990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

**Open to Public** 

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Inspection

<u>A I</u>	or the	2017 calenda	ar year, or tax year beginning , 2017, and	ending			, 20	
B	Check if ap	oplicable	C Name of organization	******	D Empl	oyer ide	ntification number	
	Address c	hange	Owen Cooper & Gene Triggs Foundation		i	64	0779926	
			Number and street (or P O box, if mail is not delivered to street address)	oom/suite	E Telephone number			
		tral return nal return/terminated 1153 Owens Road			1	(601	) 857-8544	
₹	Amended		City or town, state or province, country, and ZIP or foreign postal code		F Grou	p Exem		
_		n pending	Terry, MS 39170	$\bigcup \mathcal{O}$		ber 🕨	•	
G /	Account	ting Method	✓ Cash	Н	Check I	► <b>1</b> if	the organization is not	
I V	Vebsite	o: ►					ch Schedule B	
J T	ax-exen	npt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or [	<u></u>	•		EZ, or 990-PF).	
		organization.			· · · · · · · · · · · · · · · · · · ·			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if tota	al assets			
			y) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•		► s		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances	(see the	instruc	tions	for Part I)	
			the organization used Schedule O to respond to any question in t					
	1		ns, gifts, grants, and similar amounts received			1	5,885	
	2		ervice revenue including government fees and contracts			2	3,663	
	3		p dues and assessments			3		
	4	Investment				4	· · · · · · · · · · · · · · · · · · ·	
	5a		unt from sale of assets other than inventory					
	b		or other basis and sales expenses		32,243	1 26		
	C			E .	00.040			
	6	Gain or (los Gaming an	•	5c	32,243			
d)	а	Gross inco						
Revenue	<b>:</b>	\$15,000) .				. 3 : 3		
Š	b		• • • • • • • • • • • • • • • • • • • •	ontributio	ns			
æ			aising events reported on line 1) (attach Schedule G if the					
		sum of suc	h gross income and contributions exceeds \$15,000) 6b			. : 4		
			t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	b and su	btract			
		line 6c)				6d		
	7a	Gross sales	s of inventory, less returns and allowances			l		
	b	Less cost	of goods sold					
	С	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8		nue (describe in Schedule O)			8		
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>•</b>	9	38,128	
	10	Grants and	similar amounts paid (list in Schedule O)		•	10	6,000	
	11	Benefits pa	id to or for members			11		
es	12	Salaries, ot	her compensation, and employee benefits			12		
SE	13	Professiona	al fees and other payments to independent contractors			13		
Expenses	14	Occupancy	r, rent, utilities, and maintenance			14		
ш	15	Printing, pu	iblications, postage, and shipping			15		
	16	Other expe	nses (describe in Schedule O)			16		
	17		nses. Add lines 10 through 16			17	6,000	
s	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)			18	32,128	
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (m	nust agre	e with	-	,	
As		end-of-yea	r figure reported on prior year's return)			19	248,833	
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O) .			20	,	
Z	21				. •	21	280,961	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2017)

Forma	990-EZ (2017)					Page 2
Pa	rt II Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	<u>.</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			248,833	22	280,961
23	Land and buildings		<i></i> L		23	<del></del>
24	Other assets (describe in Schedule O)		-		24	
25 26	Total liabilities (describe in Sabadula C)		-	248,833		280,961
27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(P) must agree with	<b>j-</b>	240.022	26	200.004
	t III Statement of Program Service Accom			248,833 Part III)	21	280,961
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?		. <del>, 9</del>	<u> </u>		uired for section
	cribe the organization's program service accompli	shments for each or	Lits three largest o	rogram services		c)(3) and 501(c)(4) nizations, optional for
as n	neasured by expenses. In a clear and concise m	nanner, describe the	services provided	, the number of	other	
pers	ons benefited, and other relevant information for ea	ach program title.	·			
28	v					
			<b></b>			
	70					
00	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	· · • 🕨 🖳	28a	
29						1
	(Grants \$ ) If this amount	includes foreign gra	nts, check here	▶ □	29a	
30						
						i
	(Grants \$ ) If this amount	ıncludes foreign gra	nts, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	<u> ▶ □</u>	31a	
	( )	through 31a)	· · · · · ·	<u> P</u>	32	
Far	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				istruc	tions for Part (V)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	ή÷	· · · · · ·
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		mor compensation
Jim V	Vatson, President				$\top$	
		5	0		0	0
Ron	Baker, Vice President					
		55	0		0	0
Bobb	y Redding, Secretary-Treasurer	1			i	
		5	0		0	0
Ben i	ngram, Board Member		_			_
		5	0		<u> </u>	0
ToXc	e Watson, Board Member					O
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Pari	, i = = = = = = = = = = = = = = = = = =	s in th	e	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	$\lceil - \rceil$	Yes	No
34	detailed description of each activity in Schedule O	33		<b>✓</b>
	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		1
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>√</b>
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	35b		
С	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	35c		<b>✓</b>
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_		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		, ,	122
b	Did the organization file Form 1120-POL for this year?	37b		
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	** **	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1,200	14. A	, , ,
39	Section 501(c)(7) organizations. Enter.		***	
a b	Initiation fees and capital contributions included on line 9	- 1984: [		(2)
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	- :,	* 4',3%	
	section 4911 ► ; section 4912 ► ; section 4955 ►	, kg (s)	b	```
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		. ** <u>*</u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	2 . 2 .	11	<b></b> !
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	X Acres (		
e	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		1
41	List the states with which a copy of this return is filed ► Mississippi			
42a	The organization's books are in care of ▶ Mississippi Baptist Foundation Telephone no. ▶ (	601) 29	2-321	0
	Located at ► 515 Mississippi Street, Jackson, MS ZIP + 4 ►	392		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No √
	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	100	′ `** '	
	Financial Accounts (FBAR).	× 440		
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	i	_✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		. 1	<b>-</b> -
			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	. "ľ.:	<b>√</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
q	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	,	<u>:</u>	لـــــــــــــــــــــــــــــــــــــ
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
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-FZ (see instructions)	45h	, ,	

