Form **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	or the	2017 calenda	ar year, or tax year beginning , 2017, and ending		, 20
	Oneck if ap			D Employer id	entification number
<b>1</b>	Address c	hange	Coda of the Desert	4	7-1930397
	Name cha	inge		E Telephone n	umber
==	Initial retur		72631 Homestead Road	(32	23) 702-1325
=	Amended return  Amended return				
=	Application	Number 1	<b>-</b>		
G	Account	ting Method	Palm Desert, CA 92260  ✓ Cash Accrual Other (specify) ► H C	heck ▶ 🗹	f the organization is not
1.3	<b>Vebsite</b>	:: ▶			ach Schedule B
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 (F	orm 990, 99	0-EZ, or 990-PF)
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other		
L	Add lines	s 5b. 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets	
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	3034
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ir	nstructions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I.		<u></u> 🗆
	1	Contribution	ons, gifts, grants, and similar amounts received	1	3,034
	2	Program s	ervice revenue including government fees and contracts	. 2	
	3	Membersh	ip dues and assessments	3	
	4	Investment	t income	. 4	
	5a	Gross amo	ount from sale of assets other than inventory 5a		
	b	Less cost	or other basis and sales expenses		
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) $ \ldots $	5c	
	6	•	d fundraising events		
4	а		ome from gaming (attach Schedule G if greater than		
ă		\$15,000)			
Revenue	b		me from fundraising events (not including \$of contributions	ľ	
æ			aising events reported on line 1) (attach Schedule G if the		
		sum of suc	th gross income and contributions exceeds \$15,000) . 6b		
	C		t expenses from gaming and fundraising events . 6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract	
		line 6c) .		· 6d	
	7a		s of inventory, less returns and allowances		
	b		of goods sold		
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)	. 8	
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d 7c, and 8	9	3,034
	10		d similar amounts paid (list in Schedule O)	$D \mid \frac{10}{10}$	
	11		ther compensation, and employee benefits	- 11	
ses	12	Salaries, of	ther compensation, and employee benefits	1 24	
Expens	13	Profession		713 714	500
쭚	14		y, rent, utilities, and maintenance		1,829
ш	_		ublications, postage, and shipping	T 15	1,941
	16		enses (describe in Schedule O)	~~~	
_	17		enses. Add lines 10 through 16	17	4,270
ets	18 19		(deficit) for the year (Subtract line 17 from line 9)	18	-1,236
556	ן יש		or fund balances at beginning of year (from line 27, column (A)) (must agree varifigure reported on prior year's return)		
Net Assets	00	-		19	8,139
Se	20		nges in net assets or fund balances (explain in Schedule O)	. 20	
	21		or fund balances at end of year Combine lines 18 through 20	▶ 21	6,903 Form 990-EZ (2017)
FO	raper	work Heduct	ion Act Notice, see the separate instructions. Cat No 10642l		rom <b>330-E4</b> (2017)



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Pai	t,II	Balance Sheets (see the instructions	for Part II)				
		Check if the organization used Schedule	O to respond to a	ny question in this	Part II	· ·	<u> </u>
					(A) Beginning of year		(B) End of year
22		sh. savings, and investments			8,139		6,903
23		d and buildings				23	
24		er assets (describe in Schedule O)				24	
25					8,139		6,903
26		,				26	
27		assets or fund balances (line 27 of column			8,139	27	6,903
Par	ч	Statement of Program Service Accom	•				Expenses
Mba	t io tho	Check if the organization used Schedule organization's primary exempt purpose?	e O to respond to a	ly question in this	Part III	(Red	quired for section
		• • • • • • • • • • • • • • • • • • • •				1	(c)(3) and 501(c)(4)
		he organization's program service accompl ed by expenses. In a clear and concise n				othe	enizations, optional for ers)
oers:	ons be	enefited, and other relevant information for e	ach program title.	s services provided	i, the number of		•
28							T
	(Grant		includes foreign gra	nts, check here	▶ 🗌	28a	1
29							
				***************************************			
	(Grant			nts, check here	🕨 🗌	29a	1
30							
							İ
	(Grant		includes foreign gra	nts, check here	<u> ▶ □ </u>	30a	<u> </u>
31		program services (describe in Schedule O)					
00	(Grant		includes foreign gra		<u> ▶ ⊔</u>	31a	1
32 Par		program service expenses (add lines 28a				32	ations for Dort IVA
rar	AN .	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				istru	CHOIS for Part IV)
		Check if the organization used Schedule	O to respond to a	ly question in this			<u> </u>
			1	(c) Reportable	(d) Health benefits.	T	
		(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ		
		(a) Name and title			contributions to employ	(	Estimated amount of other compensation
 Ben 1	iherm		hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	(	
	_iberm		hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	(	
	_iberm		hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	
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			hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	



Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 33 detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes" attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35b b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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 . . . . . . Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 during the year? If "Yes," complete applicable parts of Schedule N . . . 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38a 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 39a a Initiation fees and capital contributions included on line 9. 39b 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 ▶ ; section 4912 ▶ , section 4955 ▶ 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 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, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 41 List the states with which a copy of this return is filed > 42a The organization's books are in care of ▶ Telephone no ZIP + 4 ▶ Located at ▶ 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)? 42b If "Yes," enter the name of the foreign country 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 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 43 Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 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 44h 44c c Did the organization receive any payments for indoor tanning services during the year? . . . If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . 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 45b

P	an	۵	4

		•						Yes	No
46		he organization engage, directly or in			on bohalf	of or in opposi			
D1		ndidates for public office? If "Yes," of	· ·	, Pan i			46	5	
Part \	ΔU	Section 501(c)(3) organizations		.: 47 401	1.50			, ,	
		All section 501(c)(3) organization	s must answer que	stions 47–49b ai	nd 52, and	d complete th	e tables	for lin	ies
		50 and 51.							_
		Check if the organization used Sch	nedule O to respond	to any question	n this Par	t VI			<u>, L</u>
							_	Yes	No
47		he organization engage in lobbying		section 501(h) elec	ction in eff	ect during the	tax		
	year'	If "Yes," complete Schedule C, Par	tll .				47	<u>'                                     </u>	
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	le E .	48	3	✓
49a	Did t	he organization make any transfers to	o an exempt non-cha	ritable related orga	anization?		49	a	
b	If 'Ye	es," was the related organization a se	ection 527 organizatio	n? .			49	b	
50	Com	plete this table for the organization's	five highest compens	sated employees (	other than	officers, direct	ors trust	oes, ar	nd koy
		oyees) who each received more than							
			(b) Augusgo	(a) Papartable	(d) ⊢	lealth benefits			
	(a)	Name and title of each employee	<b>(b)</b> Average hours per week	(c) Reportable compensation		itions to employee	(e) Estima		
		, ,	devoted to position	(Forms W-2/1099-MI		olans, and deferred Impensation	other co	ompensa	ition
					-				
None									
						<del></del>	· · · · · · · · · · · · · · · · · · ·		
f	Total	number of other employees paid over	er \$100,000	<b></b>					
51		plete this table for the organization'			ent contrac	ctors who each	n receive	d more	e than
	\$100	,000 of compensation from the orga	nization If there is no	ne, enter "None.'					
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	lo to	) Compens	ation	
				(4) 1) pc 01					
None									
		***************************************							
	_								
					· · · · · · · · · · · · · · · · · · ·				
•••••	•••••								
	Total	number of other independent contra	ictors each receiving	over \$100,000	<b>•</b>				<del></del>
52		the organization complete Schedu	•		raanization	e must attacl	n 2		
72		oleted Schedule A	ile A. Note: All se	011011 301(0)(3) 01	gariization	is illust attaci	่⊳ั⁄⁄ Ye	.e 🗆	No
Libraria de la composición			to a second			to the best of much			
		of perjury. I dividare that I have evarimed this indicamplete Declaration of the parer to their than	etuiri, including accompant i officer) is based on all info	ying schedulcs and stat irmation of which prepa	ements, and t rer has any kr	io the best of my ki nowledae	nowicago a	na beliet,	, It IS
	<del></del>	Me To Comment		• • • • • • • • • • • • • • • • • • • •		11/4	100	10	
Sian		Augusture of officer			•	Data /	100	<u> </u>	
Sign		· · · · · · · · · · · · · · · · · · ·				Date /			
Here		Ben Liberman Treasurer							
	L	Type or print name and title	Demonstration :	· · · · · · · · · · · · · · · · · · ·	Deta		I Date		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check _			
Prepa	arer					self-emplo	yed		
Use (		Firm's name ▶				Firm's EIN ▶			
		Fiim's address ▶				Phone rio			
May th	e IRS	discuss this return with the preparer	shown above? See i	nstructions			► □ Ye	s 🔲	No

