? \overline{X} **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O Х 12c 13 Did the organization have a written whistleblower policy? 13 X 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official See Schedule O 15a Х **b** Other officers or key employees of the organization See Schedule O 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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 nor a	ny related organiz	ation	com	<u> </u>		ed any	y cu	irrent officer, direct	or, or trustee	
	1	(C) Position (do not check more than one box, unless person is both an officer and a								
(A) Name and Title	(B) Average hours	tha	n one s both	box, an c	unles officer	ss pers and a	son	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director		Officer		Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Bandana Shrestha	5									
Director		X	Ш		<u> </u>			0.	0.	0.
(2) Hong Dao	5	1							_	
Director	0	X			<u> </u>			0.	0.	0.
(3) Huy Ong	5	١						_	_	
Director	1	X	Н		<u> </u>			0.	0.	0.
_(4)_Jean_Yamamoto	5			•						•
Treasurer (5) Indian Paris and Calle	1 -	Х		X	<u> </u>		_	0.	0.	0.
(5) Jessie Domingo Salu	5								0	0
Director Li	5	X	\vdash			\vdash	\dashv	0.	0.	0.
(6) Mary Li		X		Х				0.	0	0
Secretary (7) Sandy Tsuneyoshi	5	├ ^	$\vdash \dashv$	Λ_		\vdash	\vdash	U-	0.	0.
Director		X	1					0.	0.	0.
(8) Simon Tam	5	┼≏	\vdash		-	$\vdash \dashv$	\vdash			
Chairman		x		Х				0.	0.	0.
(9) Toni Tabora-Roberts	5	<u> ^</u>	\vdash		├-	\vdash	\vdash			
Director		X		i	i			0.	0.	0.
(10) Joseph Santos Lyons	42	 ^	\vdash		-		\vdash			`
Executive Dir.		1		Х				64,830.	1,913.	5,234.
(11)								01/0001	1/310.	
(12)					-					
(13)										
(14)	-	_			<u> </u>		_			
		<u> </u>			_					5 000 (0010)
BAA	TEEA0	107L	11/16	5/16						Form 990 (2016)

Part VII Section A. Officers, Directors, 170	(B)	Tey		ipid ()		es,	anc	a Hignest Con	ipensated Emp	loyees (continued)
(A) Name and title	Average hours per week	bοx	unle	Pos heck ss pe	sition more erson direct	than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
<u>(15)</u>										
(16)							_			
(17)							!			
(18)		-		 -						
(19)					-					
(20)					-				·	
(21)		1								
(22)		+								
(23)								-		
(24)										
(25)										
1 b Sub-total							>	64,830.	1,913.	5,234.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						•	64,830.	0. 1,913.	0. 5,234.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	ısted	abov	ve) v	who	recei	ved			
			-							Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	th individu	ıal								3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,00	mpe)0?	ensa /f '}	ition Yes,	and com	oth <i>ple</i>	er compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fre	om Iule	any J fo	unre r suc	late ch p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	cated ind	enen	dent	COL	ntra	ctors	tha	it received more t	nan \$100 000 of	
compensation from the organization Report comper	isation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax year	
Name and business add	ress							Description (of services	(C) Compensation
					_		_			
Total number of independent contractors (including I \$100,000 of compensation from the organization		ited to	tho	se l	liste	abo	ve)	who received more	than	
BAA		TEEAC	108L	11/	16/16					Form 990 (2016

Form **990** (2016)

1	Check if Schedule O contains a resp	onse or note to any	line in this Part V	III		
	. <u> </u>	_ =	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
L	*			revenue		512 514
ints	1 a Federated campaigns 1 a					į.
Gra	b Membership dues 1 b c Fundraising events 1 c	F1 070		, ,		i
£ £	c Fundraising events 1 c d Related organizations 1 d	51,279	· _Ł ,	- i	, 1	t
a	e Government grants (contributions) 1 e	66,513 189,941	3	<u>'</u>	_	,
Sin		105, 541	~ ;			
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	991,432	, ر	1	*	
ontr od (g Noncash contributions included in lines 1a 1f \$		1 200 165			
	h Total_Add_lines 1a 1t	Business Code	1,299,165		 	
ž	2t Foo for coryugos	Basilless code	458,175	458,175		· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	2a Fee for services	~	4,30,173	430,173		
ce					<u> </u>	
eΓ	d		-			
ωS						
gra	All other program service revenue					
P.	g Total Add lines 2a 2f	•	458,175	~~~~~~ 11	· · - · · · · · · · · · · · · · · · · ·	
	3 Investment income (including dividend	s interest and				-
	other similar amounts)	t bond proceeds	764			
	4 Income from investment of tax exemp	t bonu proceeds				·
	5 Royalties (i) Real	(ii) Personal		7		
	6a Gross rents	 				<u>'</u>
	b Less rental expenses	<u> </u>	۽ -	, ,		
	c Rental income or (loss)					i
	d Net rental income or (loss)	<u> </u>	•			
	7 a Gross amount from sales of (i) Securities	(ii) Other	 1		- -	
	assets other than inventory		,	ή		∯ ~
	b Less cost or other basis		1 •	1		·
	and sales expenses			,		
	c Gain or (loss) d Net gain or (loss)	▶				
			 -			
enne	8a Gross income from fundraising events (not including \$ 51.279	1				
ķ	(not including \$ 51,279 of contributions reported on line 1c)		 • • • • • • • • • • • • • • • • • •			r
ď	See Part IV line 18	a 796	, , ,	,		Į
Other Rev	b Less direct expenses	b 14,589			 	` <u></u>
δ	c Net income or (loss) from fundraising	events •	-13,793			
	9a Gross income from gaming activities See Part IV line 19	a	, ,			
	b Less direct expenses	ь	,			1
	c Net income or (loss) from gaming acti	vities 🕨	- "			
	10a Gross sales of inventory less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inve	entory ►				
	Miscellaneous Rezenue	Business Code				
i	11a					
!	b					
į	C					
	d All other revenue. e Total Add lines 11a 11d					
	e lotal Add lines tha that 12 Total revenue See instructions	.	1.744.311	458,939	<u> </u>	

TEEA0109L 11/16/16

Form 990 (2016) APANO Communities United Fund Part IX | Statement of Functional Expenses

