-Form 990-EZ

# **Short Form 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

OMB No. 1545-1150

Open to Public

		nue Service	► Information about Form 990-EZ and its instructions is at ww	vw.irs.gov/for	m990.	Y		
A F	or the	2016 calend	ar year, or tax year beginning July 1 , 2016,	and ending	Ju	ne 30	, 20	17
<b>B</b> c	heck if ap	plicable	C Name of organization		D Emplo	yer ide	ntification num	ber
<b></b> ✓	lddress cl	hange	Olympia Host Lions Club Foundation			81	-4596733	
□,	lame cha	nge 🖛	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Teleph	one nui	mber	
=	nitial retur		P.O. Box 416	$\Omega$		360	-789-2565	
_	inai retun vnended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	5,3	F Group	Exem	nption	
=		n pending	Olympia, WA 98507-0416		Numb	oer 🕨	02	239
G A	ccount	ing Method.		Н	Check ▶	<b> √</b> If	the organizati	on is <b>not</b>
1 W	ebsite/	:▶	<del></del>				ch Schedule E	
J Ta	х-ехеп	npt status (che	eck only one) -   501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) or	r □527	(Form 99	0, 990	-EZ, or 990-Pf	<del>-</del> ).
			: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other					
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	nore, or if tota	assets			
(Par	t II, colu	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		+	\$		
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the	instruct	tions	for Part I)	
		Check if	the organization used Schedule O to respond to any question	in this Part I			<u> </u>	. 🗆
	1	Contribution	ons, gifts, grants, and sımılar amounts received		<u>[</u>	1		480
	2	Program s	ervice revenue including government fees and contracts		[	2		
1	3	Membersh	nip dues and assessments		[	3		
•	4	Investmen	t income	_	[	4		
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	b	Less: cost	or other basis and sales expenses	<u> </u>				
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from l	ıne 5a)	<u>L</u>	5c		
	6	-	nd fundraising events				CENTE	$\delta = 1$
	а	Gross inc	ome from gaming (attach Schedule G if greater than		1 1	RE	CEIVE	<u> </u>
Jue .		\$15,000)		<u></u>				. IÖI
Revenue	b		` \ <u> </u>	f contributio	ns 217	AL	JG 1 4 20'	10 15
Re			raising events reported on line 1) (attach Schedule G if the		la l	1 1		فعاد استعماله
	,	sum of suc	ch gross income and contributions exceeds \$15,000) 6b				GDEN,	JT
	C		ct expenses from gaming and fundraising events <u>6c</u>	<u> </u>		-4	GUL	
	ď		ne or (loss) from gaming and fundraising events (add lines 6a and	d 6b and su	btract			
		line 6c)				6d		
	7a		es of inventory, less returns and allowances	<b></b>		ł		
	b		of goods sold	<u> </u>				
	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c		
	8		enue (describe in Schedule O)	/	·	8		
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<del></del>	· •	9		480
	10		d similar amounts paid (list in Schedule O)	1\ <b>/</b> ED	<b>-</b> ₁ · ├	10		
	11			- Y L-L/	어 :	11		
Ses	12	Salaries, o	other compensation, and employee benefits	Page 1	<u>χ</u> Ι .	12		- <del></del>
eu:	13			D 5048 - }	윘 : }	13		
Expenses	14		ry, rent, utilities, and maintenance	لنننا	톴 :	14		
ш	15	• .	ublications, postage, and shipping OGØE	N UT 📑	_{  ·	15		
	16				┵┆┞	16	<del></del>	480
	17		enses. Add lines 10 through 16	· · · · · · · ·	· •	17	<del></del>	480
ts	18		(deficit) for the year (Subtract line 17 from line 9) //			18		0
SSe	19		s or fund balances at beginning of year (from line 27, column (A) ar figure reported on prior year's return)	, finasi agre	e willi	<u> </u>		_
Net Assets	00	_	- , , , , , , , , , , , , , , , , , , ,		}	19		0
Ž	20		nges in net assets or fund balances (explain in Schedule O)		· ; }	20		0
_	21	ivet assets	s or fund balances at end of year. Combine lines 18 through 20 .	<del></del>	· •	21		0

