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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Interr	al Reveni	ue Service	Go to www.irs.gov/Form990E2 for instruct				
A F	or the 2	2017 calenda	r year, or tax year beginning January 1	, 2017, and ending		ember	
Вс	heck if app	olicable	C Name of organization	. —	D Emplo	yer ide	entification number
	ddress ch	ange	Rocky Mountain ChevraKaddisha			14	I-1971474
=	lame chan	nge -	Number and street (or PO box, if mail is not delivered to street a	ddress) Room/suite	E Telepi	none nu	mber
=	nitial returr		316 S. Locust			30	3-549-1402
=		/terminated	City or town, state or province, country, and ZIP or foreign postal	code	F Grou	p Exer	nption
=	Amended r Application		Denver, CO 80224	0	Num	ber 🕨	•
		ng Method	✓ Cash	Н	Check >	<u> </u>	the organization is not
	/ebsite:	-					ch Schedule B
-			eck only one) — ✓ 501(c)(3)		•		-EZ, or 990-PF).
		organization	✓ Corporation ☐ Trust ☐ Association	Other			
			7b to line 9 to determine gross receipts. If gross receipts a		assets		
			v) are \$500,000 or more, file Form 990 instead of Form 990			▶ ¢	
			e, Expenses, and Changes in Net Assets or		inetruc	tions	for Part IV
	art I						
			the organization used Schedule O to respond to		 i		
	1		ons, gifts, grants, and similar amounts received		}	1	
	2	_	ervice revenue including government fees and contra	acts		2	57,315
	3	Membersh	up dues and assessments			3	
	4	Investmen				4	
<u> </u>	5aa	Gross amo	ount from sale of assets other than inventory .	5a			•
@I	b	Less. cost	or other basis and sales expenses	[5b]		_	
~ =}	C	Gain or (lo	ss) from sale of assets other than inventory (Subtrac	t line 5b from line 5a)	-	5c	
- -=1	6	Gaming ar	nd fundraising events				
(a	Gross inc	ome from gaming (attach Schedule G if greate	er than			
ande Sinde		\$15,000)		· · 6a			
~	Ь	Gross inco	ome from fundraising events (not including \$	of contribution	ıs		
%	_		raising events reported on line 1) (attach Schedule	G if the		ļ	
	İ		ch gross income and contributions exceeds \$15,000		695	1	
	c	Less: direc	et expenses from gaming and fundraising events .	6c	1,414		
3	d		e or (loss) from gaming and fundraising events (ac			ļ	
	-	line 6c)				6d	-1,139
لا لا	7a	•	es of inventory, less returns and allowances	7a			-1,133
	1 .		of goods sold	7b		i	
	b			· · · <u> </u>		70	
	C		fit or (loss) from sales of inventory (Subtract line 7b fr	om line /a)		7c 8	
	8		nue (describe in Schedule O)	recieved : .			
	3				. 🟲	9	58,594
	10		d similar amounts paid (list in Schedule O)		• • •	10	
	11	•	aid to or for members	/AY 0 4 2018 Q		11	
es	12					12	···
SI.S	13		al fees and other payments to independent contract			13	56,327
Expenses	14			GDEN, UT		14	
ω	15	Printing, p	ublications, postage, and shipping			15	1,679
	16					16	1,884
	17	Total exp	enses. Add lines 10 through 16	<u></u>	. ▶	17	59,890
	18	Excess or				18	-1,296
ěţ	19		s or fund balances at beginning of year (from line 2				
\ss						19	8,760
Net Assets	20	•	nges in net assets or fund balances (explain in Scheo			20	5,700
ž	21		or fund balances at end of year. Combine lines 18 t			21	7,788
E			tion Act Notice, see the separate instructions.	Cat No 10642I	· -	:_	Form 990-EZ (2017)
				Oal NO 100421			· (-01/)

Par		•	-			
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[8,760	22	7,788
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets		-	8,760	25	7,788
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			8,760	27	7,788
Par		•				F
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III L	/Rec	Expenses quired for section
What	t is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			_	anizations, optional for ers.)
28						
					ļ	
					1	1
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	28a	56,327
29					l	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u></u> ▶ <u>⊔</u>	29a	1
30					ĺ	
	(O-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a				20-	
04		includes foreign gra			30a	1
31	Other program services (describe in Schedule O)				۵.	
22		includes foreign gra			312	
	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key				32	00,027
Fai	Check if the organization used Schedule			•		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	/ee (e	
	J. 7 alrade		(ii not paid, citel -o-	deletted compensation	<u>"</u>	
	dy Zakroff ident	1		0		0
	Lact			<u> </u>	0	0
	President	†		0	0	0
	ov Watkins			<u> </u>	┪-	
	etary	-1		o	0	0
	n Leventhal		 		<u> </u>	×
	arge	1		0	0	0
	Mehler				_	_
At L	arge	1		o	o	0
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		<u> </u>	<u> </u>	 	4	
	·					
				 		