		(4)	(B)	(C)	(D)
	e amounts reported on lines , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
organiza	nd other assistance to domestic tions and domestic governments IV, line 21	26,385.	26,385.		
2 Grants a individua	nd other assistance to domestic Is See Part IV, line 22				
organizat	nd other assistance to foreign ons, foreign governments, and for- viduals See Part IV, lines 15 and 16				
^	paid to or for members sation of current officers, directors,				
trustees,	and key employees	68,167.	61,483.	2,278.	4,406
disqualifi section 4	sation not included above, to ed persons (as defined under 958(f)(1)) and persons described 14958(c)(3)(B)	0.	0.1	0.	C
	aries and wages	791,518.	678,502.	32,973.	80,043
	plan accruals and contributions		3.3/032.1	3273131	307030
	section 401(k) and 403(b) contributions)	16,535.	14,180.	688.	1,667
	pployee benefits	74,125.	64,330.	2,737.	7,058
10 Payroll ta	axes	89,137.	76,631.	3,654.	8,852
11 Fees for	services (non-employees)				
a Manager	nent	2,550.	2,519.	31.	
b Legal		3,110.		3,110.	
c Accounti	ng	33,671.		33,671.	
d Lobbying	<u> </u>				
	I fundraising services See Part IV, line 17				
	nt management fees				
(A) amount	ne 11g amount exceeds 10% of line 25, column [, list line 11g expenses on Schedule 0 \$ ch Q	237,436.	236,001.		1,43
	ng and promotion	21,934.	20,664.	271.	999
13 Office ex	penses	36,791.	32,619.	955.	3,21
	on technology	19,768.	16,342.	781.	2,645
15 Royalties	<u>.</u>				
16 Occupan	cy (88,350.	81,131.	1,636.	5,583
17 Travel	·	32,005.	29,795.	950.	1,260
18 Payment expenses public of	s of travel or entertainment s for any federal, state, or local ricials				
19 Conferer20 Interest	ces, conventions, and meetings				
	s to affiliates				
	tion, depletion, and amortization	7,049.	6,276.	229.	544
23 Insuranc	· .	9,761.	2,790.	6,852.	119
covered in line 24 of line 25	penses Itemize expenses not above (List miscellaneous expenses te If line 24e amount exceeds 10% to, column (A) amount, list line 24e to on Schedule O)				
a <u>Meeti</u> :	ngs and Food	36,795.	33,562.	1,499.	1,734
b <u>Print</u>	ing and Publications	13,595.	11,518.	401.	1,676
	ing and Development	10,686.	8,512.	1,802.	372
	<u>izational Memberships _ </u>	3,823.	3,598.	225.	
e All other	· 1	5,726.	1,847.	1,865.	2,014
Joint cost the organ joint cost campaigi Check he	ists. Complete this line only if inization reported in column (B) is from a combined educational in and fundraising solicitation if following (ASC 958-720)	1,628,917.	1,408,685.	96,608.	123,624

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 429,654. Cash - non-interest-bearing 182,095 Savings and temporary cash investments 2 70,017.201 664,913.3 Pledges and grants receivable, net 869,378 3 157,470. Accounts receivable, net 159,708 4 Loans and other receivables from current and former officers, directors, rustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net Inventories for sale or use 8 27,369 Prepaid expenses and deferred charges $\overline{14,711}$ 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 43,704 b Less accumulated depreciation 10b 17,33716,681 10 c 26,367. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,242,774 16 1,375,790. Accounts payable and accrued expenses 17 111,911 17 95,556. Grants payable 18 19 Deferred revenue 6,683 19 7.950. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 26 102,239 26 119,861. Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Fund Balance 27 163,899. Unrestricted net assets 120,770. 28 28 Temporarily restricted net assets 1,019,765 1,092,030. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. þ Capital stock or trust principal, or current funds 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 33 33 1,140,535 1,255,929. Total liabilities and net assets/fund balances 34 1,375,790. 34 1,242,774 BAA Form 990 (2016)

Forr	m 990 (2016) APANO Communities United Fund 80-	-0252850)	Pa	ge 12		
Pa	rt 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	1,7	44,3	311.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	28,9	<u> 17.</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	1	15,3	<u> </u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	40,5	3 <u>5</u> .		
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			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,2	55,9	929.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				}		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a					
	separate basis, consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis]]				
1	b Were the organization's financial statements audited by an independent accountant?		2 b		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	ate	1 /		}		
	basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		ļ !	,			
		1			نــــا		
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	.,	2 c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3	3 a 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 au	dıt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		<u> </u>		
BA/			Form	990	(2016)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545 0047

2016

Open to Public Inspection

Name	ne of the organization Employer identification number										
APA		Communities United					80-025285				
Par	ŧΙ	Reason for Public Cha	arity Status (All o	rganizations must	comple	ete this	s part.) See instruc	tions.			
The (orga	nization is not a private found	`			,					
1	L	A church, convention of church					(i) .				
2	L	A school described in section 1	1 70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ))		() /			
3	L	A hospital or a cooperative h		-	-		/\ /	\cup /			
4		A medical research organiza	tion operated in conji	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii) E	inter the hospital's			
		name, city, and state		· 							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1	(Α)(ν).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	II)						
9	\Box	An agrıcultural research organı			•	oniuncti	on with a land-grant colle	eae			
_		or university or a non-land-grain university	nt college of agriculture	e (see instructions) Enter	the nan	ne, city,	and state of the college	or			
10		An organization that normally r from activities related to its investment income and unre June 30, 1975 See section!	exempt functions—sut lated business taxabl	oject to certain exception e income (less section	ons, and	(2) no	more than 33-1/3% of a	ts support from gross			
11	\Box	An organization organized ai			ety See	section	n 509(a)(4).				
12	П	An organization organized a	nd operated exclusive	elv for the benefit of, to	perform	the fur	nctions of, or to carry o	ut the purposes of one			
		or more publicly supported o lines 12a through 12d that de	rganizations describe escribes the type of s	ed in section 509(a)(1) o upporting organization	or section and con	n 509(a iplete li)(2). See section 509(a nes 12e, 12f, and 12g	(3). Check the box in			
a		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the directo	ported o	rganizat stees of	ion(s), typically by giving the supporting organizati	the supported on You must			
b		Type II. A supporting organize management of the supporting must complete Part IV. Section 1.	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s) You			
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connection	n with, ai	nd functi	onally integrated with, its	supported			
d		Type III non-functionally integrated The of	rated. A supporting org	anization operated in cor	nection	with its:					
е		instructions) You must comp Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from	the IRS	that it is	s a Type I, Type II, Typ	e III functionally			
f	En	ter the number of supported		supporting organization	ı						
q		ovide the following information	J	d organization(s)				L			
	i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
					res	No		 			
(A)											
					ļ ——						
(B)			ı								
(C)					 						
(D)			-			ļ 					
(E)				 							
Total											

