Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

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.

Open to Public

		nue Service	▶ Information about Form 990)-EZ and its instructions	is at w	vw.irs.gov/for	m990.⁴	,	opootis	
Ā	For the	2016 calenda	ar year, or tax year beginning	July 1	, 2016,	and ending	J	une 30	, 20	17
	Check if ap		C Name of organization				D Empl	oyer ider	tification number	
	Address o	change	Oregon Consumer Justice				ł	82-	0850234	
	Name cha	ange	Number and street (or P O box, if mail is not	delivered to street address)		Room/suite	E Telep	hone nun		
	Initial retu		8835 SW Canyon Lane			Suite 130	1	503-	-297-9031	
H		rn/terminated	City or town, state or province, country, and	ZIP or foreign postal code			F Grou	p Exem		
片	Amended Applicatio		Portland, Oregon USA 97225			119		ber ►	-	
		ting Method	✓ Cash	fv) ▶		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Check I	▶ Vift	he organization	n is not
	Vebsite		nconsumerjustice.org			···			ch Schedule B	1131101
			eck only one) – 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 494	17(a)(1) 0	r □527			EZ, or 990-PF)	
			✓ Corporation ☐ Trust		Other					
			7b to line 9 to determine gross receipts			more, or if tota	assets	-		
			v) are \$500,000 or more, file Form 990 in:	•	,	,		▶ •		100
_	art I		e, Expenses, and Changes in N		Balanc	es (see the	ınstruc	tions f	or Part I)	
			the organization used Schedule O			-			•	
_	1		ons, gifts, grants, and similar amount					1	 	<u></u> 100
	2		ervice revenue including government					2	,	0
	3	-	ip dues and assessments					3		0
	4	Investment	•					4		0
	5a		ount from sale of assets other than in	ventory	5a				1.	
	b		or other basis and sales expenses .	•	5b					
	C		ss) from sale of assets other than inv			ine 5a)		5c		0
	6		d fundraising events	citiony (Subtract mile C	2	mood,				
	a	_	ome from gaming (attach Schedi	ule G if greater that	n					
ě		\$15,000) .			6a	1	٥	- (
Revenue	b	Gross inco	me from fundraising events (not incli	udina \$		f contribution	ns			
ě	-		aising events reported on line 1) (at							
	1		ch gross income and contributions ex		6b	1	0	Ì		
	C	Less: direc	t expenses from gaming and fundra	ısına events	6c		0			
	d		e or (loss) from gaming and fundra	•	6a an	d 6b and su	btract	Ì		
		line 6c) .						6d		0
	7a	Gross sale	s of inventory, less returns and allow	ances	7a		0			
	Ь				7b		0			
	C		it or (loss) from sales of inventory (Su		e 7a) .			7c		0
	8		nue (describe in Schedule O)					8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,				. •	9		100
	10		sımılar amounts paid (list in Schedu					10		0
	11				REC	عنا كال المالية		11		
S	12	Salaries, o	ther compensation, and employee be	enefits 🎚 🚗	1110		<u> </u>	12		0
ns(13	Profession	al fees and other payments to indep	endent contractors?		0, 0, -, .	. පු	13		100
Expens	14	Occupancy	al fees and other payments to indep y, rent, utilities, and maintenance .	<u> </u>	NOA	Z V. 2017	. Õ	14		0
Щ	15	Printing, pi	ublications, postage, and shipping .		<u>.</u>		. 3	15		0
	16	Other expe	enses (describe in Schedule O)		0GL	MEDI INT		16		0
	17		enses. Add lines 10 through 16	<u> </u>		مرفتشيوفتش والمحدد	. ▶	17		100
S	18	Excess or	(deficit) for the year (Subtract line 17	from line 9)				18		0
set	19		or fund balances at beginning of y							
Ą		end-of-yea	r figure reported on prior year's retu	rn)				19		0
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)				20		0
z	21	Net assets	or fund balances at end of year. Con	mbine lines 18 through	20	<u></u>	. ▶	21		0
Fo	r Papen	work Reduct	ion Act Notice, see the separate instru	ctions.	Cat	No 10642I			Form 990-E2	(2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form:	990-EZ (2016)					Page 2		
Pa	t II Balance Sheets (see the instructions f	or Part II)			-			
	Check if the organization used Schedule	O to respond to an				<u> </u>		
				(A) Beginning of year		(B) End of year		
22	Cash, savings, and investments				22			
23	Land and buildings				23	0		
24	Other assets (describe in Schedule O)				24	0		
25	Total assets				25			
26	Total liabilities (describe in Schedule O)							
27	Net assets or fund balances (line 27 of column			0	27	C		
Par	Statement of Program Service Accomp	•		-		_		
	Check if the organization used Schedule	O to respond to ar	y question in this I	Part III 🗌	/ _D	Expenses		
Wha	t is the organization's primary exempt purpose?	Furthering consumer	protection in Orego	n		equired for section I(c)(3) and 501(c)(4)		
as m	cribe the organization's program service accomplist leasured by expenses. In a clear and concise means benefited, and other relevant information for ea	anner, describe the			org	organizations, optional for others)		
28	OCJ is a newly formed non-profit organization and ha	s not yet started pro	viding services. The	articles of				
	amendment to the articles of incorporation provide the	nat the purpose will in	clude: education, re	search,				
	advocacy and other activities to further consumer pro-	-						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	28	a c		
29								
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	<u> ▶ □</u>	29	a c		
30								
	(Grants \$) If this amount	ıncludes foreign gra		<u>.</u> ▶ □	30	a (
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here	<u> ▶ □</u>	31			
32	Total program service expenses (add lines 28a t				32			
Par					nstru	uctions for Part IV)		
	Check if the organization used Schedule	O to respond to ar			<u>.</u>	<u>.</u> 🗆		
		(b) Average	(c) Reportable compensation	(d) Health benefits,	م امم) Estimated amount of		
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and		other compensation		
		devoted to position	(if not paid, enter -0-)	deferred compensation	n			
Henr	y Kantor - Officer/Board Chair							
		1	0		0	C		
Emily	Reiman - Officer/Treasurer							
		1	0		0			
Justi	n Baxter - Officer/Secretary							
		1	0		0			
								
