Foim 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

. 1	or the	2017 calenda	ar year, or tax year beginning , 2017, at	nd ending		, 20
(heck if ap	plicable	C Name of organization	D Em	ployer id	entification number
]	Address cl	hange	BOWMAN COUNTY HISTORICAL & GENALOGICAL SOCIETY	1	4	5-0389418
╗	Name cha	•	Number and street (or P O box, if mail is not delivered to street address)	Room/suite E Tel	ephone n	umber
=	Initial retur	n n/terminated	(701)523-3600			
╡	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gr	oup Exe	mption
=	Application		BOWMAN, ND 58623	Nu Nu	mber I	•
i	Account	ing Method	✓ Cash	H Check	▶ 🗸	f the organization is not
١	Vebsite	:► <u>www</u>	.PTRM.ORG			ach Schedule B
T	ax-exem	npt status (che	ck only one) — 501(c)(3) 501(c) () (insert no) 4947(a)(1) or	527 (Form	990, 99	0-EZ, or 990-PF)
			☐ Corporation ☐ Trust ☐ Association ☑ Other _			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	ore, or if total asset	5	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· · ·	<u>▶</u> \$	101,764
P	art I		e, Expenses, and Changes in Net Assets or Fund Balance	•		•
			the organization used Schedule O to respond to any question in	this Part I	; : -	<u> </u>
	1		ons, gifts, grants, and similar amounts received		1	96,344
	2	_	ervice revenue including government fees and contracts		2	3,742
	3		ip dues and assessments		3	910
	4	Investment			4	277
	5a		ount from sale of assets other than inventory 5a	4,65	2	
	þ		or other basis and sales expenses	4,16		
	C		ss) from sale of assets other than nentory (Subtract line 5b from line	e 5a)	5c	491
	6		d fundraising events			
ø	a	\$15,000) .	ome from gaming (attach Schedule G if greater than			
Revenue	١.					
Š	b	Gross inco	me from fundraising events (not including \$of a aising events reported on line 1) (attach Schedule G if the	contributions		
ř		sum of suc	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
						
	d		t expenses from gaming and fundraising events <u>6c </u> e of (loss) from gaming and fundraising events (add lines 6a and	6b and subtract		
	"	line 6c)	e di (1055) from garning and fundraising events (add lines ba and	ob and Subtract		
	7a	•	s of unventory, less returns and allowances 7a		6d	
	b		s of goods sold			
	C		It or (loss) from sales of inventory (Subtract line 7b from line 7a)			
	8		nue (describe in Schedule O)		8	·
	9		nue: Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	101 764
	10		Psimilar amounts paid (list in Schedule O)	· · · · · · · · · · · · · · · · · · ·	10	101,764
	11		aid to or for members		11	
Ś	12	- 1	ther compensation, and employee benefits		12	46,719
şe	13		al fees and other payments to independent contractors		13	40,713
Expense	14		y, rent, utilities, and maintenance		14	48,737
	15		ublications, postage, and shipping		15	7,449
	16	• • • •	enses (describe in Schedule O)		16	.,
	17		enses. Add lines 10 through 16		17	102,905
'n	18		(deficit) for the year (Subtract line 17 from line 9)		18	-1;141
ě	19		or fund balances at beginning of year (from line 27, column (A))			.,,
ĄŠŠ			r figure reported on prior year's return)		19	415,218
Net Assets	20	Other char	iges in net assets or fund balances (explain in Schedule O).		20	-6,405
Z	21		or fund balances at end of year. Combine lines 18 through 20 .	<u></u> •	21	407,672
0	Papen	work Reduct	ion Act Notice, see the separate instructions. Cat N	lo 10642I		Form 990-EZ (2017)