Schedule A (Form 990 or 990-EZ) 2016 APANO Communities United Fund 80-0252850

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III organization fails to qualify under the tests listed below, please complete Part III)

I offits, graph centralizations, and in offits graph centralizations, and include any unusual grants \	Sectio	n A. Public Support									
A	Calenda beginni	ar year (or fiscal year ng in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	5	(f) Total		
2 Tax revenues leved for the organization's benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and either paid to or expended on its benefit and the pass of grant paid to the pass of organization without charge and the pass of the pass o	me	mbership tees received. (Do not	404,991.	431,165.	583,204.	1,738,231.	1,299,1	65.	4,456,756.		
facilities furmshed 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 support of total contributions by each person (other than a governmental unit or publicly support butled on line 1 that exceeds 2% of the amounts 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) F 7 Amounts from line 4 3 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 91. 72. 121. 764. 1, if you have a seek of grain and sources and income from similar sources 91. 72. 121. 764. 1, if you have a seek of grain or loss from the sale of grain or loss from related activities, etc. (see instructions) 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)(3) 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 70.2 16 33-1/3% support test—2016. If the organization did not check a box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2016. If the organization of did not check a box on line 13 for 16a, and line 14 is 150 or more, and if the organization of particular organization of part VI how or more, and if the organization of part VI how	or eit	ganization's benefit and their paid to or expended							_ 0.		
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 7 Amounts from line 4 404, 991. 431,165. 583,204. 1,738,231. 1,299,165. 4,456,7 8 Gross income from interest, dividends, payments received on securities loans, rerits, similar sources or similar sources. 9 Net income from unrelated business activities, whether or carried on 10 Other income point include gain or loss from the sale of capital assets (Explain in Equity). 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Equity). 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)(3) 5 Public support percentage from 2015 Schedule A, Part II, line 14 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 70.2 16 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10 Schedule A, Part II, line 14 18 33-1/3% support test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization.	fac go	cilities furnished by a vernmental unit to the							0.		
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) 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 91. 72. 121. 764. 1, in 1,	4 To	otal. Add lines 1 through 3	404,991.	431,165.	583,204.	1,738,231.	1,299,1	65.	4,456,756.		
Section B. Total Support Calendar year (or fiscal year beginning in) - (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total support programments received on securities loans, rents, royalties and income from similar sources 91. 72. 121. 764. 1, 456, 19 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)(3) 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 Total support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 Public support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 10 4 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization for part VI how or more, and if the organization meets the facts-and-circumstances test—2016 in part VI how or more, and if the organization qualifies as a publicly supported organization for part VI how or more, and if the organization meets the facts-and-circumstances test—2016 in part VI how	co (ot un orq tha	ntributions by each person ther than a governmental into r publicly supported ganization) included on line 1 at exceeds 2% of the amount							1,075,689.		
Section B. Total Support Calendar year (or fiscal year beginning in) -	6 Pu	iblic support. Subtract line 5							3,381,067.		
7 Amounts from line 4 404,991. 431,165. 583,204. 1,738,231. 1,299,165. 4,456,7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 91. 72. 121. 764. 1,4 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 Gross receipts from related activities, etc. (see instructions) 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)(3) 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 70.2 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	Sectio	n B. Total Support				<u> </u>		ــــــــــــــــــــــــــــــــــــــ	373017007.		
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 91. 72. 121. 764. 1,4 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)(3) organization, check this box and stop here. 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 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	Calenda beginni	ar year (or fiscal year ng in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
dividends, payments received on securities loans, rents, royalties and income from similar sources 91. 72. 121. 764. 1, 6 9 Net income from unrelated business activities, whether or not the 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)(3) 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 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	7 An	nounts from line 4	404,991.	431,165.	583,204.	1,738,231.	1,299,1	65.	4,456,756.		
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)(3) 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 percentage from 2015 Schedule A, Part II, line 14 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	div on roy	ridends, payments received securities loans, rents, yalties and income from	91.	72.		121.	7	64.	1,048.		
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)(3) 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 percentage from 2015 Schedule A, Part II, line 14 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	bu no	siness activities, whether or the business is regularly		.2.				<u> </u>	0.		
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)(3) 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 percentage from 2015 Schedule A, Part II, line 14 16 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	ga ca	in or loss from the sale of pital assets (Explain in							0.		
Gross receipts from related activities, etc. (see instructions) 12 1, 256, 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 75.8 Public support percentage from 2015 Schedule A, Part II, line 14 15 70.2 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how									4,457,804.		
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 percentage from 2015 Schedule A, Part II, line 14 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	12 Gr	oss receipts from related activi	ities, etc (see ins	tructions)		·		12	1,256,244.		
Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2015 Schedule A, Part II, line 14 15 70.2 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	13 Fir	rst five years. If the Form 990 is figanization, check this box and	for the organization stop here	's first, second, thir	rd, fourth, or fifth	tax year as a section	on 501(c)(3)		▶ []		
 Public support percentage from 2015 Schedule A, Part II, line 14 15 70.2 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how 	Sectio	n C. Computation of Pub	olic Support P	ercentage							
 16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how 		· · · · · · · · · · · · · · · · · · ·	•		e 11, column (f))	ı		-	75.85%		
 and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how 							Ĺ		70.27%		
 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 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how 	16a 33 an	-1/3% support test-2016. If the distop here. The organization	ne organization die qualifies as a pub	I not check the bo licly supported or	ox on line 13, an ganization	d line 14 is 33-1/3	3% or more,	check	this box		
or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how	b 33 ar	b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
	or	more, and if the organization i	meets the 'facts-a	nd-circumstances	test, check this	box and stop her	re. Explain ir	n Part	VI how		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	or or	more, and if the organization i ganization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est The organizat	' test, check this tion qualifies as	box and stop he r a publicly support	r e. Explain ir ed organizat	n Part tion	VI how the ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		ivate foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and s	ee ins	tructions		

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)