				 		
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A

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	rail	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 c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
39 -	Section 501(c)(7) organizations. Enter.			
a b 40a	Initiation fees and capital contributions included on line 9			
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	- 4 -	
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		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶			
h	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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	+	-
	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	ļ	
b	completed instead of Form 990-EZ	44b	+	
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		
	explanation in Schedule O	44d	+	\vdash
45a	, , , , , , , , , , , , , , , , , , , ,	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	90-EZ (2017)						Page 4
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office?						es No
Dort						46	
Part	All section 501(c)(3) organizations		etione 47_49h and	152 and co	mnlete the t	ablee for	linge
	50 and 51.	o made and wor que	3110110 47 43D and	2 02, 4110 00	inplote the te	abic3 101	iiiics
	Check if the organization used Sci	nedule O to respond	to any question in	this Part VI			\Box
	Officer if the organization does do	ricadic o to respond	to any question in	ting i dit vi		· · · · · · · · · · · · · · · · · · ·	es No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) elect		during the tax		65 140
40	Is the organization a school as described in					47	
48 49a	Did the organization make any transfers t		•			49a	 -
	If "Yes," was the related organization a se		-			49b	
ь 50	Complete this table for the organization's						and key
50	employees) who each received more than						
	employees/ who each received more than	1 \$ 100,000 of comper	T Tom the org	(d) Health		1101	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans,	to employee (e)	Estimated a other comper	
		1					
			<u> </u>				
,				-	ļ		
	··						
,				ļ	ļ		
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest compo	ensated independer	nt contractor	s who each re	eceived m	ore than
	(a) Name and business address of each independ	dent contractor	(b) Type of se	ervice	(c) Co	mpensation	
							
			-				
—	Total number of other independent contra	actors each receiving	over \$100 000	<u> </u>	L		
52	Did the organization complete Schedu			anizotiono =	nuct streb -		
JŁ						ı ∐ Yes [□No
Under	penalties of periury. I declare that I have examined this	return, including accompan	ving schedules and state	ments and to the	hest of my know		
uue, co	orrect, and complete Declaration of preparer (other tha	officer) is based on all info	ormation of which prepare	nas any knowle	eage	2011	/_ _
c:					4/:	<i>3//</i> /	>
Sign	!			Da	te (,	_
Here	Randy Zakroff President Type or print name and title						
	18.47	Preparer's signature		Date	т	PTIN	
Paid		, reparer a signature		Dule	Check If	FIN	
-	parer				self-employed	L	
Use	Only Firm's name >				n's EIN ▶		
Mav 1	the IRS discuss this return with the prepare	r shown above? See	Instructions	<u> Ph</u>	one no	☐ Yes [No
, ,							

Form **990-EZ** (2017)

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.

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

2017 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection
Employer Identification number

		oun	tain Chevra Kaddisha					19-19	<i>+144</i>
Pa			Reason for Public Char						ons.
			ation is not a private founda						$\wedge \mathcal{O}$
1	빔		hurch, convention of church						
2	믬		chool described in section		•			• •	U ¹
3	끔		iospital or a cooperative hos nedical research organization					• • • • •	(iii) Enter the
4	ш		spital's name, city, and state		rijunction with a nosp	mai desc	indea iii s	Section Trouble 1/(A)	(m). Citter the
5			organization operated for		college or university	owned o	r operate	ed by a government	al unit described in
_			ction 170(b)(1)(A)(iv). (Com		-			. . , g	
6		A f	ederal, state, or local goveri	nment or governi	mental unit described	ın secti o	on 170(b)	(1)(A)(v).	
7			organization that normally			port from	a gover	nmental unit or fron	n the general public
		de	scribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8			community trust described in			-			
9		or	agricultural research organ university or a non-land-gra iversity:						
10	✓	rec	organization that normally i seipts from activities related pport from gross investmen quired by the organization a	to its exempt fui t income and uni	nctions—subject to ci related business taxal	ertain exc ole incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its
11			organization organized and						
12		An	organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	unctions of, or to car	rry out the purposes
			one or more publicly support						
		Ch	eck the box in lines 12a thro	_	• • • • • • • • • • • • • • • • • • • •		-	•	
٤	ı	Ш	Type I. A supporting organ						
			the supported organization supporting organization. Y					ne directors or trust	ees of the
t			Type II. A supporting orga					upported organizati	on(a) by bourns
•	•	ш	control or management of						
			organization(s). You must				рогоот	mar control of man	ago ina sapportoa
(;		Type III functionally integ	rated. A support	ing organization oper	ated in c	onnection	n with, and function	ally integrated with,
			its supported organization(
•	i		Type III non-functionally i	i ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
			that is not functionally integ						d an attentiveness
		_	requirement (see instructio						
•	•	Ш	Check this box if the organ						e II, Type III
		٠	functionally integrated, or			-	organizati	ion.	
'			r the number of supported or ide the following information	_	orted organization(s)				· ·
			e of supported organization	(ii) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	**		o or oupported organization	(,	(described on lines 1–10	listed in you	ur governing	support (see	other support (see
					above (see instructions))	gocui	ment?	instructions)	instructions)
				li		Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Total