### SCHEDULE'A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

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.

Open to Public

▶ Go to www irs.gov/Form990 for instructions and the latest information. Name of the organization

Inspection

Employer identification number

Coda	of the	Desert					47-19	30397
Par	t I	Reason for Public Cha						ns.
The c 1 2 3 4	_ A _ A _ A	zation is not a private founda church, convention of churc school described in <b>section</b> hospital or a cooperative ho medical research organization ospital's name, city, and stati	hes, or association 170(b)(1)(A)(ii). If spital service orgon operated in co	on of churches descri (Attach Schedule E (F Janization described i	ibed in <b>se</b> orm 990 n <b>sectior</b>	ection 17 or 990-E n 170(b)(1	<b>0(b)(1)(A)(ı).</b> Z).) I <b>)(A)(</b> iii).	(iii). Enter the
5	☐ Ar	n organization operated for ection 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ Ar	federal, state, or local gover n organization that normally escribed in <b>section 170(b)(1</b> )	receives a subs	tantial part of its sup				the general public
8	□ A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	or	n agricultural research organ university or a non-land-gra niversity	zation described nt college of agr	d in <b>section 170(b)(1)</b> iculture (see instruction	( <b>A)(IX)</b> op ons) Ente	erated in er the nan	conjunction with a l ne, city, and state of	and-grant college the college or
10	re: su	n organization that normally in ceipts from activities related apport from gross investment organization a	to its exempt fui t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	☐ Ar	n organization organized and	l operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
12	of	n organization organized and one or more publicly suppo neck the box in lines 12a thro	orted organizatioi	ns described in <b>secti</b>	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	<b>Type I.</b> 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. <b>You must complete Part IV, Sections A and B.</b>							
b	Ц	Type II. A supporting orga- control or management of organization(s). You must	the supporting o complete Part I	rganization vested in V, Sections A and C.	the same	persons	that control or man	age the supported
C		Type III functionally integ						ally integrated with,
d		Type III non-functionally integrated is not functionally integrated requirement (see instruction	grated The orga	nızatıon generally mu	st satisfy	a distribi	ition requirement an	
е		Check this box if the organ functionally integrated, or	nzation received Type III non-func	a written determination	on from tl pporting (	ne IRS th organizat	at it is a Type I, Type ion	e II, Type III
f		er the number of supported of						[]
g	Prov	vide the following information						
	(i) Nan	ne of supported organization	(n) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)	·							
(B)								
(C)								
(D)								
(E)							·	
Total			Carried and	TIMBOUT LEAVIN		<b>发票</b> 医性		