Sec	tion A. Public Support						
Calend	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')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				7.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513			1			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,,				<u>,</u>	
5	The value of services or facilities furnished by a governmental unit to the organization without charge				, , , , , , , , , , , , , , , , , , ,		
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons				/		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			- 1			
	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support				<u> </u>		
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013 /	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	Amounts from line 6				;; !		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				C		
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			<u> </u>			
	Total support. (Add lines 9, 10c, 11, and 12).				1		
	First five years. If the Form 990 organization, check this box and	stop here		id, third, fourth, o	r fifth tax year as	a section 501(c)(3) 🕨 📗
	tion C. Computation of Pu		_ 	 		<u>\</u>	
	Public support percentage for 20	•	• •	e 13, column (f))		15	8
_	Public support percentage from					16	90
	tion D. Computation of Inv		<u>~</u>				
17	Investment income percentage f			-	mn (f))	17	%
18	Investment income percentage f					18	96
	33-1/3% support tests—2016. If it is not more than 33-1/3%, check	this box and sto	here. The organ	ization qualifies a	is a publicly supp	orted organization	<i>`</i> \
	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%	s, check this box a	and stop here. The	e organization qu	alifies as a public	ly supported orga	
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	14, 19a, or 19b, c	heck this box and	see instructions	
BAA		~ <i>i</i> ————	TEEADADS	00/00/16	C-	la a de la A (Farrer C	000 == 000 E7\ 2016

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.)

Sec	ction 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		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	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		
•	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		
4	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		
l	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		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a 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			
ı	amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?	5b		
•	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		8		
98	a 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		
ł	5 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		
(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		
10	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below	10a		
ı	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		

3 Parent of Supported Organizations Answer (a) and (b) below.

- a 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.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard

За

Ġ

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
Sec	tion 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	. <u></u> _	T			
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					
Sec	tion 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					
L	Average monthly cash balances	1b		<u></u>			
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
•	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		<u> </u>			
_7	Recoveries of prior-year distributions	7		<u> </u>			
8	Minimum Asset Amount (add line 7 to line 6)	8	 	<u> </u>			
Sec	tion 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		ļ			
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-functionally into (see instructions)	egrated	Type III supporting or	ganization			
BAA			Schedule A (F	orm 990 or 990-EZ) 201			

Pai	t V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	S,		
3	Administrative expenses paid to accomplish exempt purposes of s			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
_ 7	Total annual distributions. Add lines 1 through 6			
8	details	<u> </u>		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion 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	<u> </u>		
	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			
a				
b	<u> </u>			
	From 2013			
	From 2014	<u> </u>		
	From 2015		 	
1	Total of lines 3a through e			
	Applied to underdistributions of prior years	<u> </u>		
	Applied to 2016 distributable amount		<u> </u>	
	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2016 from Section D, line 7 \$			
	Applied to underdistributions of prior years	<u> -</u>	ļ	
	Applied to 2016 distributable amount	 	ļ <u> </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			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
BAA			Schedule A (For	m 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section B, 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.) Part VI

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2016

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

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) of	organizations Complete Part III.						
	Name of organization Employer identification number							
AP	APANO Communities United Fund 80-0252850							
Pa	rt I-A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organia	zation.			
1		organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV See Part				
_	-			see rait ►\$				
2	· -	xpenditures (see instructions) campaign activities (see instructions)		- \$	0			
		rganization is exempt under section	on 501(c)(3)					
1		ise tax incurred by the organization under	, , , ,	<u>-</u>	0.			
2		cise tax incurred by organization managers		▶ \$				
3	•	a section 4955 tax, did it file Form 4720 for		•	Yes No			
4 2	Was a correction made?		•		Yes No			
	f 'Yes,' describe in Part IV							
Pa	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	· · · · · · · · · · · · · · · · · · ·			
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities > \$				
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	nizations for section 52	7 exempt ►\$	-			
3	Total exempt function expen	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	► \$	***************************************			
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No			
5	organization made payments amount of political contribution	and employer identification number (EIN) 5 For each organization listed, enter the ails received that were promptly and directly del il action committee (PAC) If additional spa	mount paid from the flivered to a separate po	filing organization's fund olitical organization, such	ds Also enter the			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter 0			
(1)								
(2)	· .		-					
(3)								
(4)								
(5)								
(6)								

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II-A Complete if the	ne organization i	s exempt under secti	on 501(cV3) and fi	lad Form 5768 (ala	ction under
section 501(h)))	s exempt under secti		ieu Fullii 5708 (ele	cuon under
A Check ► If the filing	organization belongs t	o an affiliated group (and lis	t in Part IV each affiliate	d group member's name,	
address, E	IIN, expenses, and s	hare of excess lobbying ex	(penditures)		
B Check ► ☐ if the filing	j organization checke	ed box A and 'limited contr	ol' provisions apply		
(The term 'e	Limits on Lobbying expenditures' means	g Expenditures amounts paid or incurred	l.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence public	opinion (grass roots lobb	ying)	3,494.	
b Total lobbying expenditure	ng)	7,939.			
c Total lobbying expenditure	· ·	1b)		<u>11,433.</u>	0.
d Other exempt purpose ex	*		<u> </u>	1,617,484.	
e Total exempt purpose exp	penditures (add lines	1c and 1d)	Ļ	1,628,917.	0.
f Lobbying nontaxable amo both columns	ount Enter the amou	nt from the following table	ın	231,446.	
If the amount on line 1e, colum	nn (a) or (b) is Th	e lobbying nontaxable an	ount is		
Not over \$500,000		% of the amount on line 1e			
Over \$500,000 but not over \$1,00		00,000 plus 15% of the excess over			
Over \$1,000,000 but not over \$1,5		75,000 plus 10% of the excess over			
Over \$1,500,000 but not over \$17		25,000 plus 5% of the excess over	\$1,500,000		
Over \$17,000,000 g Grassroots nontaxable am		000,000			
h Subtract line 1g from line		·	 -	57,862.	0.
i Subtract line 1f from line	· · · · · · · · · · · · · · · · · · ·		 -	0.	0.
j If there is an amount other to section 4911 tax for this y	than zero on either line		ızatıon file Form 4720 re		∏Yes ∏No
		ear Averaging Period Un	der section 501/h)		
(Some	organizations that m	nade a section 501(h) electric. See the separate instruc	tion do not have to cor		
	Lobbvir	- Francisco Duning 4			
		g Expenditures During 4-	Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	Year Averaging Period (c) 2015		(e) Total
Calendar year (or fiscal year beginning in) 2 a Lobbying nontaxable amount			·		(e) Total 681,161.
year beginning in) 2 a Lobbying nontaxable	(a) 2013	(b) 2014	(c) 2015	(d) 2016	
year beginning in) 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line	(a) 2013	(b) 2014	(c) 2015	(d) 2016	681,161.
year beginning in) 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying	(a) 2013 93,890.	(b) 2014 147,768. 42,697.	(c) 2015 208, 057.	(d) 2016 231,446.	681,161. 1,021,742. 73,152.
year beginning in) 2 a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable	(a) 2013 93,890. 3,830.	(b) 2014 147,768. 42,697.	(c) 2015 208,057. 15,192.	(d) 2016 231,446.	681,161.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	·		
b If 'Yes,' enter the amount of any tax incurred under section 4912		$\neg \neg$	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		ŀ	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6).	01(c)(5)	, or	
3000011001(0,00).			Yes N
1 Were substantially all (90% or more) dues received nondeductible by members?			1 res N
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior ve	-ar7	3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5			
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (answered 'Yes.'	b) Part I	II-A, I	ine 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al		
a Current year	ľ	2a	
b Carryover from last year	Ì	2b	
c Total	ŀ	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
· · · · · · · · · · · · · · · · · · ·	ŀ	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		-	

