* 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)

Open to Public Inspection

Schedule B

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

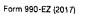
	venue Service	Go to www irs.gov/Porm990	EZ for instructions a						
		ar year, or tax year beginning	1/1	, 21, 17,	and ending	1 5 -	12/31	, 20	17
	applicable	C Name of organization				D Empl		entification numbe	24
	s change	Nodak Electric Trust		- PH - 1	Room/suite	1		15-045358	
Name of Initial re	-	Number and street (or P O box, if mail is not deli	vered to street address)	6 3	Room/suite	E Telep			
	turn/terminated	PO Box 13000, 4000 32nd Ave S			Ĺ	 		1-746-4461	
Amende	ed return	City or town, state or province, country and ZIP	or foreign postal code		03	F Grou	•	•	
	tion pending	Grand Forks, ND 58208-3000					nber 🕨		
	inting Method	☑ Cash ☐ Accrual Other (specify)	-		н			f the organization	_
Vebsı ∙						•		ach Schedule B	73
		ck only one) — 501(c)(3) 501(c) (47(a)(1) or	527	(Form 9	90, 990	D-EZ, or 990-PF).	
	of organization			Other		l seeste			
		7b to line 9 to determine gross receipts. If g. v) are \$500,000 or more, file Form 990 instead	•	יו יוס טטט ני	nore, or it tota	.r assets			
				Dala-a	/o the	ingtur	5	for Dod IV FT	
art l		e, Expenses, and Changes in Net					Juons	ior Part I) Hy	\Box
1 4		the organization used Schedule O to		Jestion I	n inis Ran i	_ -		- 	<u> </u>
1		ons, gifts, grants, and similar amounts re		•		•	1		0495
2	-	ervice revenue including government fe	es and contracts	•	•		2		
3 4		p dues and assessments				•	3		
4	Investment	- ·- ·	_4	ایما		f	4		
5a		unt from sale of assets other than inver	nory .	5a					^
b		or other basis and sales expenses .		56				NA A	!
C		s) from sale of assets other than invent	ory (Subtract line 5	D Irom III	ne sa) .	•	5c		
6	_	d fundraising events	C if greater than	_				770	COMPANY.
a	\$15,000)	ome from gaming (attach Schedule	G il greater til 4	1 1		l	}	/ 1	SAIN
١ .		ma from fundamenta a conta fast confunda	°	∖ 3a	contribution			* V1.1	٠
0		me from fundraising events (not including	<u> </u>		CONTRIBUTION	is)		ا	
ĺ		aising events reported on line 1) (attac h gross income and contributions exce		- 6b		l	: 1	كاالعالمك	
1 .		-	•	6c				HEUV	
C d		t expenses from gaming and fundraising e or (loss) from gaming and fundraisin			6b and sul	hiract	ĺ	` `	
١	line 6c)	, or (1033) from garring and fondraisin	g events lado intes	i oa and	OD and 300	Stract	6d		
7a	· ·	s of inventory, less returns and allowand		7a	•	}	-64		
6		of goods sold .		7b					
C		t or (loss) from sales of inventory (Subtr	ract line 7h from line				7c		
8	-	/alasa alba a na Calband da Ol		s raj	•	· }	8		
9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and					9		0498
10		similar amounts paid (list in Schedule (-		10		8172
11		id to or for members	<i>)</i> ,		•	. }	11		1533
12		her compensation, and employee bene	fite 📆			. }	12		
13	-	al fees and other payments to independ				. }	13		_ <u>~</u>
14		rent, utilities, and maintenance	en connactors	•	•	!	14		
15		blications, postage, and shipping		•	•	}	15		
16		nses (describe in Schedule O)	•		•	. }	16		
17		nses Add lines 10 through 16		•	•	- ▶	17		9711
18		deficit) for the year (Subtract line 17 from	m line 9)				18		787
19		or fund balances at beginning of year		ımn (A\\	(must agree	· with			
		figure reported on prior year's return)	(ITOTTI IATE 27, COLU	(53)	,ust agree	******	19	1	9012
20	•				•	}	20		7012
20		ges in net assets or fund balances (exp.		. 20		•	21		9799
21	ivel assets	or fund balances at end of year. Combi	ne intes to through	۷u .			41	Form 990-EZ	