Part	Support Schedule for Organize	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatioi	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</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	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		\ \	Į		/	
	organization without charge					/	
4	<b>Total.</b> Add lines 1 through 3					/	
5	The portion of total contributions by			<b>建一个</b>			
	each person (other than a				/-		
	governmental unit or publicly				//		
	supported organization) included on						
	line 1 that exceeds 2% of the amount				V	<b>第13</b> 24、於國	
	shown on line 11, column (f)					Marie the control of the	
6	Public support. Subtract line 5 from line 4		<b>建基础等数</b>			<b>建</b> 种导流对话说是	
	on B. Total Support	1					
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4					<u> </u>	
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources		/				
^							
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						\
10	Other income. Do not include gain or		,				<del>\</del>
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		Legger and the second		EPARTY WE		
12	Gross receipts from related activities, etc			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T-CNADA CARU-CA	12	
13	First five years. If the Form 990 is for the				, or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he						
Section	on C. Computation of Public Suppo						
14	Public support percentage for 2017 (line			1, column (f))		14	%
15	Public support percentage from 2016 Sc	hedule A, Part	II, line 14			15	%
16a	331/3% support test-2017. If the organ	ization did not	check the box	x on line 13, ai	nd line 14 is 33	3 <sup>1</sup> /3% or more,	check this
	box and stop here. The organization qua	alifies as a publ	licly supported	organization			▶ □
b	331/3% support test-2016. If the organ	ization did not	check a box of	on line 13 or 16	Sa, and line 15	ıs 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		. ▶ 🗆
17a	10%-facts-and-circumstances test-2						
	10% or more, and if the organization m						
	Part VI how the organization meets the						supported
	organization						. ▶ 🗌
b	10%-facts-and-circumstances test-2	<b>016.</b> If the org	anızatıon did r	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization	ation meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
	Explain in Part VI how the organization in			stances" test	The organizati	on qualifies as	a publicly
	supported organization						🏲 📋
18	Private foundation. If the organization d					k this box and	see
	instructions						· 🟲 📙

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in)       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017         9 Amounts from line 6        26229       3544       3034         10a Gross income from interest, dividends,	
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 furnished in any activity that is related to the organization's tax-evempt purpose	32807
received (Do not include any "unusual grants")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the 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 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  9 Amounts from line 6  10a Gross income from interest, dividends,	
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons.  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.  Add lines 7a and 7b.  Public support. (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  Amounts from line 6	
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the 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 other than 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  c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  9 Amounts from line 6	32807
organization's tax-exempt purpose.  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the 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	32807
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	32807
unrelated trade or business under section 513  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  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 c Add lines 7a and 7b  8  Public support. (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 9 Amounts from line 6	32807
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	32807
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	32807
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furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5	32807
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Ta 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 c Add lines 7a and 7b .  8 Public support. (Subtract line 7c from line 6)	
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  c Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in)   9 Amounts from line 6	
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b .  8 Public support. (Subtract line 7c from line 6)	
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8 Public support. (Subtract line 7c from line 6)  Section B. Total Support  Calendar year (or fiscal year beginning in)   Amounts from line 6	
Section B. Total Support  Calendar year (or fiscal year beginning in)   Amounts from line 6	
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Calendar year (or fiscal year beginning in)       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017         9 Amounts from line 6        26229       3544       3034         10a Gross income from interest, dividends,	
9 Amounts from line 6	T
10a Gross income from interest, dividends,	(f) Total
	32807
payments received on securities loans, rents, royalties, and income from similar sources	
	<del> </del>
b Unrelated business taxable income (less section 511 taxes) from businesses	
acquired after June 30, 1975 .	
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	
12 Other income. Do not include gain or	<u> </u>
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's first, second, third, fourth, or fifth tax year as a section.	on 501(c)(3)
organization, check this box and stop here	. 🏲 📋
Section C. Computation of Public Support Percentage	
Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	
16 Public support percentage from 2016 Schedule A, Part III, line 15	100 %
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	100 % 100 %
investment income percentage for 2017 (line Tuc. column (f) divided by line 13, column (l)) .	100 %
	100 % 0 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	0 % 0 %
Investment income percentage from 2016 Schedule A, Part III, line 17	100 %  0 %  0 %  8%, and line
Investment income percentage from 2016 Schedule A, Part III, line 17	100 %  0 %  0 %  8%, and line  tion . • ✓
Investment income percentage from 2016 Schedule A, Part III, line 17	100 %  0 %  0 %  %, and line tion . ► ✓ 331/3%, and

#### 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
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ecti	on A. All Supporting Organizations	- IV	'es	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	E5	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с	12. 12. 1 12. 12. 1	
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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> . 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	2,74	
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 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	du.	<b>7</b> 14
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	9c	±1.1.	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	NAME OF		

