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)

2016

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from gaming and fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions (not greater than \$15,000) \$ 0. | | A F | or the | 2016 calendar year, or tax year beginning October 1 , 2016, and ending | Sept | ptember 30 , | | 17 | | | | |
|--|----------|-------|------------|---|--------------------------------|--------------|----------------|---------------|--|--|--|--|
| Number and street (a P O box, it mad as not delivered to street addresse) | В | | eck if ap | plicable C Name of organization | D Employer identification nu | | fication numbe | r | | | | |
| Post instantation Post 2005 City or town, sate or province, country, and 2IP or foreign postal code Post 2005 F. Group Exemption Number Post 1 Post 2005 Po | | ⊒ ^ | ddress cl | Flint Hills Optimist Club of Emporia, Kansas, Inc. | 48-0931801 | | | | | | | |
| Post artuninammate Post form and province, country, and ZIP or foreign postal code Post form and zip or form, and zip or form, and zip or foreign postal code Post foreign postal | | | | | E Telep | hone numb | per | | | | | |
| Annexed return Chyp or lown, sate or province, country, and 2th or foreign postal code F Group Exemption Number | | == | | IP O Roy 2005 | | 620/3 | 415476 | | | | | |
| Appreciations precisions Emporias IXS 68801 | | | | ■ City or town, state or province, country, and ZIP or foreign postal code | F Group Exemption | | | | | | | |
| Website: | | = | | | Num | nber 🕨 | | | | | | |
| Tax-exempt status (check only one) | | G A | ccount | ing Method: ☐ Cash ☑ Accrual Other (specify) ► H | Check | ▶ 🗸 if th | e organization | is not | | | | |
| K Form of organization | | l W | ebsite | :• | required | l to attach | Schedule B | | | | | |
| L Add lines 5b. 6c. and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 5 {Part II, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E2 } Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I | | J Ta | х-ехеп | npt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 | (Form 990, 990-EZ, or 990-PF). | | | | | | | |
| Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments. 3 3 2,218 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory (Subtract line 5th from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeded \$15,000) 6 C Less: direct expenses from gaming and fundraising events 6c 23,667 d Net income or [loss] from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 5 b Less: cost of goods sold 6 Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7 b Less: cost of goods sold 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 b 10 Grants and similar amounts paid (list in Schedule Q) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 b 10 Grants and similar amounts paid (list in Schedule Q) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c 11 Senefits paid to or for members 1 c 10 Grants and similar amounts paid (list in Schedule Q) 7 c 11 Frinting, publications, postage, and shipping 1 c 12 Salaries, other compensation, and employes benefits paid to profit or for the year (subtract line 17 from line 9) 1 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure report | | | | | | | | | | | | |
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| 11 Benefits paid to or for members | | | 9 | | . ▶ | 9 | | 16,307 | | | | |
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| Professional fees and other payments to independent contractors. 13 14 15 16 Other expenses (describe in Schedule O) | <u>₹</u> | | 11 | Benefits paid to or for members | | 11 | | | | | | |
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| 16 Other expenses (describe in Schedule O) | | | 13 | Professional fees and other payments to independent contractors | | 13 | | | | | | |
| 16 Other expenses (describe in Schedule O) | <i></i> | ĝ. | 14 | | | 14 | | | | | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | (CAN) | Ä | 15 | Printing, publications, postage, and shipping | | 15 | | 131 | | | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | | 16 | | | | | 5,816 | | | | |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | 17 | Total expenses. Add lines 10 through 16 | . 🕨 | 17 | | 14,395 | | | | |
| Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | ķ | 18 | | | 18 | | 1,912 | | | | |
| end-of-year figure reported on prior year's return) | | set | 19 | | e with | | | - | | | | |
| To be a seed to be seed to be a | | As | | end-of-year figure reported on prior year's return) | | 19 | | 62,280 | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | Net | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 20 | | | | | | |
| | | | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | . ▶ | 21 | | 64,192 | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form **990-EZ** (2016)