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

No political activities are conducted

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

rm990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	APANO Communities United F	und	80-0252850
Par	Organizations Maintaining Done Complete if the organization ans	or Advised Funds or Other Simila wered 'Yes' on Form 990, Part IV	r Funds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets he organization's exclusive legal control?	d in donor advised funds
6	Did the organization inform all grantees, done for charitable purposes and not for the benefimpermissible private benefit?	ors, and donor advisors in writing that gra it of the donor or donor advisor, or for an	nt funds can be used only y other purpose conferring Yes No
Pai	t II Conservation Easements.		
	Complete if the organization ans	swered 'Yes' on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held to	by the organization (check all that apply)	
	Preservation of land for public use (e g ,	, ,	ation of a historically important land area
	Protection of natural habitat	Preserv	ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contribution in	the form of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation ease	ements	2 b
	Number of conservation easements on a cert		2c
	d Number of conservation easements included	in (c) acquired after 8/17/06, and not on	a historic
`	structure listed in the National Register		2 a
3	Number of conservation easements modified, tratax year ►	insferred, released, extinguished, or terminat	ed by the organization during the
4	Number of states where property subject to cons		
5	Does the organization have a written policy r and enforcement of the conservation easemed	ents it holds?	∐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring,		
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(II)?	on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote	ts conservation easements in its revenue and to the organization's financial statement	d expense statement, and balance sheet, and sthat describes the organization's accounting for
Pa	rt III Organizations Maintaining Coll Complete If the organization ans	ections of Art, Historical Treasur swered 'Yes' on Form 990, Part IV	es, or Other Similar Assets. /, line 8.
1 :	a If the organization elected, as permitted und art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	ield for public exhibition, education, or resea	ts revenue statement and balance sheet works of rch in furtherance of public service, provide, ms
	b If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to report in its refor public exhibition, education, or research	evenue statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII	, line 1	► \$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other similar assets 3 116 (ASC 958) relating to these items	
	a Revenue included on Form 990, Part VIII, lin	e 1	<u> </u>
	b Assets included in Form 990, Part X		<u></u>

Schedule D (Form 990) 2016 APANO				80-025				
Part III Organizations Mainta	ining Collection	ns of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)			
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)								
a Public exhibition d Loan or exchange programs								
b Scholarly research e Other								
	c Preservation for future generations							
Part XIII	Part XIII							
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or recei han to be maintaine	ve donations of ar ed as part of the o	t, historical treasures, c organization's collection	or other similar assets	Yes No			
Part IV Escrow and Custodia line 9, or reported an	I Arrangements	. Complete if t	he organization an		rm 990, Part IV,			
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian or c	ther intermediary	for contributions or other	er assets not included	Yes No			
b If 'Yes,' explain the arrangement	t in Part XIII and co	mplete the followi	ng table	(
					Amount			
c Beginning balance				1 c				
d Additions during the yeare Distributions during the year				1 d				
f Ending balance				1 f				
2a Did the organization include an a	amount on Form 99	0. Part X. line 21.	for escrow or custodial		Yes No			
b If 'Yes,' explain the arrangement				, ,				
Dort V Endoument Funds C	Samplete of the c	raanization on	Surgered West on Es	orm 000 Port IV Ju	- 10			
Part V Endowment Funds. C	(a) Current year	(b) Prior year			(e) Four years back			
1 a Beginning of year balance	(a) Current year	(b) (fillingeal	(C) TWO years back	(u) Three years back	(e) rour years back			
b Contributions					 			
				-				
 c Net investment earnings, gains, and losses 								
d Grants or scholarships					T			
 Other expenditures for facilities and programs 								
f Administrative expenses								
g End of year balance			L		<u> </u>			
2 Provide the estimated percentag	e of the current yea	er end balance (lin	ie 1g, column (a)) held	as				
a Board designated or quasi-endowm		⁸						
b Permanent endowment ►		•						
c Temporarily restricted endowmer		<u> </u>						
The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%						
3 a Are there endowment funds not in to organization by	the possession of the	organization that a	are held and administered	for the	Yes No			
(i) unrelated organizations					3a(i)			
(ii) related organizations					3a(ii)			
b If 'Yes' on line 3a(ii), are the rela	•	·			3b			
4 Describe in Part XIII the intended		ization's endowme	ent funds.					
Part VI Land, Buildings, and								
Complete if the organi	ızatıon answere	d 'Yes' on Forr	m 990, Part IV, line	: 11a. See Form 99	0, Part X, line 10.			
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1 a Land								
b Buildings								
c Leasehold improvements			38,199.	14,105.	24,094.			
d Equipment	<u> </u>							
e Other		1	5,505.	3,232.	2,273.			
Total. Add lines 1a through 1e (Colum	nn (d) must equal F	orm 990, Part X, o	column (B), line 10c)	0-1	26,367.			
BAA				Scriedi	ule D (Form 990) 2016			