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

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

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

determine whether the organization had excess business holdings )

10a

10b

	0 // ( only 330 EL) 20 //		
Part	Supporting Organizations (continued)		
		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?	11a	
	A family member of a person described in (a) above?	11b	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b or c, provide detail in Part VI.	11c	
Secti	on B. Type I Supporting Organizations	Vac	No
		Yes	No ফটে∻⊹ 4
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	KK BU	
	tax year? If "No," describe in <b>Part VI</b> 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		
		1 Arrana Arrana	. * Ti 'Ti 4
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 carned out the purposes of the supported organization(s) that operated,		1 252
	supervised, or controlled the supporting organization	2	
Secti	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		16.54
	the supported organization(s)	1	
Secti	on D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		2 10 m 12
	year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	100000	التسط
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 900 0 0 0 1000 1000 100 100 100 100 100	3H H4-13
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	32.11 366.2	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	W. A. (20) . 4
3	By reason of the relationship described in (2), did the organization's supported organizations have a		門相
	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	25年	
	supported organizations played in this regard.	3	
Secti	on E. Type III Functionally Integrated Supporting Organizations	,,,,,	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions	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		
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see instruct	ions).
		F	
2	Activities Test Answer (a) and (b) below.	Yes	No ‰‰i
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<b>內侧標的</b>	SH
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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		21C # 42
	that these activities constituted substantially all of its activities	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	對實際	F
	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		I NE
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
<b>L</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	S A CE	T.M.
b	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard.	3b	لتقنبنين

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	j tru nzat	st on Nov. 20, 1970 (explai ions must complete Sectio	n in Part VI). <b>See</b> ns A through E.
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).	\$ 37.25°4.		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	ļ	
d Total (add lines 1a, 1b, and 1c)	1d		Dec. or market a some attacher be " bir
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	1941	
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	された経過できる。	
4 Enter greater of line 2 or line 3.	4	了(y) <b>是</b> 《新典》	
5 Income tax imposed in prior year	5	RATE OF BUILDING	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	the state of the s			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	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 whic	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	r		
		(i)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable Amount for 2017
			Pre-2017	Amount for 2017
	Distributable amount for 2017 from Section C, line 6	MARKET WARREN		EXPLANA A A TOTAL S CONTRACTOR OF A SECOND OF A PARTY OF THE
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in Part VI). See			
	instructions.		V	
3	Excess distributions carryover, if any, to 2017			
a	於當時的學習的學習的學習的學習			
b	From 2013	<b>挪鹿等</b> 的但约550		
С	From 2014	医基础的性的原则	空的智慧的數學	<b>国际总统公约</b> 马拉亚
d	From 2015	<b>建工作的</b>	产物的公司的基础	New College
е	From 2016		三元555.000年的	<b>医特鲁尼尼特 经</b> 产能到
f	Total of lines 3a through e		275个推荐。2018年	
g	Applied to underdistributions of prior years	新世界時期時,經濟學		<b>的</b> 是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
h	Applied to 2017 distributable amount	<b>新华州东</b>	PANCE HERRIE	
i	Carryover from 2012 not applied (see instructions)	WATER DESCRIPTION	<b>然心理多种情景</b>	群軍隊第1979日
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<b>经产品的基本的</b>	<b>这种的基本的工作</b>
4	Distributions for 2017 from			
	Section D, line 7 . \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount		CONTRACTOR TO THE PROPERTY OF	
Ç	Remainder. Subtract lines 4a and 4b from 4.		<b>学程的協致時期個</b>	是这种是一种的一种,
5	Remaining underdistributions for years prior to 2017, if			<b>经产生的</b>
	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	ENDER LEADING	PERSONAL PROPERTY.	
_	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
	and 4c			
8	Breakdown of line 7		TARINE WITH	
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016		The state of the s	
е	Excess from 2017			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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 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 B, lines 2, 5. and 6. Also complete this part for any additional information. (See instructions.)	on a, 2b,
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		++
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