

.... 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)

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

 \blacktriangleright 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.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning			nd ending			, 20	
B Check if applicable		plicable	C Name of organization 21		D Emple	-	entification number
Address change Name change Initial return Final return/terminated			Himalayan Alliance Inc			4	52664733
			Number and street (or P O box, if mail is not delivered to street address)	ox, if mail is not delivered to street address) Room/suite E Telephone number			
			7008 Morgan Ave S. 952-941-0049				
===	rınaı returi Amended		City or town, state or province, country, and ZIP or foreign postal code	03	F Grou	р Ехеі	nption
=	Application		Richfield MN 55423	77_	Num	ber 🕨	?:
G /	Account	ing Method	✓ Cash	Н	Check •	□ [f the organization is not
	Vebsite	-					ach Schedule B
JT	ал-ехеп	npi status (che	eck only one) - ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or	<u>□</u> 527	(Form 99	90, 990)-EZ, or 990-PF)
		organization					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if tota	l assets		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	
P	art I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balance	s (see the	instruc	tions	for Part I) 2
			f the organization used Schedule O to respond to any question in				
?:	1		ons, gifts, grants, and similar amounts received			1	57744 90
2	2		service revenue including government fees and contracts			2	0
?	3	_	nip dues and assessments			3	0
?:	4	Investmen	•			4	0
_	5a		ount from sale of assets other than inventory		. 0		
	b		or other basis and sales expenses		0	2	
	C		ss) from sale of assets other than inventory (Subtract line 5b from line)	ne 5a)	_	5c	0
	6		nd fundraising events	.0 00,	• •		
	а	_	come from gaming (attach Schedule G if greater than			ø*	
ē	1 -	\$15,000)			0	8	
Revenue	ь	•	ome from fundraising events (not including \$ 0 of	ns			
ě	"		raising events reported on line 1) (attach Schedule G if the	00110110001101	,,	- 1	
Œ	j		ch gross income and contributions exceeds \$15,000) 6b		0	1950	
	C		ct expenses from gaming and fundraising events 6c		0	1.4	
	ď		ne or (loss) from gaming and fundraising events (add lines 6a and	6b and su	btract		
		line 6c)				6d	0
	7a	Gross sale	es of inventory, less returns and allowances		0	ic di	
	b		t of goods sold		0		
	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8		enue (describe in Schedule O)			8	C
	9		enue. Add lines 1, 2, 3, 4, 5 (7) (7) (7) (1)		. •	9	0
	10		d similar amounts paid (list-in-Schedule 0)			10	0
	11		aid to or for members?			11	0
Ŋ	12		other compensation, and employed benefits 2			12	0
Se		Profession	nal fees and other payments to independent contractors 🔞			13	520 00
De.	14	Occupano	cy, rent, utilities, and maintenance EN. UT			14	0
Expense	15	Printing p	publications, postage , and shipping			15	0
	16		enses (describe in Schedule O) 22			16	0
	17	-	enses. Add lines 10 through 16		•	17	0
	18		(deficit) for the year (Subtract line 17 from line 9)	<u> </u>		18	0
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A))	(must agre	e with		
SS			ar figure reported on prior year's return)	,		19	0
ř.	20	-	nges in net assets or fund balances (explain in Schemie CEIV	En l	-	20	0
Š	21		s or fund balances at end of year. Combine lines 18-through 20 .	ان المنظم		21	0
	-			Na mosabi	<u> </u>		Form 990-EZ (2017)
1-01	rapen	work Reduc	tion Act Notice, see the separate instructions.	000 TEO 000	•		. 5111 000 == (2017)
			lm)	100			

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Form 99	D-ÈZ (2a17)		P	age/
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 of to respond to any question in this) i ait	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	163	, 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)	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	Enter amount of political experiditures, direct or indirect, as described in the instructions ▶ 37a		41.4	34.
b	Did the organization file Form 1120-POL for this year?	37b	m.w., xmi	_ ×
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? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		*	
39	Section 501(c)(7) organizations. Enter		6	K,
a	Initiation fees and capital contributions included on line 9		75	X,
b	Gross receipts, included on line 9, for public use of club facilities	17.		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
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	7)		
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		- 33
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Thomas Correll Telephone no. ▶	952-94		
b	Located at ▶ 8048 Pennsylvania Rd , Bloomington MN 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)?	5543	3-1135 Yes	_
	If "Yes," enter the name of the foreign country: ▶	1		Ś
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	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	L	<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	•
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	ii 1	1.
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		Ž
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		

orm 990-	-EZ (21	017)					•	, , _E	age 4
46 E	Oid th	ne organization engage, directly or in	ndirectly, in political c	ampaign activities o	n behalf c	f or in opposi	tion	Yes	No
art V		ndidates for public office? If "Yes," of Section 501(c)(3) organizations		Part I	· · · · ·		. 46	<u></u>	~
ar t v	•	All section 501(c)(3) organization 50 and 51.		stions 47–49b and	f 52, and	complete th	e tables f	for lin	es
		Check if the organization used Sci	nedule O to respond	to any question in	this Part	VI			
								Yes	No
у	/ear [?]	he organization engage in lobbying Pif "Yes," complete Schedule C, Par	t11				47		~
		organization a school as described in						<u> </u>	1
		he organization make any transfers t						+	-
		es," was the related organization a se plete this table for the organization's							d key
e	emple	oyees) who each received more than	\$100,000 of comper	nsation from the org	anızation.	If there is nor	ie, enter "N	vone."	u key
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribute	ealth benefits, ons to employee ans, and deferred appensation	(e) Estimati	ed amo	unt of
one					+		 		
							L		
							ł		
				ļ			<u> </u>		
					ľ		ł		
									
