990-EZ

internal Revenue Service

Short Form 1904 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-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2016

Open to Public Inspection

A	For th	e 2016 caler	dar year, or tax year beginning 7/1/2016 , and ending	6/30/2017						
В	B Check if applicable C Name of organization				fication number					
	Addres	s change	NKCHA. INC.							
	Name o	change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	84-12	246847					
	Initial re	etum	2911 N 104TH AVEE	Telephone numb	er					
	Final retu	m/terminated	City or town State ZIP code							
	Amend	ed return	WESTMINSTER CO 80234							
	Applica	tion pending		Group Exempt	ion					
]	Number ▶	3506					
<u> </u>	Accou	nting Method	X Cash Accrual Other (specify) ► H Che	ock ▶☐ if th	ne organization is					
ĭ		te: ► N/A			ach Schedule B					
				•	Z, or 990-PF).					
<u> </u>	1 ax-exe	mpt status (ch	5-x only one) = [X]501(c)(5)	·	<u> </u>					
K	Form of	f organization	Corporation Trust Association X Other NON-PRO	FIT						
L	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	i						
			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶\$	48,525					
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Pa	art I)					
			the organization used Schedule O to respond to any question in this Part I							
	1		ns, gifts, grants, and similar amounts received							
	2		ervice revenue including government fees and contracts	2						
	3	_	ip dues and assessments	3						
	4		income	4	269					
	5a		ount from sale of assets other than inventory							
- 1	b		or other basis and sales expenses	- 1						
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0					
l	6		d fundraising events							
	a	•	ome from gaming (attach Schedule G if greater than							
6 6UIB Revenue	-			1 1						
J lē	b		me from fundraising events (not including \$ of contributions	-						
§ ₹			aising events reported on line 1) (attach Schedule G if the							
			h gross income and contributions exceeds \$15,000) 6b] }						
Ŋ	С		t expenses from gaming and fundraising events 6c							
20	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7						
ž				6d	0					
	7a	Gross sale	s of inventory, less returns and allowances							
1	b	Less: cost	of goods sold							
2	C	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0					
3	8	Other reve	nue (describe in Schedule O)	8	48,256					
<u>}</u> }	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	48,525					
₹ }	10	(irante and	I similar amounts haid (list in Schedule (1)	10						
i	11	Benefits pa	ther compensation, and employee benefits	11						
es	12	Calalics, o	mer compensation, and employee benefits	12						
Expenses	13	Profession	al fees and other payments to independent contractors	13	125					
8	14	Occupancy	v, rent, utilities, and maintenance	14	25,441					
ñ	15	Printing, po	ublications, postage, and shipping	15						
	16	Other expe	nses (describe in Schedule O)	16	13,625					
	17	Total expe	nses. Add lines 10 through 16		39,191					
ά	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	9,334					
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with							
Ą		end-of-yea	r figure reported on prior year's return)	19	355,487					
Ħ	20	Other char	ges in net assets or fund balances (explain in Schedule O)	20						
Z	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	364,821					

Form **990-EZ** (2016)