Part'll

Schedu	g /4 (1 01111 000 01 000 EE/ 2011						raye 🕰
Part*	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	•
Section	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.")	Ĺ		Ĺ			<u> </u>
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		ļ	·		ĺ	ļ
	furnished by a governmental unit to the	1	}	}			}
	organization without charge						
4	Total. Add lines 1 through 3				/		<u></u>
5	The portion of total contributions by	ļ					
	each person (other than a						
	governmental unit or publicly	1					
	supported organization) included on				-		
	line 1 that exceeds 2% of the amount	ļ]
_	shown on line 11, column (f)			/			
6	Public support. Subtract line 5 from line 4	<u> </u>	l	<u>/</u>	L	L	1
	on B. Total Support	T 4) 0040	/ / / / / / / / / / / / / / / / / / /	4.20045	1,0040	(1) 0043	(n T))
	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,	[[1		
	payments received on securities loans, rents, royalties, and income from	1	/				j
	similar sources		/	1			
9	Net income from unrelated business		 	 			
J	activities, whether or not the business	/	ļ.				
	is regularly carried on					i	
10	Other income. Do not include gain or						
	loss from the sale of capital assets		İ		1		Ì
	(Explain in Part VI.)		1				j
11	Total support. Add lines 7 through 10	/		 			
12	Gross receipts from related activities, etc.	. (see instructi	ons)	·	· · · ·	12	
13	First five years. If the Form 990 is for/t					ear as a section	on 501(c)(3)
	organization, check this box and stop he	ere					🕨 🗆
Sect	ion C. Computation of Public Suppo	rt Percentag	e				
14	Public support percentage for 2017 (line					14	%
15	Public support percentage from 2016 Sc					15	%
16a	331/3% support test-2017. If the organ						, check this
	box and stop here. The organization qua	•	• • •	•			🕨 🗌
b	331/3% support test—2016. If the organ					ıs 331/3% or n	nore, check
	this box and stop here. The organization	n qualifies as a	publicly suppo	orted organizat	ion ,		🕨 🗀
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the			-	•		supported
	- /′						🕨 🗆
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization						
18	Private foundation. If the organization d	iid not check a	box on line 13	s, 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.)

Secti	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.")	1571	1926	2275	1945	2418	10135
2	Gross receipts from admissions, merchandise						10130
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	-				·	
•	unrelated trade or business under section 513						
4	Tax revenues levied for the	-					
4	organization's benefit and either paid to					1	
	or expended on its behalf						
_							
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge				İ		
•	-						
6	Total. Add lines 1 through 5	1571	1926	2275	1945	2418	10135
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						Λ
_							
b	Armounts included on lines 2 and 3						
	received from other than disqualified						1
	persons that exceed the greater of \$5,000						Ů.
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C4:	line 6.)	<u></u>					V
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1571	1926	2275	1945	2418	10135
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				-		
_	ro yalties, and income from similar sources .						
b	Unrelated business taxable income (less		Ì				
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			•			
	or not the business is regularly carried on						
12	Other income. Do not include gain or				į		
	loss from the sale of capital assets						
	(Explain in Part VI.)	41290	45131	54202	48617	54896	244136
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	42861	47057	56477	50562	57314	254271
14	First five years. If the Form 990 is for the				-		
	organization, check this box and stop he			· · · ·	<u> </u>	<u></u>	> 🗆
	on C. Computation of Public Support						
15	Public support percentage for 2017 (line	B, column (f) div	rided by line 1	3, column (f))		15	4.1 %
16	Public support percentage from 2016 Sch	nedule A, Part I	II, line 15 .		<u></u>	16	4.2 %
	on D. Computation of Investment In						
17	Investment income percentage for 2017 (17	%
18	Investment income percentage from 2016	Schedule A, P	art III, line 17			18	%
19a	331/3% support tests—2017. If the organ	ization did not	check the box	on line 14, an	id line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz	ation did not ch	eck a box on I	line 14 or line 1	9a, and line 16	is more than 33	31/3%, and
	line 18 is not more than 331/3%, check this i						
20	Private foundation If the organization di	d not chack a b	ov on line 14	100 or 10h o	hoole than have	and con inctric	tions 🕨 🗆

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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in 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		-
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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	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	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	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.

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

9с

10a

Part I	V Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		
Section	n 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.			
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			
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	Yes	No
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	 	ļ 	
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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a b c	☐ 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
а	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 a	Parent of Supported Organizations. Answer (a) and (b) below. 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		
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	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying 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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Av erage 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)	11		
2 Enter 85% of line 1.	2	· · · · · · · · · · · · · · · · · · ·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	•	
5 Income tax imposed in prior year	5	*	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly inte	egrated Type III support	ing organization (see

Schedul	e A (Form 990 or 990-EZ) 2017			Page 7
Part') Supporting Organi	zations (continued)	-
Secti	on D - Distributions			Current Year
1_	Armounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	orted	
	organizations, in excess of income from activity			<u></u>
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			<u> </u>
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(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		(ii)	/// // // // // // // // // // // // //
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	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			
С	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)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			
	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2017 distributable amount	<u> </u>		
c	Remainder, Subtract lines 4a and 4b from 4.			<u> </u>
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 3 _j and 4c.			
8_	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d				
е	Excess from 2017			

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