 OOA	ロブ	(2017)	

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46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	ndirectly, in political c complete Schedule C	ampaign activities on	behalf of or in oppos	ition			
Part	Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.							
	Check if the organization used Sc	hedule O to respond	I to any question in th	nis Part VI	🗆			
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect during the				
48	year? If "Yes," complete Schedule C, Pai Is the organization a school as described i				47 🗸			
49a	Did the organization make any transfers to		•		49a 🗸			
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		49b			
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Noi								
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee	<u> </u>			
	(a) Name and the or each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	d other compensation			
		_						
	Total number of other employees paid ov	/er \$100,000		<u></u>				
51	Complete this table for the organization			contractors who ead	th received more than			
	\$100,000 of compensation from the organic	anization If there is no	one, enter "None."					
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice (	c) Compensation			
			1					
			-					
	Total number of other independent contra							
	Total number of other independent contribution complete. Sched	_			ch a			
d 52	Total number of other independent contribid the organization complete Sched completed Schedule A	_		nizations must attac	ch a .▶☑Yes □ No			
52 Under p	Did the organization complete Sched completed Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	nizations must attace	.▶☑ Yes ☐ No			
52 Under p	Did the organization complete Sched completed Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	nizations must attace	.►☑ Yes □ No knowledge and belief, it is			
52 Under p	Did the organization complete Sched completed Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	nizations must attace	.▶☑ Yes ☐ No			
Under po	Did the organization complete Sched completed Schedule A	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	ents, and to the best of my has any knowledge	.►☑ Yes □ No knowledge and belief, it is			
Under potrue, cor	Did the organization complete Sched completed Schedule A enalties of perjuly, I declare that I have examined this rect, and complete Declaration of preparer other that Signature of officer  Signature of officer  Tim Watsov	ule A? Note: All se	ection 501(c)(3) orga  nying schedules and stateme primation of which preparer I	ents, and to the best of my has any knowledge	.►☑ Yes □ No knowledge and belief, it is			
Under potrue, correspondent Sign Here	Did the organization complete Sched completed Schedule A enalties of perjuly, I declare that I have examined this rect, and complete Declaration of preparer other that Signature of officer  Signature of officer  Tim Watson I  Print/Type preparer's name	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	ents, and to the best of my has any knowledge  Date  Check	. PTIN			
Under programmer true, correct Sign Here Paid Prepaid	Did the organization complete Sched completed Schedule A enalties of perjuly, I declare that I have examined this rect, and complete Declaration of preparer other that  Signature of officer  Signature of officer  Yype or print name and title  Print/Type preparer's name	ule A? Note: All se	ection 501(c)(3) orga  nying schedules and stateme primation of which preparer I	ents, and to the best of my has any knowledge  Date  Check Eself-emp	. PTIN			
Under properties of true, corrections of the second	Did the organization complete Sched completed Schedule A enalties of perjuly, I declare that I have examined this rect, and complete Declaration of preparer other that  Signature of officer  Signature of officer  Yype or print name and title  Print/Type preparer's name	ule A? Note: All se	ection 501(c)(3) orga	ents, and to the best of my has any knowledge  Date  Check	. PTIN			

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public Inspection

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.

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

Name of the organization Employer identification number Owen Cooper & Gene Triggs Foundation 64-0779926 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 33'/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. ☐ 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 . . . . . . .

g Provide the following informat	ion about the sup	ported organization(s)				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Agricultural Development Foundation	64-0654508		/		6000	
(B)						
(C)						
(D)						
(E)						<del></del>
Total :		*			(000	<del></del>
For Panenyork Reduction Act Notice of	o the Instructions	for Form 000 or 000 E7	C-4	N= 11000	Cabadalo A (Fa	000 000 EZ) 001