	1990-EZ (2010) NNCHA. INC.			84-124	0047	Page Z
Par	Balance Sheets. (see the instructions for Check if the organization used Schedule O to a		a this Dart II			
	- Chopk in the organization used ochequie o to i	espond to any question in	Tulistaitii.		• •	····
				(A) Beginning of year	ļ	(B) End of year
22	,			47,507		60,845
23	Land and buildings		<i>.</i> [300,000	23	300,000
24	Other assets (describe in Schedule O)			7,980	24	3,976
25	Total assets			355,487		364,821
26	Total liabilities (describe in Schedule O)			000,107	26	001,021
	•			055.407		204.004
27				355,487	27	364,821
Ρâ	art III Statement of Program Service Accomplis					
	Check if the organization used Schedule O	to respond to any questio	n in this Part III.			Expenses
Wha	at is the organization's primary exempt purpose?	lome Corporation for Knig	ahts of Columbus	· · · · · · · · · · · · · · · · · · ·	' '	ulred for section
	cribe the organization's program service accomplish					c)(3) and 501(c)(4)
	neasured by expenses. In a clear and concise mann				1 -	nizations; optional thers)
			provided, are na	IIID a i Oi	1	u.c.o ,
	sons benefited, and other relevant information for ea				-	1
28					ļ	j
		• • • • • • • • • • • • • • • • • • • •				
	(Grants \$) If this amount	includes foreign grants, o	check here	▶ □	28a	
29						
						1
					1	
				·····	1	
	(Grants \$) If this amount	includes foreign grants, o	check here	🕨 🔲	29a	
30						
					1	
	••••••					
	(Cranta (C	tankala Kabutan adalah				ł
		includes foreign grants, o			30a	
31	Other program services (describe in Schedule O) .					
	(Grants \$) If this amount	includes foreign grants, o	check here	▶ 🔲	31a	
	<u> </u>					
32		hrough 31a)			32	1 0
32 Pa	Total program service expenses. (add lines 28a	hrough 31a)	one even if not con	nnensated_see the	32	
32 Pa	Total program service expenses. (add lines 28a to line in the list of Officers, Directors, Trustees, and I	Key Employees (list each	one even if not con	npensated—see the ii	nstruct	ions for Part IV)
32 Pa	Total program service expenses. (add lines 28a	Key Employees (list each	one even if not con in this Part IV.	npensated—see the II	nstruct	ions for Part IV)
32 Pa	Total program service expenses. (add lines 28a to line in the list of Officers, Directors, Trustees, and I	Key Employees (list each	one even if not con in this Part IV . (c) Reportable	npensated—see the II	nstruct	ions for Part IV)
32 Pa	Total program service expenses. (add lines 28a to line in the lines 28a to lines 28a t	Key Employees (list each o respond to any question (b) Average hours per week	one even if not con in this Part IV . (c) Reportable compensation	npensated—see the II (d) Health benefit contributions to	nstruct	ions for Part IV)
32 Pa	Total program service expenses. (add lines 28a to line in the list of Officers, Directors, Trustees, and I	Key Employees (list each o respond to any question (b) Average	one even if not con in this Part IV . (c) Reportable	(d) Health benefit contributions to employee benefit pl	nstruct	ions for Part IV)
Pa	Total program service expenses. (add lines 28a to 17 IV List of Officers, Directors, Trustees, and I Check if the organization used Schedule O to 18 Name and title	Key Employees (list each o respond to any question (b) Average hours per week	one even if not con in this Part IV (c) Reportable compensation (Forms W-2/1099-M	(d) Health benefit contributions to employee benefit pl	nstruct	ions for Part IV)
<u>Pa</u>	Total program service expenses. (add lines 28a to 17 IV List of Officers, Directors, Trustees, and I Check if the organization used Schedule O to (a) Name and title JG DRAKE	Key Employees (list each or espond to any question (b) Average hours per week devoted to position	one even if not con in this Part IV (c) Reportable compensation (Forms W-2/1099-M (If not paid, enter	(d) Health benefit contributions to employee benefit pl	nstruct	ions for Part IV)
Pa DOL PRE	Total program service expenses. (add lines 28a to 11 lV List of Officers, Directors, Trustees, and I Check if the organization used Schedule O to (a) Name and title JG DRAKE SIDENT	Key Employees (list each o respond to any question (b) Average hours per week	one even if not con in this Part IV (c) Reportable compensation (Forms W-2/1099-M (If not paid, enter	(d) Health benefit contributions to employee benefit pl	nstruct	ions for Part IV)
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Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V) Check if the organization used Schedule O to respond to any question in the		tV.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		. 1	. ~
24	detailed description of each activity in Schedule O	33		X
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	34		X
25 -	change on Schedule O (see instructions)	34		
35 a		35a		Х
h	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b		_^
	· · · · · · · · · · · · · · · · · · ·	330		
C	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		Х
36		356		-^-
30	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		х
27 0	Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a	30		-^-
	Did the organization file Form 1120-POL for this year?	37ь	 	ĺ
	Did the organization her Form 1120-FOL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/10		
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		χ
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		
39	Section 501(c)(7) organizations. Enter:	1		1
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
40 u	section 4911 ► ; section 4912 ► ; section 4955 ► ;	}		
· b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		ŀ	
	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		х
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	1		
	40c reimbursed by the organization			İ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	[١.
	transaction? If "Yes," complete Form 8886-T	40e		ΙX
41	List the states with which a copy of this return is filed. ▶ CO			
42 a	The organization's books are in care of ► NKCHA Telephone no. ►	(303) 4	60-84	07
		34-350		
			Yes	No
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		res	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		 ^-
	If "Yes," enter the name of the foreign country:	ì	1	l
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	42c		×
C	At any time during the calendar year, did the organization maintain an office outside the United States?	420	Щ	
	If "Yes," enter the name of the foreign country:			
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 ▶ 43			T
_			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Į		
	completed instead of Form 990-EZ	44a		X
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	<u> </u>	ĻŻ
	Did the organization receive any payments for indoor tanning services during the year?	44c		\perp_X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	
	explanation in Schedule O	44d	<u> </u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	X
45 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		1	 . ,
	Form 990-EZ (see instructions).	45b	<u></u>	<u>L X</u>
		Form 9	90-E2	Z (2016)