Cat No 106421

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to an	ny question in this		<u></u>	<u> </u>
			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			175,539		174,414
23	Land and buildings		—	237,720		231,314
24	Other assets (describe in Schedule O)		F	3,600		3,600
25	Total assets		_	416,859	_	409,328
26	Total liabilities (describe in Schedule O)		—	1,641		1,656
27	Net assets or fund balances (line 27 of column			415,218	27	407,672
Par				·		Expenses
	Check if the organization used Schedule			Part III	(Red	quired for section
		Historic Preservation				(c)(3) and 501(c)(4)
	cribe the organization's program service accomplis				orga	anizations, optional for
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		e services provided	, the number of	•••••	,
	Operate museum including offsite Anthropology, Arc		entological programs	and		
20	additional work on museum displays					
	auditional work on museum displays					
	(Grants \$) If this amount	includes foreign gra	ints, check here	• 🗖	28a	86,457
29	,					30,407
		includes foreign gra	ants, check here .	▶ 🗆	29a	1
30						
		includes foreign gra	ants, check here .	▶ 🗆	30a	1
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	<u> ▶ 🗌</u>	312	<u> </u>
	Total program service expenses (add lines 28a t				32	
Par	•					<u> </u>
	Check if the organization used Schedule	O to respond to a			<u></u>	<u> </u>
	(AM)	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	١,	other compensation
		 	(if not paid, enter -0-)	deferred compensation	-	···
Dean	Pearson, President		_			_
	- David I. Mar Davidson	4		 	0	0
Kevir	n Bucholz, Vice President	1				
Lam	Nice Country	2			0	0
Larry	Njos, Secretary	2				•
Dobb	nie Bucholz, Treasurer				0	0
Denn	ie buchotz, rreasurer	6	o		0	0
lean	Nudell, Museum Administrator				4-	
Jean	Madell, Madelli Administrator	40	36,946		0	0
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onn 9	0-EZ (2017)	_ (, ₋ P	age, J
Part				
_	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	SPart		
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	Yes	No
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)			
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		✓
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		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		✓
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1120-POL for this year?	37b	Programme.	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓
39 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Debbie Bucholz Telephone no. ▶	701)52	3-564	1
	Located at ► 503 Hwy 85 South, Bowman, ND ZIP + 4 ►	58623	-0500	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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		✓
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	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		✓ ✓

Form **990-EZ** (2017)

								Yes	S NO
46	Did th	e organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or	ın opposit	ion 🖺		
Dowl V		ndidates for public office? If "Yes," o		Part I	<u>· · · · · · · · · · · · · · · · · · · </u>		. 4	6	
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47-49h and	52 and cor	nnlete th	e table	s for liv	166
		50 and 51.	o made anower que	3110113 47 435 4114	52, and 661	iipicte tii	c table.	3 101 111	103
		Check if the organization used Scl	hedule O to respond	to any question in t	his Part VI	<u> </u>	<u></u>		□
				-				Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par				-	J	_	
40	-	·					—	7	1
48 49a		organization a school as described in the organization make any transfers to		•			· —	8 9a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		s," was the related organization a se						9b	╅
50	Comp	plete this table for the organization's	five highest compens	sated employees (oth	er than offic	ers, directo	ors, trus	tees, a	nd key
	emplo	oyees) who each received more than	\$100,000 of comper	sation from the orga	,		e, enter	"None	."
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions to benefit plans, a compen	o employee and deferred		nated amo	
None			 						
						ŀ			
					-				
		•							
					<u> </u>				
					ļ <u>.</u>				
	T-4-I		\$100,000						
51		number of other employees paid ov plete this table for the organization		· · · — — — — — — — — — — — — — — — — —	contractors	who each	rocow	od moi	o than
٥.	\$100,	000 of compensation from the orga	inization. If there is no	one, enter "None."	CONTIBUTORS	WITO COOL	, receiv	cu mor	Culan
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	/ice	(c)	Compen	sation	
		·							
None		•••••••••••••••••••••••••••••••••••••••							
									
- <i></i>		······································		1					
		······································			ļ				
d	Total	number of other independent contra	actors each receiving	over \$100,000	>				
52		he organization complete Schedu	ule A? Note: All se	ection 501(c)(3) orga	nizations m				
		leted Schedule A	· · · · · ·	<u> </u>			.▶ [⁄] Y		No
		of perjury, I declare that I have examined this d complete Declaration of preparer (other that					nowledge	and belie	f, it is
Sign Here Debbie Bucholz, Treasurer Debbie Bucholz, Treasurer					2				
					- 1 - 1 - 2				
		Type or print name and title	TD					N1	
Paid		Print/Type preparer's name	Preparer's signature	Da	ite	Check		IN	
Prep		Firm's name	<u> </u>	L	Eirm	self-emplo	you		
Use (Only	Firm's name ► Firm's address ►				's EIN ▶ ne no			
May +h	o IDS	discuss this return with the prepare	r shown above? See	netructions				/aa 🗇	Na