					+			
			-		+			
					\dashv			
					-			

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the acceptation and a second seco		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
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	35b	1	J
С	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		
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		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter	l		
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.			
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	:		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Oregon			
42a	The organization's books are in care of ▶ Justin Baxter Telephone no. ▶ 5	03-29	7-9031	1
	Located at ► 8835 SW Canyon Lane, Suite 130, Portland, Oregon ZIP + 4 ►	97225	-3451	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ▶			
	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: ▶	42 c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	- □
44a	Did the organization maintain any donor advised funds during the second is "Ves " Farm 000"		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
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		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 99	0-EZ (20	016)								age 4
						_			Yes	No
46		ne organization engage, directly or in							ļ	
		ndidates for public office? If "Yes," co		, Part I		 .	•	46	<u> </u>	
Part \		Section 501(c)(3) organizations								
		All section 501(c)(3) organizations	s must answer que	stions 47–49b and	d 52, and	complete th	e ta	bles f	or lin	es
		50 and 51.								
		Check if the organization used Sch	edule O to respond	I to any question in	this Part	VI <u></u>	<u></u>			
									Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elect	ion in effe	ct during the	tax	47		1
	•	•			 Sahadula		-	48		
48		organization a school as described in					•	49a	-	-
49a		ne organization make any transfers to	-	•					-	
		s," was the related organization a se						49b		V
50	Comp	plete this table for the organization's	tive highest compen-	sated employees (o	ther than c	micers, airect	ors,	truste	es, an	а кеу
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the org			e, e	nter i	ione.	
			(b) Average	(c) Reportable		alth benefits, ons to employee	(e)	Estimate	ed amo	unt of
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MIS0	bonofit pla	ins, and deferred				
			devoted to position	(FOITIS W-2/1099-WIG	con	npensation				
None										
								_		
							•			
					 					
51	Comp \$100,	number of other employees paid over olete this table for the organization's 000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no					npensat		than
None								•		
				-						
				_						
				1						
				1						
								_		
				1						
		***			_					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶		_	_		
52	Did 1	the organization complete Schedu	le A? Note: All se	ection 501(c)(3) org	ganizations	must attacl	h a			
	comp	oleted Schedule A					▶[✓ Yes	; <u></u>	No _
		of perjury, I declare that I have examined this r					nowle	edge an	d belief	, it is
		d complete Declaration of preparer (other than								
		ANIA IAA II	1			Illiu	11	7		
Sign		Sigulature of officer				Date				
Here		Justin Baxter, Registered Agent, O Type or print name and title	tticer, Treasurer							
Do: -		Print/Type preparer's name	Preparer's signature		Date	Check] if	PTIN		
Paid		, , , , , , , , , , , , , , , , , , ,				self-emplo				
Prep		Firm's name				Firm's EIN ▶				
Use (Unly	Firm's address >				Phone no	_			
		discuss this return with the preparer	shown shows? Sag	inetrictione				Ye		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization					Employer identification	number
Oreg	on Consumer Justice						50234
Pai	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The	organization is not a private found				-		0
1	A church, convention of church						TO CO
2	A school described in section						
3	A hospital or a cooperative ho	•	•			.,	CIN Fortendler
4	A medical research organization hospital's name, city, and state	•	onjunction with a nosp	pital desc	inded in s	section 170(b)(1)(A)	(III). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6							
7	An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described			Dart II \			
9	An agricultural research organ				oratad in	conjunction with a l	and grant college
·	or university or a non-land-grauniversity:						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	l to its exempt fu t income and un	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11	☐ An organization organized and		•		•	,	
12	☐ An organization organized and						
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g						
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						
b					on(s) by having		
	control or management of organization(s). You must	the supporting o	organization vested in	the same			
С	Type III functionally integers its supported organization						ally integrated with,
d	Type III non-functionally that is not functionally inte	grated. The orga	ınızatıon generally mu	st satisfy	a distribi	ution requirement an	
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.						
e	☐ Check this box if the organ functionally integrated, or	Type III non-func					e II, Type III
	f Enter the number of supported organizations						
<u> </u>	Provide the following informatio		1	1		I	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see instructions) (see instructions)				
				Yes	No		
(A)							
				<u> </u>			
(B)							
(C)							
(D)							
(E)							
				 	 		