Part II Support Schedule for Organizations Described in Sections 170(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 2 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 3. The portion of total contributions by person each (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (e) 2017 Amounts from line 4 . . . 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) . . . . . . 12 12 . . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . 14 14 15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . ▶ □ . . b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		, <u>, , , , , , , , , , , , , , , , , , </u>		' '		
	received (Do not include any "unusual grants.")					/	
2	Gross receipts from admissions, merchandise	<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		/	·—- — — ···-
	sold or services performed, or facilities furnished in any activity that is related to the				,	ľ	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	} <del></del>			· · · · · · · · · · · · · · · · · · ·		
-	unrelated trade or business under section 513				f		
4	Tax revenues levied for the	<del></del>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•	organization's benefit and either paid to					ĺ	
	or expended on its behalf						
5	The value of services or facilities				<del>/</del>		
3	furnished by a governmental unit to the			,/:			
	organization without charge			/			
6	-						
6	Total. Add lines 1 through 5			1			
14	Amounts included on lines 1, 2, and 3 received from disqualified persons .			l l		l	
_	• •			<i>J</i> <sup>1</sup>			
b	Amounts included on lines 2 and 3			l //		]	
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000			1/	1		
	or 1% of the amount on line 13 for the year		,	ļ <sup>1</sup>			
	Add lines 7a and 7b	,	<i>h</i>	<del></del> ,	4.2834		<del></del>
8	Public support. (Subtract line 7c from		l	canthini da	***		
	line 6.)	l			- 33		
	on B. Total Support	r		<del>,</del>	·	r	<del></del>
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10a	Gross income from interest, dividends,		, "				
	payments received on securities loans, rents,		1	i			
	royalties, and income from similar sources		/				·
b	royalties, and income from similar sources Unrelated business taxable income (less	-					·
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11 12 13 14 Section 15 16 Section 15	royalties, and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2017 (line Public support percentage from 2016 Scient D. Computation of Investment In	ne organization re rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur	ivided by line 1 Ill, line 15 intage nn (f) divided b	3, column (f)		15 16	▶ □ %
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11 12 13 14 Section 15 16 Section 17 18	royalties, and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here. Public support percentage for 2017 (line Public support percentage from 2016 Scion D. Computation of Investment In Investment income percentage from 2017 (line percentage from 2016 investment income percentage from 2016 i	ne organization re rt Percentag 8, column (f) d hedule A, Part come Perce (line 10c, colur 6 Schedule A, nization did not	je livided by line 1 lil, line 15 lintage nn (f) divided b Part III, line 17 check the box	y line 13, colu	mn (f))	15 16 17 18 nore than 331/39	% % % % %, and line
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### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	4	ì	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	سعة نساد		2.3
<b>b</b>	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a		1
	A 35% controlled entity 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		1
Secti	on B. Type I Supporting Organizations	1110	L	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	· · ·	9 100,	92.4
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	*****	****	S.,
	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,	186		″、*
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1 ,3%		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	lii		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	ļ	180
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	81566	1 1	1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	N/4-1.		3 4. 1
	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		\$170	
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed	3,4	`	-183
	the supported organization(s)		Ž j S	2: 22
Secti	on D. All Type III Supporting Organizations			<u> </u>
	on D. All Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1,200	11.4	2.13
	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	ŝ.s.i		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	PATT.	l i	ull.
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's	Citi		1.18
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3,3		
	supported organizations played in this regard.	3	່ວຜູ້ເພື່ອ	THE
Secti	on E. Type III Functionally Integrated Supporting Organizations		•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
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 in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a		. 214	163	140
u	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 <b>Part VI identify</b>		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	123		٠.
	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	3 2 4		
	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	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
L	The state of the s	3a	<b> </b>	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		

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Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	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	tru ızat	st on Nov 20, 1970 (explai ions must complete Section	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):	, 3, 5		
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		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	314 3		
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	Ś	
2 Enter 85% of line 1.	2	1	
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 in	tegrated Type III supporting	g organization (see

Sant	Type III Non-Functionally Integrated 509(a)(3	· · · · · · · · · · · · · · · · · · ·		
2001	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	para to description, example purposes of capported organizations			
4				
5	(Final Action Control C			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8				
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount	i i	/::\	(:::)
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 <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2017	, , , , ,		
а		: :::::::::::::::::::::::::::::::::::::		., %(%)()
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е	From 2016	·	\$\$J#15;	
f	Total of lines 3a through e			18 1 4 4 5 2 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1 4 5 A 1
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount	Maria di Mar		
i_	Carryover from 2012 not applied (see instructions)	3 7 P P P P		
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			355 (( ( ) ? ) ( )
4	Distributions for 2017 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years		2, 3, 4	* '~> *** * *
<u>b</u>	Applied to 2017 distributable amount	``````````````````````````````````````	) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	2
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			The state of the s
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018 Add lines 3j and 4c.		*23**	
8	Breakdown of line 7		, , , ,	, , , , , , , , , , , , , , , , , , , ,
a	Excess from 2013			, , ,
b	Excess from 2014	,	K	
с	Excess from 2015	*	, , * , , , , , , , , , , , , , , , , ,	* / ; * *
<u>d</u>	Excess from 2016	`,,\$ <sup>\$</sup> >,	;;	
<u>е</u>	Excess from 2017	,	, , ,	