| Part | Balance Sh | eets (see the instructions for | or Part II) | | | | V |
|--|--|---|---|--|--|---------------------------------------|---|
| | Check if the | organization used Schedule | O to respond to ar | y question in this | | | <u> </u> |
| | | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and | I investments | | [| 45,211 | 22 | 44,861 |
| 23 | Land and buildings | 3 | | | | 23 | |
| 24 | Other assets (desc | ribe in Schedule O) | | [| 18,243 | | 19,685 |
| 25 | | | | [| 63,454 | | 64,546 |
| 26 | • | | | [| 1,174 | | 354 |
| 27 | | d balances (line 27 of column | | | 62,280 | 27 | 64,192 |
| Part | | of Program Service Accomp | , | | | | _ |
| | | organization used Schedule | | | | /Da | Expenses quired for section |
| What | is the organization's | primary exempt purpose? | Provide services to y | outh in the commun | ity | | (c)(3) and 501(c)(4) |
| | | i's program service accomplises. In a clear and concise ma | | | | | anizations, optional for ers) |
| perso | ns benefited, and ot | her relevant information for ea | ch program title. | · · · · · · · · · · · · · · · · · · · | | | |
| | | me for areas high school boy an | | eir families | |] | |
| _ | Game and banquet se | erves at least 150 area youth and | families | *************************************** | | | |
| - | (C+- ¢ | \ 16 Ab. a | | nto abank bara | | 00. | _ |
| | (Grants \$ | | ncludes foreign gra | · · · · · · · · · · · · · · · · · · · | | 28 | 9,516 |
| | | th programs, Big Brothers/Big | | | | | |
| 9 | of Public Library are i | argest. Exact number of youth | servea aimicuit to de | termine but over 500 | · · · · · · · · · · · · · · · · · · · | | |
| | Grants \$ |) If this amount i | ncludes foreign gra | nte check here | ▶ □ | 29 | 3 000 |
| | <u> </u> | | | | | 250 | a 3,000 |
| 30 | scholarships to nigh | school seniors to attend college | <u> </u> | | · | | |
| | | | | *************************************** | | | |
| - | (Grants \$ |) If this amount | ncludes foreign gra | nts. check here . | ▶ □ | 30 | a 1,500 |
| | <u>`</u> | ces (describe in Schedule O) | | | | | 1,000 |
| | (Grants \$ | | includes foreign gra | nts, check here . | ▶ 🗆 | 31 | a 4,165 |
| 32 | Total program serv | ice expenses (add lines 28a t | | | | 32 | |
| | . otal program our | ioe experiede (add in los eou t | inoughtolay | | | 1 32 | |
| Part | | | | | | | |
| Part | IV List of Officer | s, Directors, Trustees, and Key | Employees (list each | one even if not com | pensated-see the ii | | |
| Part | IV List of Officer | | Employees (list each O to respond to a | one even if not com ny question in this (c) Reportable | pensated—see the II Part IV (d) Health benefits, | nstr | uctions for Part IV) |
| Part | List of Officer Check if the | s, Directors, Trustees, and Key | Employees (list each O to respond to at (b) Average hours per week | n one even if not com ny question in this (c) Reportable compensation | pensated—see the II Part IV | nstru | uctions for Part IV) |
| Part | List of Officer Check if the | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to ai (b) Average | one even if not com ny question in this (c) Reportable | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and | nstru | uctions for Part IV) |
| | List of Officer Check if the | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to at (b) Average hours per week | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and | nstru | uctions for Part IV) |
| Stanle | List of Officer Check if the (a) Na | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to at (b) Average hours per week devoted to position | n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and | nstru ree (e | uctions for Part IV) |
| Stanle | List of Officer Check if the (a) Na ey Fowler | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to at (b) Average hours per week | n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio | nstru | uctions for Part IV) |
| Stanle Presid M Geo | List of Officer Check If the (a) Na ey Fowler dent orge Durler | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to an (b) Average hours per week devoted to position | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | nstru ree (e | uctions for Part IV) |
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| Stank Presid M Ged Treas | List of Officer Check If the (a) Na ex Fowler dent orge Durler urer Haag | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to an (b) Average hours per week devoted to position | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio | nstru ree (e | e) Estimated amount of other compensation |
| Stank Presid M Ged Treas Janet Secre | List of Officer Check If the (a) Na ex Fowler dent orge Durler urer Haag | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to al (b) Average hours per week devoted to position | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio | nstru. ree (e | e) Estimated amount of other compensation |