OGDEN, UT

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	Form	n 990-EZ (2017)						Page 2
ũ	Pa	art II Balance Sheets (see the instruc						
		Check if the organization used Sci	hedule	O to respond to a	iny question in this		<u></u> -	<u> </u>
					}	(A) Beginning of year	1	(B) Eng of year
	22	•			· }-	19012	+	19799
	23				٠ - ١		23	
	24						24	40700
	25		•	•	·	19012	++	19799
	26	, , , , , , , , , , , , , , , , , , , ,					26	
	27					19012	27	19799
i i	Par	Statement of Program Service A		•				Expenses
		Check if the organization used Sch		O to respond to a	ny question in this	Part III L	(Red	quired for section
	What	at is the organization's primary exempt purpo	se?					(c)(3) and 501(c)(4)
	as m	cribe the organization's program service acc measured by expenses in a clear and con-	icise n	nanner, describe th			orga	anizations, optional for ers)
		sons benefited, and other relevant information Revenue received is from member of Nodak E			un their pleasur hill to	the perrect		
3	28	***************************************			·	ine nearest	i	
		dollar. The revenue is then distributed by the	rrust	beneuting grantees	LIST IS attached			}
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	1 23 29	(Grants \$ 48172) If this ar	mount	includes loreign gra	ants, check here	<u></u>	200	40172
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		(Grants \$) If this ar	mount	includes foreign gra	ante check here	▶ □	29a	
	30	(Crans a	11100111	includes foreign gir	ants, check here		230	'
	50		• • • • • • • • • • • • • • • • • • • •			••••••••	{	[
			•					
		(Grants \$) If this ar	mount	includes foreign gra	ante chack hara	<u> </u>	30a	.)
	31	Other program services (describe in Schedu		includes lordigit gre	arts, check here	·	008	
	٠.			includes foreign gra	ants check here	▶ □	31a	1
	32	Total program service expenses (add line			artis, one at here		32	48172
1	_	List of Officers, Directors, Trustees, a			h one eve ut not comi	pensated—see the ii		
•		Check if the organization used Sch					,5,,,	
-			-0000.0	1	(c) Reportable	(d) Hoalth benefits		<u> </u>
		(a) Name and title		(b) Average hours per week	compensation	contributions to employ		
		· ·		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
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<u>.</u>	hory							216 00
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	.s ın th is Part	ne :V	. 🗀	
	management of the transfer of		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		V	·
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)	1 1			- EJ
35	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		~	-
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	-	-
	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 ubject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes," complete Schedule C, Part III	35b 35c		V	•
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		V	. 123
37	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
	Did the organization file Form 1120-POL for this year?	37ь		1	_
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		٧	
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				
39	Section 501(c)(7) organizations Enter	1 1			
	Initiation fees and capital contributions included on line 9	1 1			
	Gross receipts, included on line 9, for public use of club facilities	J 1			
40	section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
l	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		V	•
	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.				
(Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.				
•	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 ▶				
42:	The organization's books are in care of ▶ Telephone no ▶				
ł	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 a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes		
	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)		}		
(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	
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	700	<u> </u>	
t	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		v	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
C	and the contract of the contra	44d		~	
45a		45a		V	
	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 r. ay r∋ed to be completed instead of Form 990-EZ (see instructions)	45b		/	