							}		
					-				
					<u></u>		<u> </u>		
51 (Comp	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	s five highest compe	ensated independen	it contract	ors who eac	h received	more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	rvice	- (c) Compensat	ion	
one						 			
									
_						1			
				, , , , , ,	•				
						 			
d T	otal	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶		0		
		the organization complete Schedu	le A? Note: All se	ction 501(c)(3) org	anizations	must attac	h a		
	<u>-</u>	oleted Schedule A				· · · · ·	.► ☐ Yes		
der pen e, corre	alties ct, an	of perjury, I declare that I have examined this is d complete. Declaration of preparer (other than	eturn, including accompant officer) is based on all info	ying schedules and stater rmation of which prepare	nents, and to r has any kno	the best of my k	nowledge and	d belief.	ıt ıs
ar									
ign ere _		Signature of officer	200			Date /	/2/16	~	
	78	Thomas D Correll, Treasure Type or print name and title	- rell	<u> </u>		4/20/	20/1		
aid		Print/Type preparer's name	Preparer's signature	. [0	Date	Check C			
repar	1	F	<u> </u>		 _	self-emple	byeu		
se O	nly	Firm's name				Firm's EIN ▶			

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047

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nternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Himalayan Alliance Inc. 452664733 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). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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. d 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 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 (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017

Pari	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked t						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	-
	on A. Public Support						
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		}	ļ]		
	membership fees received. (Do not include any "unusual grants.")			1			
^		ļ	9450.15	66163.26	4264240	57744.90	176000.71
2	Tax revenues levied for the organization's benefit and either paid		}	ļ	ļ		
	to or expended on its behalf						_
3	The value of services or facilities	ļ	0	0	0	0	0
Ü	furnished by a governmental unit to the		Ì	Ì]		
	organization without charge	•	o				•
4	Total. Add lines 1 through 3	}	9450.15	66163.26	42642.40	57744.90	176000.71
5	The portion of total contributions by	1723434	\$-5. \$\frac{3}{2}\$-5. \$\frac{3}{6}\$	-2111112	2 4 N. 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	37,44.50	170000.71
J	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			1733737			
	shown on line 11, column (f)						112428 .00
6	Public support. Subtract line 5 from line 4					1 x 4 3 4 4 3 4	63572.71
	on B. Total Support	(0) 2012	(h) 0014	(1) 0015	(-1) 0046	(-) 0047	(0 T-1-1
Valer 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8			9450.15	66163.26	42642.40	57744.90	176000.71
0	Gross income from interest, dividends, payments received on securities loans,		ļ				
	rents, royalties, and income from	j	}	<u> </u>			
	similar sources	}	o	0	0	o	^
9:	Net income from unrelated business			· · · ·			,
	activities, whether or not the business		. ~	-			
	is regularly carried on	1	o	0	0	o	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	}					
	(Explain in Part VI.)		o	o	0	o	0
11				24449			176000.71
12	Gross receipts from related activities, etc		•			12	0
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
<u>C4</u>	organization, check this box and stop he					_ 	· · ► 🔽
<u>Secu</u>	on C. Computation of Public Suppo			4 (0)			
15	Public support percentage for 2017 (line Public support percentage from 2016 Sc					14	<u>%</u>
16a	331/3% support test—2017. If the organ					15	chook this
	box and stop here. The organization qua						
b	331/3% support test—2016. If the organ						
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on ,		· · ► □
17a	10%-facts-and-circumstances test-2			=			-
	10% or more, and if the organization m						
	Part VI how the organization meets the '						
	organization						🕨 🛚
b	10%-facts-and-circumstances test -2	016. If the org	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-o	circumstances'	" test, check t	this box and s	stop here.
	Explain in Part VI how the organization in						
	supported organization						
18	Private foundation. If the organization d						
	instructions	· · · · ·	<u> </u>		<u> </u>	· · · · ·	· · P 📋