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Part	· · · · · · · · · · · · · · · · · · ·			<u></u>
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап	v . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	140
	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O (see instructions)	34		<b>✓</b>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		<b>✓</b>
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		./
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	Ì		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			-
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
-	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<u> </u>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶ Washington			
42a			9-256	5
b	Located at ► 1901 Bethel St NE, Olympia, WA  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	98	Yes	No
J	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	7
	If "Yes," enter the name of the foreign country: ▶			Ť
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		<b>.</b>	0
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Γ	Yes	No
_	completed instead of Form 990-EZ	44a	ļ	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<del>  </del>	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	1	}
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 45a	<del> </del>	1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		<del>                                     </del>	<del>-</del>
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 99	0-EZ (20	016) . `						P	age 4
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," o	ndirectly, in political complete Schedule C	ampaign activities o	n behalf o	of or in opposi	tion 46	Yes	No
Part \	/]	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only					or line	es
		Check if the organization used Sci	nedule O to respond	to any question in	this Part	VI	<u> </u>	;	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) electi		ect dunng the	tax 47	Yes	No
48 49a		organization a school as described in ne organization make any transfers to					. 48 . 49a		1
	If "Ye Comp	s," was the related organization a se plete this table for the organization's	ection 527 organization five highest compen	on?	her than	officers, direct	. 49b ors, trusted		
		oyees) who each received more than	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Ho contribut benefit pl	ealth benefits, uons to employee ans, and deferred mpensation	(e) Estimate	ed amou	unt of
					1				
			<del>                                     </del>					<del></del>	
51	Comp	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independen	t contrac	tors who eacl	h received	more	than
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(0	c) Compensati	ion	
				<del> </del>		<del></del>			
				-	<del></del>				
				1		-			— <u></u>
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. •		0		
52 		the organization complete Scheduleted Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) org	anization	s must attac	ch a .►☑Yes	<u> </u>	No
Under po	enalties rect, an	of penjury, I declare that I have examined this d complete. Declaration of preparer to ther that	return, including accompar of fficer) is based on all info	nying schedules and stater ormation of which prepare	nents, and t r has any kn	to the best of my lowledge	knowledge and	d belief,	ıt ıs
Sign Here		Signature of officer  Andre Stepelton, Treasurer				Date Date	-,001	δ	
		Type or print name and title							
Paid Prepa	arer	Pnnt/Type preparer's name	Preparer's signature		Date	Check Self-emp	oyed PTIN		
Use (		Firm's name ▶				Firm's EIN ▶			
May th	ne IRS	Firm's address ► discuss this return with the prepare	r shown above? See	ınstructions		Phone no	▶ ☐ Ye	_=	No
							Form 99	90-EZ	(2016)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Name	ame of the organization Employer identification number					number		
Olym	ympia Host Lions Club Foundation 81-4596733							
Par		Reason for Public Char	<del></del>					ns.
The c	-	zation is not a private foundat				-		
1		church, convention of church						UM .
2		school described in <b>section</b>		•				
3		hospital or a cooperative hos						
4	_ ho	medical research organizatio espital's name, city, and state	:					
5	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		federal, state, or local goverr						
7		n organization that normally escribed in <b>section 170(b)(1)</b> (			oort from	a govern	nmental unit or from	the general public
8		community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	or	n agricultural research organi university or a non-land-gran nversity:						
10	red su ac	n organization that normally r ceipts from activities related pport from gross investment quired by the organization at	to its exempt fur income and unr ter June 30, 197	nctions—subject to ce related business taxat 75. See <b>section 509(</b> a	ertain exc ole incom i <b>)(2).</b> (Con	eptions, a e (less se nplete Pa	and (2) no more thar ection 511 tax) from l irt III.)	า 33¹/₃% of its
	_	n organization organized and	•	•	-			
12		organization organized and						
		one or more publicly supponeck the box in lines 12a thro						
а		<b>Type I.</b> A supporting organ the supported organization supporting organization. <b>You</b>	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting organ control or management of t	nization supervis	ed or controlled in co	nnection	with its s		
		organization(s). You must	complete Part I	V, Sections A and C.				
С		Type III functionally integ						Illy integrated with,
		its supported organization(	s) (see instructio	ns). <b>You must comp</b> l	lete Part	IV, Secti	ons <b>A,</b> D, and E.	
d		Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or T						ılı, Type III
f	Ente	er the number of supported o						
g	Prov	vide the following information	about the supp	orted organization(s).				
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								<u></u>
(E)								
Taka						<del>                                     </del>		