Form 9	90-EZ (2016) NKCHA. INC.				84-1246847	Page 4				
	,		·		Yes	No				
46	Did the organization engage, directly or indirect	ctly, in political campaign a	ctivities on behalf of	or in opposition						
•	to candidates for public office? If "Yes," comple	ete Schedule C, Part I			. 46	X				
Part	VI Section 501(c)(3) organizations or	nty								
	All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines									
	50 and 51.	•		•						
	Check if the organization used Sche	dule O to respond to an	y question in this Pa	art VI						
					Yes	No				
47	Did the organization engage in lobbying activit	ies or have a section 5016	h) election in effect di	uring the tax						
••	year? If "Yes," complete Schedule C, Part II.				. 47	l x				
48	Is the organization a school as described in se					X				
49 a	Did the organization make any transfers to an					×				
	If "Yes," was the related organization a section		_		49b	+~				
50	Complete this table for the organization's five I	•								
30	employees) who each received more than \$10	• •	•		-					
	employees) who each received more than \$10	To,000 or compensation in	in the organization, i		Tivone.					
	4.44	(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimated an	nount of				
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	other compens	sation				
		devoted to position	(1 01113 44-2 1000 11100)	compensation	 					
Name	None	-								
Title		Hr/WK .00								
Name		1								
Title		Hr/WK .00								
Name										
Title		Hr/WK 00								
Name										
Title		Hr/WK .00			<u> </u>					
Name										
Title	!	Hr/WK .00			<u> </u>					
f	Total number of other employees paid over \$1	00,000	. ▶	 						
51	Complete this table for the organization's five l	-	-	who each received m	ore than					
	\$100,000 of compensation from the organizat	ion. If there is none, enter	"None."							
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	ce (c	c) Compensation					
	· · · · · · · · · · · · · · · · · · ·			·						
Name	None Str									
Crty	ST	ZIP								
Name	Str			İ						
Crty	ST	ZIP								
Name	Str									
City	ST	ZIP								
Name	Str									
City	ST	ZIP								
Name	Str									
City	ST	ZIP								
d	Total number of other independent contractors	s each receiving over \$100),000	·						
52	Did the organization complete Schedule A? No	ote: All section 501(c)(3) o	organizations must att	ach a		_				
	completed Schedule A				► X Yes _	_ No				
Under p	penalties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statements, and to th	e best of my knowledge an	d belief, it is					
	rrect, and complete Declaration of pregarer (other than office									
	X Mart Balderst			X 5-31	-18					
Sign	Signature of officer			Date						
Here	1 /V 166 () 1 // 1	on Secreta	NU							
	Type or pnnt name and title			· · · · · · · · · · · · · · · · · · ·						
Da!-	Print/Type preparer's name	Preparer's signature	Date		PTIN					
Paid	$1 \rightarrow y p c_1 + y y y y y$	Dial	agunes.	Check Self-employed		749				
Prep	parer Firm's name		//	Firm's EIN	1.0.00	<u> </u>				
Use	Only Firm's address > 1/3 49 Lima	-ST Llendorson Co	80640		3 521499	1				
May t	he IRS discuss this return with the preparer sho			TEHONORIO	► Yes	No				
.viciy t	no into disouss this return with the preparer sile	OMIT BROAD! OEE IIISH HONO		· · · · · · · · · · · · · · · · · · ·						
					Form 990-E	-Æ (2016)				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