Part							<u>-</u>
	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please c	omplete Part I	1.) /	
	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 received. (Do not include any "unusual grants")			}	}		
2	Gross receipts from admissions, merchandise					/	
	sold or services performed, or facilities			ì			
	furnished in any activity that is related to the organization's tax-exempt purpose			1	/ / /		
3	Gross receipts from activities that are not an				 / 		
-	unrelated trade or business under section 513			ł			
4	Tax revenues levied for the				1		
	organization's benefit and either paid to			}	1		
	or expended on its behalf			/	4	}	
5	The value of services or facilities	'		7"			
	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 .			/	ļ		
b	Amounts included on lines 2 and 3		Į.	1			
	received from other than disqualified			<u> </u>			
	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	2000	1 5 5 8 3 3 3 8 8 8	100000000000000000000000000000000000000			
•	line 6.)						
Secti	on B. Total Support	185 8 5 7 8 5	1	<u> </u>		<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2013 /	(b) 2014	(c) 2015	(d) 2016 -	(e) 2017	(f) Total
9	Amounts from line 6	7					
10a	Gross income from interest, dividends,	[
	payments received on securities loans, rents,	{	1	}	1		
	royalties, and income from similar sources.		<u> </u>	ļ			
b	Unrelated business taxable income (less		}		1		u.
	section 511 taxes) from businesses acquired after June 30, 1975	1	{		1		
_	•	//	 	 			
	Add lines 10a and 10b	/	 	 	 		
11	activities not included in line 10b, whether	1			}		
	or not the business is regularly carried on	j			1)
12	Other income. Do not include gain or			_	 		
	loss from the sale of capital assets	{		{	1		
	(Explain in Part VI.) /	}					
13	Total support. (Add lines 9, 10c, 11,		,				
	and 12.)	L	<u> </u>	<u> </u>	1	L	<u> </u>
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he				_ 		· · > 🖸
	on C. Computation of Public Support			10 11 (0)		1451	
15	Public support percentage for 2017 (line						<u>%</u> %
16 Section	Public support percentage from 2016 Sci on D. Computation of Investment In					101	
17	Investment income percentage for 2017 (ov line 13. coli	ımn (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						
b	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	l, 19a, or 19b,	check this box	and see instru	ctions 🕨 🔲
							0 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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. Al	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.		Service Common	
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	13C	
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	المعطد	
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.	4 a		
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	ain of all	2 × 36 × 3
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	7.3 1	14.3
С 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). J.J.J	<u>: 17-3</u>
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		
	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	89 j	
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 Type 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	غنقا	MI

Part I	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	* * * * ·
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		11	LLI
	below, the governing body of a supported organization?	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		
	on B. Type I Supporting Organizations	110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	66	\$6 \$ <u>`</u>	1
	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	3. a. 3.		AT I
2	Did the organization operate for the benefit of any supported organization other than the supported	7 /	** **	e ta di
~	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		(2)	
	supervised, or controlled the supporting organization.	2	* ** * *	 2, 1487, d _e
Section	on C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		* &	
	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	# 31		rigo "il Ligar X
	the supported organization(s).	1-1	<u>.</u>	
Section	on D. All Type III Supporting Organizations			
	J, control of the con	",	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1.5	2. p	
	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		i C	ار المراجع المراجع المراجع
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 21 700 0	3 V.	
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	46 E	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2.4.	<i>ii</i> *	
_	significant voice in the organization's investment policies and in directing the use of the organization's		Ţ. 3°,	
	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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ions)
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	* 1		16
	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,			8.45
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		£1.	
L	•	2a	7	13.14
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	13, 1		
	reasons for the organization's position that its supported organization(s) would have engaged in these		XŽ	Ž.
	activities but for the organization's involvement.	2b	20187	° 5
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u>20</u>	N. 76	1. N
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	and a		
	trustees of each of the supported organizations? Provide details in Part VI.	За	>< 1'	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	🖔 , 💸	1 1 - 6	
	of its supported organizations? If "Vas " describe in Part VI the role played by the organization in this regard	13h (1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	jan	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		
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).	% Y		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI).	1 4/2 4		
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	\$ 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
 Check here if the current year is the organization's first as a non-functionall instructions). 		tegrated Type III supporting	g organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
	Amounts paid to acquire exempt-use assets			'
5	Qualified set-aside amounts (prior IRS approval required)			<u></u>
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	ponsive	
	(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			
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			
			· · · · · · · · · · · · · · · · · · ·	7
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			V 55 - 1 41 1 41
_ 				
<u></u>	From 2013	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	From 2014			
d	From 2015			
	From 2016		(,	M in the second
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
h	Applied to 2017 distributable amount		Jan St. March	AMELIAN IL
i	Carryover from 2012 not applied (see instructions)	5 1 1 1 2 1 1		(# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:		2 / <i>(1 / 1 / 1</i>	
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount	18 18 18 18 18 18 18 18 18 18 18 18 18 1		•
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.			W 3 2 2 2 3 3 3 3 3 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c.			
8	Breakdown of line 7.		为外外来说的。	R 20 30 50 50 50 50 50 50 50 50 50 50 50 50 50
а	Excess from 2013		3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
b	Excess from 2014			
С	Excess from 2015		: **	* * * * * * * * * * * * * * * * * * *
d	Excess from 2016			* * * * * * * * * * * * * * * * * * *
е	Excess from 2017		10, 400 M 10 10 10	

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.)
*	