Schedul	e A (Fqrm 990 or 990-EZ) 2016						Page 2
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	te Part III.)	
	on A. Public Support		# N 0040	( ) 0044	/B 0045	(-) 001C	(6 T. + - l
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
. 1	Gifts, grants, contributions, and		<b>!</b>				
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the		<u></u>				
2	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					/	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) <sup>2</sup> 014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly 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		<u> </u>	l	<u> </u>		
12	Gross receipts from related activities, etc					12	F04(-)(0)
13	First five years. If the Form 990 is for the						
0	organization, check this box and stop he			· · · · ·	• • • • •		
	on C. Computation of Public Suppor			11 solumn (f)		14	%
14	Public support percentage for 2016 (line Public support percentage from 2015 Sci					15	<del>//</del> %
15 16a	331/3% support test—2016. If the organ	ization did no	t check the bo		nd line 14 is 3		
	box and stop here. The organization qua	lifies as a pub	licly supported	organization			
b	331/3% support test-2015. If the organi					is 331/3% or m	nore, check
-	this box and stop here. The organization						🕨 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "fact: 'facts-and-cire	s-and-circumst	tances" test, c est. The organ	heck this box uzation qualifie	and <b>stop here</b>	<ul> <li>Explain in</li> </ul>
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.	ation meets to meets the "fac	he "facts-and- cts-and-circum	circumstances istances" test.	s" test, check The organizat	this box and ion qualifies as	stop here. s a publicly

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

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	o	0	0	0	480	480
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	'				<b>'</b>	
	organization's tax-exempt purpose	o	o	0	o	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	o	o	0	o	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	o	o	0	o	0	0
6	Total. Add lines 1 through 5	0	0	0	0	0	480
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	0	0	0	0	0	0
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	0	o	0	0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
	line 6.)						480
	on B. Total Support		· · · · · · · · · · · · · · · · · · ·	<del></del>			
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	0	0	0	0	0	480
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	0	0	0	0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	}				]	
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)		_	_:	_	_	_
10		0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				)		
14	First five years. If the Form 990 is for the	0 organization	0	d third fourth	or fifth tax w	Dar as a section	480 501(c)(3)
1-4	organization, check this box and stop he	•			•	ear as a section	, , ,
Socti	on C. Computation of Public Support			<del> </del>	<del></del>	<del></del>	
	Public support percentage for 2016 (line			3 column (fl)		15	%
15 16	Public support percentage for 2016 (line and 2015 Scientific Scien		•			16	
	on D. Computation of Investment In			· · · · ·	····		
17	Investment income percentage for 2016			v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 201:	•		-			<del></del>
19a	331/2% support tests—2016. If the organ						
130	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organization	-	_				_
	line 18 is not more than 331/8%, check this						
20	Private foundation. If the organization d	-	_	-	•		
						hedule A (Form 99	

## 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.)

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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		L
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		×	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a 5b		
С	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 <b>Part VI</b> .	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	- <b>-</b>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2016

Schedo	6 A (1 d) 11 330 01 330-EZ/ 2010		-	aye 🕶
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		,	i
· а				
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
		لا	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	}		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
<u> </u>	on brail type in eappoining enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	} '	,	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		Į	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_	•			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	1	]	
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			}
	supported organizations played in this regard.			
		3	Ĺ	Ĺ <u> </u>
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ın	struct	ions).
•				
2	Activities Test. Answer (a) and (b) below.		Yes	140
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			]
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
•	·	2a	<del> </del>	<del> </del>
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	}		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			[
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	-	[
	activities but for the organization's involvement.	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	,		]
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		l
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trus	t on Nov. 20, 1970 (expons must complete Sec	lain in Part VI). <b>See</b> tions A through E.
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	<u> </u>	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly int	egrated Type III support	ing organization (see

Part		Supporting Organi	zations (continuea)	<del></del>
	on D - Distributions	<del></del>	: 	Current Year
_1_	Amounts paid to supported organizations to accomplish e		<del></del>	
. 2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity	of supported over	ni-ations	
-	Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets	oses of supported orga	nizations	
	Qualified set-aside amounts (prior IRS approval required)			
<u>5</u> _6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		<del></del>	
_ <u>′</u> _8	Distributions to attentive supported organizations to whice	h the erganization is rea	noncivo	
0	(provide details in <b>Part VI</b> ). See instructions.	if the organization is res	ponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Elife of arrivative by Elife of arrivative		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:	i		
a				<u> </u>
b			····	
С	From 2013			
d	From 2014			
_е	From 2015			
f_	Total of lines 3a through e			<del></del>
g_	Applied to underdistributions of prior years		<del> </del>	· · · · · · · · · · · · · · · · · · ·
<u>h</u>	Applied to 2016 distributable amount			<del></del>
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
a_		<u> </u>		
	Applied to 2016 distributable amount  Remainder, Subtract lines 4a and 4b from 4.			
<u>c</u> _				
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.		E	
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	<u> </u>			
b	Excess from 2013			
С	Excess from 2014			
<u>d</u>	Excess from 2015			
е	Excess from 2016			

Page	ε

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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