Schedule D (Form 990) 2016 APANO Communities	United Fund		80-0252850	Page 3
Part VII Investments — Other Securities.		N/A		
Complete if the organization answered				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or end-of-year market val	ue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
<u>(C)</u>				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related.		NT / 7		
Complete if the organization answered	'Yes' on Form 990	N/A), Part IV, line 11c. S	ee Form 990, Part X.	line 13.
(a) Description of investment	(b) Book value		Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N / 7			
Part IX Other Assets. Complete if the organization answered	N/A 'Yes' on Form 990). Part IV. line 11d. S	ee Form 990. Part X.	line 15.
	scription	<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(b) Book	
(1)				
(2)		-		
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (E	3) (ine 15)		>	
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on Fo		le or 11f. See Form 990, P	art X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value			
(2)				
(3)	- 			!
(4)	 	-		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions in Part XIII, provide the text of the foo	btnote to the erganization's fu	paneral statements that reports the	ne organization's liability for upon	
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h			to organization a nability for differ	

TEEA3303L 08/15/16

BAA

Schodulo D	(Earm 000)	2016	A D A NIO	Communities	IInited	Farna
scriedule D	ערפר ווווטידו)	/ 2010	APANU	Communitues	unrtea	r una

80-0252850

Page 4

Part XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	per Return. N/A	_
Complete if the organization answered 'Yes' on Form 9		·	
1 Total revenue, gains, and other support per audited financial statements		1	_
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	_
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		_
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b.	4 c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	5	_	
Part XII Reconciliation of Expenses per Audited Financial State	tements With Expense	s per Return. N/A	_
Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 12a.	•	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			_
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)	5	_
Part XIII Supplemental Information.			_
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a	and 4, Part IV, lines 1b and 2	2b, Part V,	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule **D** (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Name of the organization Employer identification number							
APANO Communities United Fund 80-0252850							
Part I Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part							
1 Indicate whether the organization			of the foll				
a X Mail solicitations			е	X Solicitation of non-	governm	nent grants	
b X Internet and email solicitations	5		f	X Solicitation of gove	ernment	grants	
c X Phone solicitations			g	X Special fundraising	events		
d X In-person solicitations			_				
2a Did the organization have a written of employees listed in Form 990, Par	r oral agreement	t with any i	ndıvıdual (ı ıon with p	including officers, directo rofessional fundraising	rs, truste services	es, or key	Yes X No
b If 'Yes,' list the 10 highest paid ind compensated at least \$5,000 by the	dividuals or enti			_			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custor	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r	nount paid to etained by) aiser listed in olumn (i)	(vi) Amount paid to (or retained by) organization
	1	Yes	No		· · · · · ·		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			>				0.
3 List all states in which the organization licensing OR	on is registered	or licensed	to solicit c	ontributions or has been	notified i	t is exempt from	

Sch	edule	G (Form 990 or 990-EZ) 2016 APANO (Fundraising Events. Complete If	Communities Uni	ted Fund	80-02	52850 Page 2
Га		more than \$15,000 of fundraising List events with gross receipts gr	event contribution	s and gross income	e on Form 990-EZ,	lines 1 and 6b.
R	1		(a) Event #1 Gala: VOC (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1	Gross receipts	52,075.		.—	52,075.
Ē	2	Less Contributions	51,279.			51,279.
	3	Gross income (line 1 minus line 2)	796.			796.
	4	Cash prizes				
	5	Noncash prizes	200.			200.
DIRECT	6	Rent/facility costs	2,731.			2,731.
	7	Food and beverages	8,408.			8,408.
EXPENSES	8	Entertainment	500.			500.
N S E	9	Other direct expenses	2,750.			2,750.
3	10 11	Direct expense summary Add lines 4 thr Net income summary Subtract line 10 fr	• , ,		•	14,589. -13,793.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Yes	s' on Form 990, Pa	rt IV, line 19, or re	
R E V E N U E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue				
E	2	Cash prizes				
DIRECT	3	Noncash prizes			A	
C S T E	4	Rent/facility costs	114.7	,		
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes 8	Yes %	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Subtract Ii	ne 7 from line 1, colum	ın (d)	•	
9	Ente	er the state(s) in which the organization co	inducts gaming activitie	es		
		ne organization licensed to conduct gaming lo,' explain	g activities in each of th	nese states?		Yes No

$R\Delta\Delta$	RΔΔ	

b If 'Yes,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2016 1			80-025	2850 Yes	Page 3
12 Is the organization a grantor, beneficia administer charitable gaming?	3		formed to	Yes	□No
 13 Indicate the percentage of gaming action a The organization's facility b An outside facility 14 Enter the name and address of the per 		tion's gaming/special events books a	13a 13b		%
15a Does the organization have a contra b if 'Yes,' enter the amount of gaming of gaming revenue retained by the to If 'Yes,' enter name and address of	act with a third party from who revenue received by the org hird party \$ the third party.	om the organization receives gam anization► \$	and the amou		□No
A.1.1					· ا
16 Gaming manager information					'
			. — — — — — — — — — — — — — — — — — — —		
Gaming manager compensation •	\$				
Description of services provided >					
Director/officer	Employee	Independent contractor			
17 Mandatory distributions					
 a Is the organization required under state state gaming license? b Enter the amount of distributions required organization's own exempt activities 	red under state law to be distrib			Yes	No
Part IV Supplemental Information and Part III, lines 9, 9b, information. See instruction	ion. Provide the explana 10b, 15b, 15c, 16, and	ations required by Part I, lin 17b, as applicable. Also pro	e 2b, columns ovide any addit	(III) and (v	v);
ВАА		3L 09/23/16	Schedule G (Form	n 990 or 990	0-EZ) 2016

SCHEDULE I (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545 0047

Open to Public Inspection

Employer identification number 80-0252850 **ջ** □

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? APANO Communities United Fund
Part | General Information on Grants and Assistance

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. See Part IV

noncash assistance	Civic Engagement	Civic Engagement									2	•	Cabadada 1 /Farm 0001 /2010
(f) Method of valuation (book, FMV, appraisal, other)									•				
(e) Amount of non cash assistance	0.	0											C C C C C C C C C C C C C C C C C C C
(d) Amount of cash grant	10,000.	10,000.									the line 1 table		
(c) IRC section (if applicable)	501c3	501c3					-				 rganizations listed in	1 table	, fer. Ferral 000
(b) EiN	52-2395423 501c3	23-7092696 501c3									and government or	ns listed in the line	the lactured
1 (a) Name and address of organization or government	(1) Korean Amer Coalı of Oregon	(2) Korean Society of Oregon 7650 SW 81st Ave Portland, OR 97223	(3)	(4)	(5)	(9)	1	(<u>0</u>)		(8)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	DAA For Branchill Badration Act Matica con the lacturedians for