		e organization					Employer identification			
NKC		INC.					84-12	46847		
Par	t I	Reason for Public Char	ity Status (All org	janizations must cor	nplete th	is part.)	See instructions.			
		nization is not a private founda						2 1		
1	M	A church, convention of church				• •	,			
2	Ц	A school described in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 or	990-EZ).)	V ,		
3	Ш	A hospital or a cooperative hos	spital service organ	nization described in s	ection 17	'0(b)(1)(A)(iii).			
4		A medical research organization hospital's name, city, and state	nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the spital's name, city, and state:							
5		An organization operated for the section 170(b)(1)(A)(iv). (Con	he benefit of a colle	ege or university owne	d or opera	ated by a	governmental unit d	lescribed in		
6	П	A federal, state, or local gover		ental unit described in	section 1	170(Ь)(1)(A)(v).			
7		An organization that normally described in section 170(b)(1)	receives a substant	tial part of its support				eneral public		
8	П	A community trust described in		•	rt II.)					
9		An agricultural research organ or university or a non-land-gra university:	ization described in	section 170(b)(1)(A)	(ix) opera	ited in cor ne name,	njunction with a land city, and state of the	grant college college or		
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt functi income and unrela	ions—subject to certa ated business taxable	in excepti income (l	ons, and ess sectio	(2) no more than 33 on 511 tax) from bus	1/3% of its		
11		An organization organized and	l operated exclusive	ely to test for public sa	afety. See	section	509(a)(4).			
12		An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations of	lescribed in section 5	09(a)(1) d	or sectior	1 509(a)(2). See sec	tion 509(a)(3).		
а	[Type I. A supporting organithe supported organization(organization. You must con	zation operated, su (s) the power to reg	pervised, or controlle	d by its su	pported o	organization(s), typic	cally by giving		
b	L	Type II. A supporting organ control or management of the organization(s). You must organization(s).	he supporting orgai	nization vested in the	ction with same per	its suppo sons that	rted organization(s) control or manage t	, by having the supported		
С		Type III functionally integrits supported organization(s	rated. A supporting	organization operate	d in conne Part IV.	ection with Sections	n, and functionally in A. D. and E.	tegrated with,		
d		Type III non-functionally in that is not functionally integ requirement (see instruction	ntegrated. A support	orting organization operation generally must s	erated in d atisfy a di	connection stribution	n with its supported requirement and an			
е		Check this box if the organi						Гуре III		
	_	functionally integrated, or T					, , , , , , , , , , , , , , , , , , ,			
f		Enter the number of supported						0		
<u>g</u>		Provide the following information								
	(1) F	lame of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Total				· ··· · · · · · · · · · · · · · · · ·						