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	-					
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						
	on B. Total Support						<u>,</u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the	-			-		on 501(c)(3)
Cooti	organization, check this box and stop he on C. Computation of Public Support				<u> </u>	<u> </u>	
		<u>_</u>		11 column (f)		44	
14 15	Public support percentage for 2017 (line Public support percentage from 2016 Sci					15	<u>%</u>
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						
b	331/a% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	ıs 331/3% or n	nore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization.	017. If the orgets the "facts facts and circ	anization did r -and-circumst :umstances" te	not check a bo ances" test, cl est. The organi	x on line 13, 1 heck this box a ization qualifie	6a, or 16b, and stop here s as a publicly	nd line 14 is Explain in supported
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organization in Part VI how the organization in	ation meets the meets the	e "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizati	this box and on qualifies a	stop here.
18	supported organization	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	l 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.)

C4:	and Dublic Connect	under the tes	isted bei	JW, please co	implete rait i	1.,	
	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees				Ì	ì	
_	received (Do not include any "unusual grants.")	0	0	0	0	100	100
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	o	o	o	o	اه	
•		- 0	U				0
3	Gross receipts from activities that are not an					ļ	
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the					1	
	organization's benefit and either paid to					i	
	or expended on its behalf	o	o	o	o	o	0
5	The value of services or facilities						<u>-</u>
•	furnished by a governmental unit to the					1	
	organization without charge	_}		_]	_ [_[_	_
_	•	0	0	0	0	0	0
6	Total. Add lines 1 through 5	0	0	0	0	100	100
7a	Amounts included on lines 1, 2, and 3					ł	
	received from disqualified persons	o	o	o	ol	100	100
b	Amounts included on lines 2 and 3	-					
_	received from other than disqualified	· ·				{	
	persons that exceed the greater of \$5,000			İ		i	
	or 1% of the amount on line 13 for the year			_	_	_	_
	•	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	100	100
8	Public support. (Subtract line 7c from				ĺ		
	line 6.)						0
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	0	100	100
	Gross income from interest, dividends,					100	
	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	i		İ			
	acquired after June 30, 1975	o	0	o	o	o	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
•	activities not included in line 10b, whether	·			1	1	
	or not the business is regularly carried on	اه	•	ام	اء	ام	
40	- ·	- 0	0	0	0	0	0
12	Other income. Do not include gain or					ł	
	loss from the sale of capital assets	į				ľ	
	(Explain in Part VI)	0	0	0	0	o	0
13	Total support. (Add lines 9, 10c, 11,	[
	and 12.)	o	o	o	o	100	100
14	First five years. If the Form 990 is for the	e organization	's first, secon	d. third. fourth	or fifth tax ve		501(c)(3)
	organization, check this box and stop he						`▶ ☑
Secti	on C. Computation of Public Suppor				 -		
15	Public support percentage for 2017 (line 8			2 0011111111111111111111111111111111111		15	- 0/
						 	%
16	Public support percentage from 2016 Sch			<u> </u>	· · · ·	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (• • •	•	` ''	17	%
18	Investment income percentage from 2016					18	%
19a	331/3% support tests-2017. If the organi						
	17 is not more than 331/2%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organization	on ▶ 🗆
b	331/3% support tests - 2016. If the organiz						_
-	line 18 is not more than 331/3%, check this is						
20	Private foundation If the organization di		_	•	-	•	_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	_
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
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 Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
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	105		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		-
Secti	on C. Type II Supporting Organizations			
			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			
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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u></u>		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov 20, 1970 (exp	laın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	•		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	tegrated Type III support	ing organization (see

Part	Type to the term of the term o) Supporting Organi	zations (continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity	****		_
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a_	Applied to underdistributions of prior years		<u> </u>	
b	Applied to 2017 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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Part