| Stanle Presion M Geo Treas Janet Secre Steve | List of Officer Check If the (a) Na exy Fowler dent orge Durler urer Haag tary | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to al (b) Average hours per week devoted to position | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio | nstru. ree (e | e) Estimated amount of other compensation |
| Stanle Presion M Geo Treas Janet Secre Steve | List of Officer Check if the (a) Na ey Fowler dent orge Durler urer Haag tary Mollach | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to all (b) Average hours per week devoted to position 5 | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | nstr. | e) Estimated amount of other compensation |
| Stanke Presid M Geo Treas Janet Secre Steve Vice-I Matt f | List of Officer Check if the (a) Na ey Fowler dent orge Durler urer Haag tary Mollach President | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to all (b) Average hours per week devoted to position 5 | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | nstr. | e) Estimated amount of other compensation |
| Stanke Presid M Geo Treas Janet Secre Steve Vice-I Matt F Board | List of Officer Check If the (a) Na ey Fowler dent orge Durler urer Haag tary Mollach President Towler | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to an (b) Average hours per week devoted to position 5 | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | nstr. | e) Estimated amount of other compensation |
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| Stanke Presid M Ged Treas Janet Secre Steve Vice-I Matt f Board Darre Board Casey | List of Officer Check If the (a) Na ex Fowler dent orge Durler urer Haag tary Mollach President Fowler I Jones I member | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to al (b) Average hours per week devoted to position 5 | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | nstr | e) Estimated amount of other compensation |
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| Stanke President M George Janet Secre Steve Vice-I Matt F Board Casey Board Board Board Board Board Mike | List of Officer Check if the (a) Na exy Fowler dent orge Durler urer Haag tary Mollach President Fowler I Jones I member (Wilson I member Douglas I member | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to an (b) Average hours per week devoted to position 5 5 4 0 0 0 | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 0 0 0 0 | e) Estimated amount of other compensation |
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| Stanke Presid M Geo Treas Janet Secre Steve Vice-I Matt f Board Casey Board Board Board Board Board Board Board Lisa I | List of Officer Check if the (a) Na ey Fowler dent orge Durler urer Haag tary Mollach President Towler I member I Jones I member I Douglas I member Alpers I member Burenheidi I member | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to al (b) Average hours per week devoted to position 5 5 4 0 0 0 0 | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 0 0 0 0 0 | e) Estimated amount of other compensation |
| Stanke Presid M Geo Treas Janet Secre Steve Vice-F Matt F Boarc Cases Boarc Boarc Boarc Boarc Boarc Boarc Boarc Lisa H | List of Officer Check if the (a) Na exy Fowler dent orge Durler urer Haag tary Mollach President Fowler I member I Jones I member I Douglas I member | s, Directors, Trustees, and Key organization used Schedule | Employees (list each O to respond to al (b) Average hours per week devoted to position 5 5 4 0 0 0 0 0 | one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | pensated—see the II Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | uctions for Part IV) |

| Part | | | | | | |
|----------|--|------------|--------------|---------------------------------------|--|--|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part ' | | | | |
| 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 | | Yes | No | | |
| 24 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | 33 | | ✓ | | |
| 34 | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | | | | |
| 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)? | 34 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 | | | | |
| 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 | | 1 | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | : | | | |
| ь 38а | Did the organization file Form 1120-POL for this year? | 37b 38a | | 1 | | |
| b | | 30a | | _ | | |
| 39 | Section 501(c)(7) organizations. Enter: | } | | | | |
| a | Initiation fees and capital contributions included on line 9 | | | | | |
| 40a | Gross receipts, included on line 9, for public use of club facilities | | | | | |
| b | D. 1 (2017) (2017) (2017) | 40b | | / | | |