ξ-

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

	can be auplicated II additional space is needed.	ace is lieeded.				
	(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)	(f) Description of noncash assistance
-						
7						
ო						
4						
ហ						
ဖ						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	le the information	required in Part I,	line 2; Part III, co	lumn (b); and any othe	r additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grant recipients are selected usually through direct recruitment, and are recruited organization in the traditional sense, and grants given are usually executed as the Recipients are required to use funds consistent with all laws and regulations the as recipients of grants because their work is in alignment with the programs and mission of the organization. Formal MOU/Contracts are required, and programmatic progress reporting is also required. The organization is not a grant-making administrator of pass through funding related to a larger grant or project. funder is subject to.

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.

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

APANO Communities United Fund

Employer identification number 80-0252850

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

The name of the corporation was changed to "APANO Communities United Fund"

Form 990, Part VI, Line 11b - Form 990 Review Process

A full copy of the 990 draft is circulated to the board of directors before filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The conflict of interest policy is reviewed by the board on an annual schedule, at which point directors are reminded of their responsibilities under the policy.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation for executive level staff is determined by the board of directors as part of the regular annual budgeting process. Compensation is based on available community surveys and/or known compensations rates of similarly situated organizations.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation for officers and key employees is determined by the board of directors as part of the regular annual budgeting process. Compensation is based on available community surveys and/or known compensations rates of similarly situated organizations.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, public copies of organizational policies, and public copies of financial statements are made available upon request.

Form 990, Part IX, Line 11g Other Fees For Services

	(A) Total	(B) Program Services	(C) Management <u>& General</u>	(D) Fund- raising
Childcare Providers IT Professionals Jade District Contractors Translation and Interpreters	3,042. 1,234. 61,242. 11,104.	3,042. 1,234. 61,242. 11,104.		

6

Name of the organization	Employer identification number
APANO Communities United Fund	80-0252850

Form 990, Part IX, Line 11g (continued) Other Fees For Services

		(A)	(B)	(C)	(D)
		Total	Program Services	Management	Fund-
		IOLAI	services	<u>& General</u>	<u>raising</u>
Vendors and Subcontractors		160,814.	159,379.		1,435.
	Total	\$ 237,436.	\$ 236,001.	\$ 0.	\$ 1,435.

Form 990, Part XII, Line 2 - Change of Oversight or Selection Process

Stewardship committee oversees the audit process, and receives the final auditor report directly from the auditor.

(g) Sec 512(b)(13) controlled entity? ٩ Schedule R (Form 990) 2016 (f)
Direct controlling
entity × Open to Public Inspection Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. OMB No 1545 0047 2016 Yes Employer identification number (f)
Direct controlling
entity 80-0252850 N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001L 09/09/16 501c4 (c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) R (b)
Primary activity (b) Primary activity Advocacy BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization APANO Communities United Fund (1) APANO 2788 SE 82nd Ave #203 - Portland, OR 97266 - 81-2970794 Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) 1 <u>ල</u>¦ €¦ Ξ¦ <u>(2</u>) ଷ୍ଟ ල

Schedule R (Form 990) 2016 APANO Communities United Fund

(i) Sec 512(b)(13) controlled entity? (k) Percentage ownership ٩ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes (i) General or managing partner? ž (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? No Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total income (d)
Direct
controlling
entity Predomnant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of
related organization Part IV Part III Ξ¦ Ø, ε¦ Ø ୍ର

2016

Schedule R (Form 990)

TEEA5002L 09/09/16

BAA

ල

80-0252850

Schedule R (Form 990) 2016 APANO Communities United Fund

Part V Transactions With Related Organizations. Complete If the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Moto Complete line 1 to any another or listed in Darte II II as IV at this achedila				- 1	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?			Sec	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			19	_	 ×
b Giff, grant, or capital contribution to related organization(s)			10		⊹∣⊹
c Gift, grant, or capital contribution from related organization(s)			2	×	
d Loans or loan guarantees to or for related organization(s)			1 d		×
e Loans or loan guarantees by related organization(s)			٦ 9		×
f Dividends from related organization(s)			1	<u> </u>	×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			14		⋈
i Exchange of assets with related organization(s)			<u>;-</u>		⋉
j Lease of facilities, equipment, or other assets to related organization(s)			1.		×
In I come of facilities and the second of seco					7
			<u>*</u>	-	×
Performance of services or membership or fundraising solicitations for related organization(s)			=	_	×
			_ B		×
			-		×
o Sharing of paid employees with related organization(s)			10		$ \times $
Downship of the solution and the solution of t			j,		
p remindration ban to related organization(s) for expenses			a -		\times
q Reimbursement paid by related organization(s) for expenses			7	×	[
(a) Contraction of the second			ļ,		
			<u>-</u>	1	×
10			18		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	relationships and trans	saction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved) etermin nvolved	guir I
(1) APANO	ບ	66,513.	Accrual		
(2) APANO	b	13,541.	Accrual		
(3)			1 1 1 1 1		
(4)					
(5)			,		1
(9)					
BAA TEEA5003L 09/09/16		Schedu	Schedule R (Form 990) 2016	990) 2(016

80-0252850

Schedule R (Form 990) 2016 APANO Communities United Fund

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

בינות אומן אים וכו בינות		0		-	-					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite (state or foreign country)	Predominant income (related, unre-	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	(i) General or managing partner?	(k) Percentage ownership
				organization.	<u>.</u>		⊦	(Form 1065)	,	
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
									_	
(3)										
(4)							· · ·			
									_	
(5)										
				<u>-</u>						
(9)										
		-								
(<u>()</u>										
								-		
(8)										
	•									
ВАА	<u>.</u>		TE	TEEA5004L 09/09/16	9/16			Schedul	Schedule R (Form 990) 2016	990) 2016

Schedule R (Form 990) 2016 APANO Communities United Fund 80-025285

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.