	(Complete only if you checke Part III. If the organization fai				_	/	er
Sec	tion A. Public Support						
Cale	ndar 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.")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	:					0
5	Total. Add lines 1 through 3 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,	0	0	0	0	0	0
	column (f)						
	Public support. Subtract line 5 from line 4						0
	tion B. Total Support	(-) 0040	(1-) 0040	// /-> 0044	(4) 0045	(a) 2046	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	/ (c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0		0	0	<u> </u>	
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						(
11	Total support. Add lines 7 through 10.						
12	Gross receipts from related activities, etc (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here .		second, third, fourt	h, or fifth tax year a	as a section 501(c		▶
Sec	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2016 (line 6, c	ólumn (f) divided t	y line 11, column	(f))		14	0.00%
15	Public support percentage from 2015 Sched	ule A, Part II, line	14			15	0.00%
16a	33 1/3% support test—2016. If the organization qualifies as			, and line 14 is 33	1/3% or more,		. ▶□
b	33 1/3% support test—2015. If the organization qualified				is 33 1/3% or more	e, check this	▶[
17a	10%-facts-and-circumstances/test—2016. is 10% or more, and if the organization meet Part VI how the organization/meets the "fact organization.	ts the "facts-and-ci	rcumstances" test	, check this box an nization qualifies a	d stop here. Expl s a publicly suppo	ain ın	
b	10%-facts-and-circumstances test—2015. 15 is 10% or more, and if the organization means the "fact supported organization."	eets the "facts-and	d-circumstances" t	est, check this box	and stop here. E		. ▶[
18	Private foundation. If the organization did rinstructions	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see	<u>.</u> .	▶ [

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

	or not the business is regularly carried on .						
2	Other income. Do not include gain or	//					
	loss from the sale of capital assets			:			
	(Explain in Part VI)	/39,986	42,426	38,662	35,050	48,256	204,380
3	Total support. (Add lines 9, 10c, 11,	//				110000	0 . 20-
	and 12)	<u>/</u> 39,986	42,426	38,662	35,050	48,256	204,380
4	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	`
	organization, check this box and stop here	<i>.</i>					. <u></u>

	organization, chear this box and step here	· · · · · · · · · · · · · · · · · · ·	
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	0.00%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)	17	0.00%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.00%
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%,	and line 17 is	

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

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.)

sect	ion 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	2		
٥-	organization was described in section 509(a)(1) or (2).	2_		\vdash
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		
	(b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		\vdash
D	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	i I	ĺ
_	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.	3с		
42	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)		1	
	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	_		ł
	was accomplished (such as by amendment to the organizing document).	<u>5a</u>	ļ	-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	١		
	designated in the organization's organizing document?	5b	 	
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		ļ	!
	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		1	ļ
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	ļ	İ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	Ť	 	
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	İ		l
	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	l	İ
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			Ì
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
þ	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		<u> </u>
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			1
	supporting organizations)? If "Yes," answer 10b below.	10a	1	
þ	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	11	1

Part l	V Supporting Organizations (continued)			
	•		Yes	No
	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)	1		
_	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	L	L
Section	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the newer to		165	140
'	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 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		
Section	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		l	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l '
	or management of the supporting organization was vested in the same persons that controlled or managed]
041	the supported organization(s).	1	l	L
Section	on D. All Type III Supporting Organizations		Yes	No
4	Did the experientian provide to each of its supported experientians, by the last day of the fifth month of the	<u> </u>	168	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		1	
	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	—	†	t
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ļ		1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		l
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 Part VI the role the organization's			
	supported organizations played in this regard.	3	<u>L</u>	<u> </u>
Section	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 in	struc	tions	; <i>)</i> .
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 ii	nstruc	tions
2				No
2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>	163	140
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	ł
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	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	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	1
	of its supported organizations? If "Ves." describe in Part VI, the role played by the organization in this regard	3h	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ng tı	rust on Nov. 20, 1970 (exp	lain in Part VI). See
instructions. All other Type III non-functionally integrated supporting org	aniza	ations must complete Sect	ions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
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):	<u> </u>		
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	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-function	ally i	ntegrated Type III supporti	ng organization (see
instructions).		-	_

e Excess from 2016.

Schedule A (Fo	orm 990 or 990-EZ) 2016	NKCHA. INC.		84-1246847	Page 8
Part VI	III, line 12; Part IV, 8 B, lines 1 and 2; Pa 3a, and 3b; Part V,	mation. Provide the explar Section A, lines 1, 2, 3b, 3c, rt IV, Section C, line 1; Part	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 IV, Section D, lines 2 and 3 e 1e; Part V, Section D, line	ine 10; Part II, line 17a or 17b; Part 1a, 11b, and 11c; Part IV, Section 3; Part IV, Section E, lines 1c, 2a, 2b, es 5, 6, and 8; and Part V, Section E,	
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