| | 00 | 30-EZ | Return of Organi | Short Form | rom Income | Táy | | OMB No. 15 | | |
|-------------|--------------------------|---------------------------------|--|--|------------------------------|------------------|------------------|--|-----------------------------|-------|
| om | J |)U-E& | Under section 501(c), 527, or 4947(a | | | | lations) | | | 217 I |
| | | | ► Do not enter social soci | urity numbers on this form | as it mạy be mạde | public. | | Open to Inspec | | |
| lepa rem | rtment e al Reve | of the Treasury chue Service | ► Go to www.irs.gov/Fai | m990EZ for instructions a | | | <u> 712</u> | | | |
| | | 2017, calend | ar year, or tax year beginning C Name of organization | T | , 2017, and ending | | riouses la | dentification nu | 20 | |
| _ | | change | City of Cammack Village Employee | e Retirément Toust | | | | 71-6167936 | | |
| | ame on | | Number and street (or P O box it may is | not delivered to street address) | Room/suite | E To | | windor- | | |
| - | attic retu Inuit retu | im m/leminated | 2710 N. McKinley City or town state or province, country, a | and 710 or foreign postal gode | | | | D1 663-4593 | | |
| = | mended molication | i naturn on pending , | Little Rock, AR 72207-2731 | rates a lateral position code | α | | iwper onb`exi | emption ► N/A | 1 1 | |
| A | ecoun | ting Method: | Cash Accrual Other (sp | ecity > | | | | if the organiza | | |
| | absitu | | et actions Province | 35 140 E E A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 17(a)(1) or 527 | | | lach Schedule 10-EZ, or 990-1 | | |
| | | | ick only one) — 501(c)(3) 501(c) Corporation Trust | | 7(a)(1) 6/ [1527] | (i biiii | 380 00 | V-L2. 01 030-1 | · <i>F.</i> | |
| . Ac | dd line | is 5b, 6c, and | 76 to line 9 to determine gross receip | ots If gross receipts are \$200 | 0,000 or more, or if to | tal ässet | | | | |
| ٠ | | | v) are \$500,000 or more, file Form 990 e, Expenses, and Changes Ir | | Ralancas (esa t) | · incta | , P | | | |
| Fe | irt I | | the organization used Schedule | | | | | s-ioi, raicij | 🗅 | |
| 1 | 1 | Contributio | ons, gifts, grants, and similar amou | unts received | | ٠ , ,٠ | 1 | | | |
| | 2, | | ervice revenue including governm | | | | 2 | | | |
| | | • | | * ** * * * * | | | 3 | | 297 | |
| ĺ | 5a | Gross amo | unt from sale of assets other than | n inventory | 5a | ``` | 一一 | | | |
| | , b | Less: cost | or other basis and sales expense: | 18.,,,,,, | 5b | |] | | | |
| ŀ | . c∕ 6 | | ss) from sale of assets other than defined assets of the sale of assets other than defined assets of the sale of t | Inventory (Subtract line 5 | b from line 5a) | | 5c' | <u> </u> | | |
| | | | ome from gaming (attach Scho | edule G'if greater thai | 'n | | 1 | | | |
| 2 | | • | | | 6a | | 4 | | | |
| Revenue | b | from fundr | me from fundraising events (not in aising events reported on line 1) in gross income and contributions | (attach Schedule G if the | of contribute e 65:1 | ons. | | | | |
| | c | | t expenses from gaming and fund | \$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | .6c | | ┪ | | | |
| | đ | | e or (loss) from gaming and fund | | | subtract | | , | | |
| | 70 | line,6c) . | s of inventory, less returns and all | , | | • ** | 6d . | • | | |
| | ь | Less: cost | of goods sold | · · · · · · · · · · · · · · · · · · · | 77b1 | | ┧ | | | |
| | | Gross profi | t or (loss) from sales of inventory | (Subtract line 75 from line | | | 7c | <u>. </u> | | |
| | . 8: . 9: | | nue (describe in Schedule O) nue. Add lines 1, 2, 3, 4, 5c, 6d, 7 | | | . • | 8 | | 297 | |
| 1 | 10 | Grants and | similar amounts paid (list in Sche | edúle O) 👝 🔒 🗠 🚉 | | . 3 | 10, | | | |
| | 11 | Benefits pa | id to or for members | RECE | IVEU 10 | | -11° | 1 | | |
| ĕ | 12 13 | Profession | ner compensation, and employee | ependent contractors | | | .13 | | | |
| Expanse | 141 | Occupancy | ther compensation, and employee al fees and other payments to ind frent, dutities, and mamenance! | BI NOA I | 5 Knio. 199 | | 14 | | | |
| 2 | 15 | | innouration bearages at a quibbing | | CAL BIT | s & 5 | 15 | | | |
| Ì | 16 17/ | | nses (describe in Schedule O) nses Add lines 10 through 16 | OGD | 1114; U.I. | | 117 | ;- | | |
| 7 | 18 | Excess or (| deficit) for the year (Subtract line | | | - ; - | 18 | 1-2 | 297 | |
| 38e | 19. | Net assets | or fund balances at beginning o | of year from line 27 colu | imn (A)) (must agr | ~ | | | | |
| NOT ASSETS | 20 | | r figure repörted on prior year's re ges in net assets or fund balance: | | | | ·19 | | 216,423 | |
| ž | 21 | | or fund balances at end of year :C | 3.7. 44 | | <u>.</u> . ▶ | 21. | | 216,720 | |
| or f | Paper | work Reduct | on Act Notice, see the separate ins | tructions. | Cat. No 10842) | | 7.2 | Form 990-1 | EZ (2017) | |
| | | | | | | | | _ | _ | |
| | | | | | | | | (A) | $\mathcal{L}_{\mathcal{L}}$ | |
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| B) End of year | (I | (A) Beginning of year | 1 | O to toopene to a | , dio digamentali di dia Cortoscio |
| 216,720 | 22 | 216,423 | . <i>.</i> | | s, and investments |
| | 23 | | [| | ldings |
| <u> </u> | 24 | | [| | (describe in Schédule O) |
| 216,720 | | 216,423 | 🗀 | | |
| | 26 | | | | es (describe in Schedule O) 🔒 💴 |
| 216,720 | 27 | 216,423 | | | r fund balances (line 27 of column |
| Expenses | | art III) | e instructions for P | plishments (see th | ent of Program Service Accom |
| ired for section. | | Part III 🔲 | ny question in this F | O to respond to at | f the organization used Schedule |
| (3) and 501(c)(4) astems: optional for | | | | | tion's primary exempt purpose? |
| | others | the number of | if its three largest pro e services provided, | anner, déscribe the | ration's program service accompli- panses. In a clear and concise m nd other relevant information for ea |
| 1 | | | | | TIG Other relevant information for the |
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| | 28a | ▶ 🔘 | ants, check here . | includes foreign gre | _) If this amount |
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| | 31a | ▶ . □ | | | services (describe in Schedule O) |
| .0 | 31a 32 | | ints, check here | includes foreign gra |) If this amount |
| ons for Part (V) | 32 | · > | ints, check here . | includes foreign gra hrough 31a) |) If this amount service expenses (add lines 28a |
| oions for Part IV) | 32 | ensated—see the in | ants, check here h one even if not comp | includes foreign gra hrough 31a) Employees (list each |) If this emount service expenses (add lines 28a t fficers, Directors, Trustees, and Ke) |
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| slimated amount of | 32 structi | pensated — see the in- Part IV (d) Heath benefits, contributions to employ benefit prans, and deterred componsation | nots, check here h one even if not comp ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 | includes foreign gra hrough 31a) . Employees (list each O to respond to ar (b) Average hours per week devoted to position |) If this amount service expenses (add lines 28a officers, Directors, Trustees, and Key f the organization used Schedule |