Restated Articles of Incorporation - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinginOregon.com - Phone: (503) 986-2200

MAY **31** 2017

543 630-99 OREGON SECRETARY OF STATE In accordance with Oregon Revised Statute 192,410-192 490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website. For office use only Please Type or Print Legibly in Black link. Attach Additional Sheet if Necessary Pacific Asian 1) NAME OF CORPORATION: 2) New Name of the Corporation: (If changed) 3) A Copy of the RESTATED ARTICLES MUST BE ATTACHED. 4) CHECK THE APPROPRIATE STATEMENT: 🛮 The restated articles contain amendments which do not require membership approval. The date of the adoption of the amendments and restated . These amendments were duly adopted by the board of directors. 🗖 The restated articles contain amendments which require membership approval. The date of the adoption of the amendments and restated articles was The vote of the members was as follows: Class(es) entitled to vote Number of votes entitled to Number of votes cast Number of Number of members entitled to vote be cast FOR votes cast AGAINST 5) EXECUTION: (Must be signed by at least one officer or director.)

correct, and complete. Making talse statements in t	his document is against the law and may be	penalized by fines, imprisonment or both.
Signature:	Printed Name:	Title:
1 mosty	Joseph Sartos-Lyans	Executar Dreifor
1 5 1/0 U V		

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true,

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

503 - 512-0490

FEES

32 - Restated Articles of Incorporation - Nonprofit (04/12)

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

APANO COMMUNITIES UNITED FUND

ARTICLE 1

The name of the corporation is APANO Communities United Fund (the "Corporation").

ARTICLE 2
Type

The Corporation is a public benefit corporation.

ARTICLE 3
No Members

The Corporation will not have members.

ARTICLE 4 Purposes and Powers

- 4.1 General Purpose. The Corporation is organized and shall be operated exclusively for religious, charitable, scientific, literary, or educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), including, without limitation, to create cultural awareness advance social justice and equity to improve the welfare of Asian and Pacific Islander Americans.
- 4.2 Net Earnings. No part of the Corporation's net earnings may inure to the benefit of any private shareholder or individual
- 4.3 Prohibited Activity.
 - (a) No substantial part of the activities of the Corporation shall be devoted to attempting to influence legislation by propaganda or otherwise, except to the extent that an organization exempt from federal income tax under Section 501(c)(3) of the Code can engage in such activities without incurring any penalties, excise taxes, or losing its status as an organization exempt from federal income tax under Section 501(c)(3) of the Code. The Corporation shall not, directly or indirectly, participate in or intervene in (including by the publication or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. The Corporation shall not have objectives or engage in activities that characterize it as an "action" organization within the meaning

of the Code,

- (b) Notwithstanding any other provisions of these Articles of Incorporation, the Corporation shall not conduct or carry on activities not permitted to be conducted or carried on by an organization exempt from federal income tax under Section 501(c)(3) of the Code or by an organization contributions to which are deductible under Section 170(c)(2) of the Code.
- (c) The Corporation is prohibited from engaging in any excess benefit transaction as defined in Section 4958(c) of the Code.
- (d) The Corporation is prohibited from engaging in any act of self-dealing as defined in Section 4941(d) of the Code, from retaining any excess business holding as defined in Section 4943(c) of the Code that would subject the Corporation to tax under Section 4943 of the Code, from making any investments that would subject the Corporation to tax under Section 4944 of the Code, and from making any taxable expenditure as defined in Section 4945(d) of the Code. If Section 4942 of the Code is deemed applicable to the Corporation, it shall make distributions at such time and in such manner that it is not subject to tax under Section 4942 of the Code.

4.4 Powers

In general, and subject to such limitations and conditions as are or may be prescribed by law, by these Amended and Restated Articles of Incorporation, or by the bylaws of the Corporation, the Corporation shall have the authority to (a) engage in any and all such activities as are incidental or conducive to the attainment of the purposes of the Corporation set forth in Section 4.1 of these Amended and Restated Articles of Incorporation and (b) exercise any and all powers authorized or permitted under any laws that are now, or hereafter may be, applicable or available to the Corporation.

ARTICLE 5 Liability of Directors and Uncompensated Officers

The personal liability of a member of the board of directors or uncompensated officer to the Corporation for monetary damages for conduct as a director or officer is eliminated or otherwise limited to the fullest extent permitted by law.

ARTICLE 6
Indemnification

- 6.1 Indemnification. The Corporation shall indemnify to the fullest extent authorized by law any current or former director of the Corporation who is made, or threatened to be made, a party to any action, suit or proceeding whether civil, criminal, administrative, investigative or otherwise (including an action, suit or proceeding by or in the right of the Corporation).
- Advance for Expenses. The Corporation will pay for or reimburse the reasonable expenses incurred by a director or officer who is made, or threatened to be made, a party to an action, suit or proceeding in advance of final disposition of such action, suit or proceeding to the fullest extent permitted by law.

ARTICLE 7 Removal of Directors

Any director of the Corporation may be removed at any time, with or without cause, by a vote of the majority of the board of directors then eligible to vote (with such director being deemed ineligible to vote).

ARTICLE 8 Distribution of Assets on Dissolution

Upon dissolution or winding up of the Corporation, after paying or making adequate provision for the payment of all the liabilities of the Corporation, all the remaining assets of the Corporation shall be distributed by the directors of the Corporation for a purpose or purposes similar to those set forth in Section 4.1 of these Amended and Restated Articles of Incorporation, to any other organization that then qualifies for exemption under the provisions of Section 501(c)(3) of the Code. Any such assets not so disposed of shall be disposed of by the court that has general jurisdiction for the county in which the principal office of the Corporation is located, exclusively for a purpose or purposes similar to those set forth in Section 4.1 of these Amended and Restated Articles of Incorporation, or to such organization or organizations, as said court shall determine, that are organized and operated for similar purposes.

ARTICLE 9 Registered Office and Registered Agent

The street address of the Corporation's registered office and the name of its registered agent at that location is:

Joseph Santos-Lyons APANO Communities United Fund 2788 SE 82nd Avenue, Suite 203 Portland, OR 97266

ARTICLE 10
Mailing Address for Notices

542630-99

The mailing address to which notices may be mailed is:

APANO Communities United Fund 2788 SE 82nd Avenue, Suite 203 Portland, OR 97266

Dated:	2016

Person to contact about this filing: Michael Stout Daytime phone number: (503) 727-2000