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

BOWMAN COUNTY HISTORICAL Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/a% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ď Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (a) FIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1~10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants, contributions. Gifts. membership fees received. (Do not include any "unusual grants.") 88754 84847 86537 152093 80280 492511 revenues levied organization's benefit and either paid to or expended on its behalf . . . 18051 11729 30786 31343 12954 104863 The value of services or facilities furnished by a governmental unit to the organization without charge 5000 5000 8873 10721 8253 37847 Total. Add lines 1 through 3. . . . 111805 101576 126196 194157 101487 635221 5 The portion of total contributions by person (other than unit governmental vlaildug supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 635221 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (e) 2017 (d) 2016 (f) Total Amounts from line 4 111805 101576 126196 194157 101487 635221 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 88 256 100 154 277 875 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 636096 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 Public support percentage from 2016 Schedule A. Part II. line 14 15 15 331/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2017

Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		·			1 / 1	
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities	Ì				1/ 1	
	furnished in any activity that is related to the					/	
2	organization's tax-exempt purpose	<u> </u>			 	 	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	<u></u>					
4	Tax revenues 'levied for the	ĺ			/		
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities	-					
	furnished by a governmental unit to the organization without charge				/		
6	Total. Add lines 1 through 5.				/		
7a	Amounts included on lines 1, 2, and 3]			/		
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					1	
	received from other than disqualified			/	1		
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year	<u> </u>			ļ <u> </u>	ļ	
C	Add lines 7a and 7b	HP. ROMERCHAR TO THE PROPERTY OF THE PARTY O	La Committanta Landerson (U. J. Manufat	Mary methods of accommission of the con-	totasa 1900m etakanasiat atawa dalah	4 Billianius s. timber b mil u laterachata b.	
8	Public support. (Subtract line 7c from						
Cook	line 6.)	THE STEEL STATE					
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2013	/b) 2014	(c) 2015	(4) 2016	(0) 2017	
9	Amounts from line 6	(a) 2013	(b) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
10a	Gross income from interest, dividends,		\ 		 	 	
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources .	ĺ				[[
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	l .			ļ	ļ	
	acquired after June 30, 1975		/ `		İ		
C	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		<u></u>				
12	Other income. Do not include gain or	/					
	loss from the sale of capital assets	/		\			
	(Explain in Part VI.)					ļ	
13	Total support. (Add lines 9, 10c, 11,	/					
44	and 12.)			<u> </u>		<u> </u>	504(1/0)
14	First five years. If the Form 990 is for the organization, check this box and stop he	7					
Sooti	on C. Computation of Public Suppor			· · · ·	· · · · · · · · · · · · · · · · · · · 	· · · ·	· · • []
15	Public support percentage for 2017 (line			3 column (f)		15	%
16	Public support percentage from 2016 Sci						
	on D. Computation of Investment In			<u></u>	- · - · · ·	1/31	
17	Investment income percentage for 2017			v line 13. colu	mn (fl)	17\	
18	Investment income percentage from 2010			-		18	%
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests-2016. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting O

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.)

Section A. All Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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
- 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
- **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
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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).
- 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)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- 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.**
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Part	IV Supporting Organizations (continued)			
		of Engraver	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
h		11a		
	A family member of a person described in (a) above? 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 .	11b 11c		
	ion B. Type I Supporting Organizations	TIC		
	on an important of the control of th	-	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			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year	_1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
C4		2		L
Secu	ion C. Type II Supporting Organizations		V	NI-
1	Ware a majority of the organization's directors or trustoes during the tay year also a majority of the directors		Yes	No
•	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		25
Secti	ion 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?	1	thermal in citizents.	M=4546+7H1+
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	ion E. Type III Functionally Integrated Supporting Organizations		L	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctru	otion	<u></u>
		ii i Sti tu	Cuon	5).
a	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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	loon in	ctaict	vone)
С	Intersignalization supported a governmental entity. Describe in Part VI now you supported a government entity	366 III		
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.			
l.		2a	LANGUE	国际
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	34.16a.3705	I and Partin
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	السائيسة ا	الانتجاب ا

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
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		<u> </u>
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 Average monthly cash balances	1b		···
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		THE PARTY NAMED OF THE PARTY
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	nizations		
4_	Amounts paid to acquire exempt-use assets	<u> </u>	-	
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			·
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	_ ·		<u> </u>
9_	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount			-
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
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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			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7.			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.		工作的工作工作。	
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.	Note of the second		
8	Breakdown of line 7:			
a_	Excess from 2013 .			
<u>b</u>	Excess from 2014		Land Market Mark	To be the second
<u>c</u> _	Excess from 2015	File Carrier and C	COLUMN TO THE PARTY OF THE PART	THE PARTY OF THE P
d_	Excess from 2016			
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.)