Form 990-EZ (2017) Part V : Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes;" provide a detailed description of each activity in Schedule Q. 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is name. Otherwise, explain the change on Schedule O (see instructions) 35a. Did the organization have unrelated business gross income of \$1,000 or more during the year from business âcuvities (such as those reported on lines, 2, 6a and 7 a, among others)? 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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice; regiorting, and proxy tax requirements during the year? If "Yes:" complete Schedule C. Part III 35c Did the organization undergo a liquidation dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37a. Enter amóunt of political expenditures, direct of indirect as described in the instructions ▶ 37a. 37b b) Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emetayee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b. If Yes complete Schedule L. Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on tine 9 39a 7.3 Gross receipts, included on line 9, for public use of club facilities 39b 40a, Segtjón 501 (c)(3) organizations. Enter amount of tax imposed on the organization dufing the year under 0 : section 4912.▶ ő ; section 4955 ▶ section 4911 ≥. b. Section, 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage, in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its pron Forms 990 or 990 EZ? It. Yes, complete Schedule L. Rari I 40b ê - Section, 501(c)(3), 501(c)(4); and 501(c)(29) giganizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 49SS and 49SB.
Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on tine 40c reimbursed by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? II. "Yes," complete Form 8885-T List the states with which a copy of this return is filed > Arkansas Telephone no. The organization's books are in care of Woodlief A. Thomas

Located at P. 2730 N. McKinley

Little, Rock, AR

At any, time during the calendar year, did the organization have an interest in or a signature or other authority, over-501 663 1097 72207-2731 a financial account in a foreign country (such as a bank account as account of 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) 42c 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 faling Form 990-EZ in fleu of Form 1041 - Check here and enter the amount of tax exempt interest received of accrued during the tax year *No Vae' Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ;
Did the organization operate one or more hospital tacilities during the year? It "Yes," Form 990 must/be 44a completed instead of Form 990-EZ
Did the organization rocelive any payments for Indoor tanning services during the year? 44b 44c If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, provide an explanation in Schedule O & Same and American 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 45a meaning of section 512(b)(13)? If "Yes;" Form 930 and Schedule R may need to be completed instead of