-arm 990-E2	2 (2017)							age +
							Yes	No
	d the organization engage, directly or in			behalf of	or in opposi	tion		
	candidates for public office? If "Yes," of		, Part I			. 46	<u>; </u>	~
Part VI	Section 501(c)(3) organizations							
	All section 501(c)(3) organization	is must answer que	stions 47–49b and	52, and c	omplete th	e tables	for line	es
	50 and 51							
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part Vi				
							Yes	No
47 Did	the organization engage in lobbying	activities or have a	section 501(h) election	n in effect	during the	tax		
	ar? If "Yes," complete Schedule C, Par				, ,	47	,	~
48 ls t	the organization a school as described in	n section 170(h)(1)(A)(i	il? If "Yes " complete :	Schedule E		48		マ
	the organization make any transfers t				•	49		' `` '
	Yes," was the related organization a se				•	49		÷
	implete this table for the organization's			er than off	Icare directi			1 404
	ployees) who each received more than							J NEY
	ployees, who each received more than	10100,000 07 comper			h benefits,	C, Critor	140/16.	
	(a) Name and title of each employee	(b) Average hours per week	(c) Report: ile compensation		s to employee	(e) Estima	ted amou	nt of
	tay that to the of each employee	devoted to position	(Forms W-2/1099-MISC)		, and deferred	other co	mpensati	on
				compi	ensation			
				<u></u>				
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f Tot	al number of other ampleyees paid ov	or \$100,000						
	al number of other employees paid over		>				1	41
51 Co	mplete this table for the organization	's five highest compe		contractor	s who each	received	d more	than
51 Co		's five highest compe		contractor	s who each	received	d more	than
51 Cor \$10	mplete this table for the organization	's five highest compe inization If there is no			1	received		than
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51 Coi \$10	mplete this table for the organization' 00,000 of compensation from the orga (a) Name and business address of each independ	s five highest compe inization If there is no ient contractor	(b) Type of servi	Ce	(c)	Compensa		than
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Nodak Electric Trust

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

Name of the organization

Employer identification number 45-0453582

Pa	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons	7
The	organization is not a private found	ation because it	is (For lines 1 through	12, che	ck only o	ne box)		T
1	A church, convention of church	ches, or associat	on of churches descr	ibed in s	ection 17	'0(b)(1)(A)(ı).	1 1	ł
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z))	1)	Į.
3	A hospital or a cooperative ho							1
4	A medical research organizati						(iii). Enter the	•
•	hospital's name, city, and sta		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
5	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)							
6	A federal, state, or local gover	nment or govern	mental unit described	in secti	on 170(b))(1)(A)(v).		
7	An organization that normally described in section 170(b)(1	receives a subs	tantial part of its sup				n the general	public
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II)				
9	An agricultural research organ	nzation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant coll	lege
	or university or a non-land-grauniversity	ant college of agr	iculture (see instruction	ons) Ente	er the nan	ne, city, and state of	the college o	r
10	An organization that normally receipts from activities related	receives (1) mor	e than 3314% of its si	nbbou in	om contri	butions, membership	p tees, and gr	oss :
	support from gross investmen acquired by the organization a	it income and un	related business taxal	ble inci 'n	ne (less si	ection 511 tax) from	businesses	•
11	An organization organized and							
	An organization organized and						ry out the pur	poses
	of one or more publicly supp	orted organizatio	ns described in secti	on 509(a	a)(1) or se	ection 509(a)(2). Se	e section 509	(a)(3).
	Check the box in lines 12a thro	ough 12d that de	scribes the type of sur	porting o	organizati	on and complete line	s 12e, 12f, an	d 12g
а	☐ Type I. A supporting organ	nization operated	supervised, or contr	olled by	its suppo	rted organization(s),	typically by g	iving
_	the supported organization	n(s) the power to	regularly appoint or e	elect a ma	ajority of t	he directors or trust	ees of the	•
	supporting organization Y							
b	☐ Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by havid	na
~	control or management of	the supporting o	roanization vested in	the same	persons	that control or man	age the suppo	nted
	organization(s) You must						5 .,	
c	☐ Type III functionally integ				annectio	n with, and functiona	ally integrated	with.
	its supported organization	(s) (see instructio	ns) You must comp	lete Part	IV, Sect	ions A, D, and E.		
d	☐ Type III non-functionally	integrated. A su	pporting organization	operated	in conn	ection with its suppo	rted organiza	tion(s)
	that is not functionally inte						o an attentive	ness
	requirement (see instruction	-						
е	☐ Check this box if the organ	nization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III	
	functionally integrated, or		tionally integrated sur	oporting	organizat	ion.	(
f	Enter the number of supported				•		Ĺ,	
g	Provide the following information	n about the supp	orted organization(s)					
	(i) Name of supported organization	(ii) EiN	(iii) Type of organization		organization or governing	(v) Amount of monetary support (see	(vl) Amount other support	
			(described on lines 1–10 above (see instructions))		mont ⁹	instructions)	instructions	
				<u></u>				
				Yes	No			
A)					i			
B)								
C)								
		 			 			