| c | on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | | | |
| d | 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 ▶ none | | | | | |
| 42a | | 320) 3 | 42-610 |)9 | | |
| . | Located at ► 1427 College Dr., Emporia, KS ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | V | N | | |
| J | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | 42b | Yes | No | | |
| | 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 | <u> </u> | ✓ | | |
| 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 | | | ▶ [| | |
| | | , | Yes | No | | |
| 44a | completed instead of Form 990-EZ | 44a | | 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 | | ✓ | | |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c | | √ | | |
| AE- | | 44d 45a | | 1 | | |
| 45a b | | 45a 45b | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |

| Form 99 | 00-EZ (20 | 016) | | | | | _ | F | age 4 | | |
|----------|--|--|---------------------------------------|---------------------------------------|---|--------------------------------|-------------|--------------------|--------------|--|--|
| | | | | | | | | Yes | No | | |
| 46 | | ne organization engage, directly or inc | | | | | | 1 | , | | |
| | | ndidates for public office? If "Yes," co | | | | | | 1 | 1 | | |
| Part | | Section 501(c)(3) organizations | | <u></u> | | | | | | | |
| · arc | | | | etione 47_49h and | d 52 and c | omplete the | tables. | for lin | Δ0 | | |
| | 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 Sch | edule O to respond | to any question in | this Part V | | · · · · | | <u>. Ll</u> | | |
| | | | | | | | | Yes | No | | |
| 47 | | ne organization engage in lobbying a | | | | t during the | tax | | | | |
| | year? | ear? If "Yes," complete Schedule C, Part II | | | | | | | | | |
| 48 | Is the | organization a school as described in | section 170(b)(1)(A)(i | i)? If "Yes," complete | e Schedule E | Ξ | . 48 | T | | | |
| 49a | | ne organization make any transfers to | | | | | | 1 | | | |
| b | | s," was the related organization a sec | • | - | | | . 49b | + | | | |
| 50 | | blete this table for the organization's | | | | | | | I Key | | |
| 50 | | oyees) who each received more than | | | | | | | | | |
| | - Oilipi | Jyees) Wild each received more than | Ψ100,000 01 compo | T T T T T T T T T T T T T T T T T T T | | | 2, 611101 1 | 10116. | | | |
| | | | (b) Average | (c) Reportable | | th benefits, as to employee | (e) Estimat | ed amo | unt of | | |
| | (a) | Name and title of each employee | hours per week devoted to position | (Forms W-2/1099-MISC | compensation honofit plans and deformed | | | other compensation | | | |
| | | | devoted to position | (1 011113 14 21 1033 111130 | comp | ensation | | | | | |
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| | | | | | | | | | | | |
| f | Total | number of other employees paid over | er \$100,000 | . > | | | | | | | |
| 51 | Com | plete this table for the organization's | s five highest comp | ensated independer | nt contracto | rs who each | received | d more | e than | | |
| | \$100 | ,000 of compensation from the organ | nization. If there is no | one, enter "None." | | | | | | | |
| | (0) | Name and business address of each independe | ont contractor | (b) Type of service | | (c) Compensation | | | | | |
| | (4) | Marie and business address of each independe | on contractor | | | (6, | Оотронац | | | | |
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| | | | | | | _l_ | | | | | |
| d | Total | number of other independent contra | ctors each receiving | over \$100,000 . | . ▶ | · | | | | | |
| 52 | | • | _ | | nanizations | must attack | | | | | |
| - | | Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A | | | | | | | | | |
| 11 | | | | | | | | | | | |
| true co | penaities prect ar | of penury, I declare that I have examped this not complete. Declaration of prepare of other than | officer) is based on all inf | ormation of which prepare | er has anv knov | ine best of my Kr vledge | iowiedge ar | io peliet | , IL IS | | |
| | Jo., ui | rrect, and complete. Declaration of preparer (other) than officer) is based on all information of which preparer has any knowledge | | | | | | | | | |
| ۵. | - 1 | III Las Von | 2/19/18 | | | 5 | | | | | |
| Sign | | | | | | | | | | | |
| Here | • | M. George Vuller, | reasurer | | | | | | | | |
| | | Type or print name and title | | | | | | | | | |
| Paid | ı | Print/Type preparer's name | Preparer's signature | | Date | Check | f PTIN | | | | |
| | | | | ļ | | self-emplo | yed | | | | |
| - | oarer | Firm's name | | | , p | irm's EIN ▶ | | | | | |
| use | Only | Firm's address ▶ | | · · · · · · · · · · · · · · · · · · · | | hone no | | | | | |
| Mav t | he IRS | discuss this return with the preparer | shown above? See | instructions | | | ► ∏ Ye | s 🗇 | No | | |
| | | | | | | | <u></u> | | | | |