D}								
E)								
				1		I		

Support Schedule for Organizations Described in Sections 1:'0(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Cale	ndar 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.")	47999	46199	49003	49771	50495	243467
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	47999	46199	49003	49771	50495	243467
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						243467
Secti	on B. Total Support			····	·		
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	47999	46199	49003	49771	50495	243467
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3	3	3	3	3	15
9	Net income from unrelated business activities, whether or not the business is regularly carried on	_					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
11	Total support. Add lines 7 through 10						243482
12	Gross receipts from related activities, etc.	(see instructio	ns) .			12	
13	First five years. If the Form 990 is for the	-	's first, second	d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her	e					<u> </u>
<u>Secti</u>	on C. Computation of Public Support	t Percentage	}	•		, ,	
14	Public support percentage for 2017 (line 6			1, column (f))	ļ	14	99 99 %
15	Public support percentage from 2016 Sch				[15	99 99 %
16a	331/3% support test - 2017. If the organiz				d line 14 is 33	1/3% or more,	
	box and stop here. The organization quali	•		=		201 0/	. ▶ 🗵
b	331/3% support test—2016. If the organization of					's 33,73% or mo	
17a	this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2017. If the organization did not cherk a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstail ces" 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.						
	organization .					0. 40b ====	• • • • • • •
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the	"facts-and-c	rcumstances"	test, check t	his box and s	top here.
18	Private foundation. If the organization did instructions	i not check a b	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee ▶ □

Sched	ule A (Form 990 or 990-EZ) 2017						Page
Part							
	(Complete only if you checked th						nder Part II
	If the organization fails to qualify	under the te	sts listed bel	low, please c	omplete Part	II.)	
	on A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c)''`015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		ĺ			}	
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the			<u> </u>			
3	organization's tax-exempt purpose Gross receipts from activities that are not an	/					
	unrelated trade or business under section 513				ļ	/	
4	Tax revenues levied for the 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			1			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the amount on line 13 for the year				/		
С	Add lines 7a and 7b .						
8	Public support. (Subtract line 7c from line 6)						
	on B. Total Support				,		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			<u> </u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\setminus_{i}		/			
ь	Unrelated business taxable income (less 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 loss from the sale of capital assets (Explain in Part VI).						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	e		d, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3)
	on C. Computation of Public Support						
15	Public support percentage for 2017 (line 8		•	3, colt mn (f))		15	%
16	Public support percentage from 2016 Sch			 -		16	%
	on D. Computation of Investment Inc			 	(0)	12-1	
17	Investment income percentage for 2017 (li	ne 10c, colum	ın (1) divided b	y iine 13, colui	mn (t)) ,	17	%

19a 331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

Investment income percentage from 2016 Schedule A, Part III, line 17

%

18

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.)

Section 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 re 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		
За	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, 'ncluding (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) he reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Typ. III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

ı	Pan	e	5

- 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 (see instructions)
- Activities Test. Answer (a) and (b) below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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
- 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
- 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.
- 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

2a						
2b						
3a						
3b						
000 000 571 0047						

Yes No

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

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	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	inizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	h the organization is res	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			
S	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			
a				
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			
	Carryover from 2012 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7. \$			
а	Applied to underdistributions of prior years			
b	·			
С	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions	-		
7	Excess distributions carryover to 2018 Add lines 3j and 4c			
8	Breakdown of line 7			
а				
	Excess from 2014			
	Excess from 2015 .			
	Excess from 2016 .			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017 Page 8
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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••••••	