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Form 990-EZ 2017

| | • | | * | | | | Yes | No |
|--|---|---|--|--|--|--|---------------|-----------|
| 46, | Did the organization engage, directly or to candidates for public office? If "Yes," | complete Schedule C | campaign activities on C. Part I | behalf of or | in opposit | ion 46 | | 1 |
| Part V | 4 Section 501(c)(3) organization All section 501(c)(3) organization | s only | nations 47 40h and | E2 and ac- | nnioto th | a tablas | for he | . |
| | Ali section 50 I(c)(3) organizatio | ns must answer que | : ONS OFF 1 P 200112 | JE, AIR COI | whiere m | e laules | 101 1111 | -3 |
| | Check if the organization used S | chedule O to respon | d to any question in ti | his Part VI | | | | |
| | | <u> </u> | | | | | Yes | No |
| | Did the organization engage in lobbying | | | | uring the | | | ļ . |
| | year? If "Yes," complete Schedule C, Pa | | | | | . 47 | | 1 |
| | Is the organization a school as described | | • • | | | 48 | + | 1 |
| | Did the organization make any transfers if "Yes," was the related organization as | | | | | ` - | + | ├ |
| | Complete this table for the organization | | | | | ٠ | | d key |
| | employees) who each received more the | in \$100,000 of compe | nsation from the organ | uzation. If th | ere is non | e, enter " | None. | |
| | (A) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Ferma W-2/1099-MISC) | (d) Health (contributions to benefit plans, a company | censilis, o employee and defened | (e) Estimat other co | ed amo | ant of |
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| | | 1 | E . | | | | | |
| | Total number of other ample case1-1 - | Not \$100 000 | <u> </u> | L | | | | |
| | Total number of other employees paid o | | | contractor | who each | recenter | more | thar |
| 51 | Complete this table for the organization | n's five highest comp | ensated independent | contractors | who each | received | more | thar |
| 51 | | n's five highest comp panization. If there is n | ensated independent | <u>1</u> | | received | | thar |
| 51 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n | ensated independent one, enter "None." | <u>1</u> | | | | thar |
| 51 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n | ensated independent one, enter "None." | <u>1</u> | | | | thar |
| 51 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n | ensated independent one, enter "None." | <u>1</u> | | | | thar |
| 51 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n | ensated independent one, enter "None." | <u>1</u> | | | | thar |
| 51 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n | ensated independent one, enter "None." | <u>1</u> | | | | thar |
| 51 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n | ensated independent one, enter "None." | <u>1</u> | | | | thar |
| 51 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n | ensated independent one, enter "None." | <u>1</u> | | | | thar |
| 51 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n | ensated independent one, enter "None." | <u>1</u> | | | | thar |
| NONE | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indepos | n's five highest comp panization. If there is n indent contractor | ensated independent one, enter "None." (b) Type of servi | ica | | | | thar |
| NONE d 62 | Complete this table for the organization \$100,000 of compensation from the org | n's five highest comp panization. If there is n indem contractor | ensated independent one, enter "None." (b) Type of serving the se | nizations mi | (c) | Compensa | tron | |
| MONE d 52 | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indeposite the compensation of the compensation complete Schedule A | n's five highest comp panization. If there is n indem contractor | ensated independent one, enter "None." (b) Type of serving the serving serving serving serving schedules and statements. | nizations mi | (c) | Compensar | tron | No |
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| MONE d 62 Under pertrue, com | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indeposite to the compensation of each indeposite to the organization complete Schedule A | n's five highest comp panization. If there is n indem contractor | ensated independent one, enter "None." (b) Type of serving the serving serving serving serving schedules and statements. | nizations mi | (c) | Compensar | tron | No |
| NONE d 62 Under pertrue, corr | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent continued in the organization complete Schedule A mailtes of porjuny, I declare that I have examined this ect, and complete. Defination of preparer (either the organization of preparer (either the organization of preparer (either the organization of officer) | ris five highest companization. If there is no indent contractor ractors each receiving the A? Note: All seconds or officer) is based on all info | ensated independent one, enter "None." (b) Type of service of the | nizations mi | (c) | Compensar | tron | No |
| MONE d 52 | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent continue of the organization complete Schedule A mailties of policy, I declare that I have examined this ect, and complete. Designation of preparer (other the organization of officer organization of other organization of officer organization of other organization organization of other organization of other organization of other organization organization of other organization of other organization organization of other organization organization of other organization organiz | n's five highest comp panization. If there is n indem contractor | ensated independent one, enter "None." (b) Type of serving the serving serving serving serving schedules and statements. | nizations mi | (c) | Compensar | tron | No |
| d 62 Under petrue, com | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indepose (a) Name and Each inde | ris five highest companization. If there is no indent contractor ractors each receiving the A? Note: All seconds or officer) is based on all info | ensated independent one, enter "None." (b) Type of service of the | nizations mi | ust attach | Compensation of the compen | tron | No |
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| NONE d 62 Under petrue, corr Sign Here Paid Prepa | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent continuation of the organization complete Schedule A mailties of perjury. I declare that I have examined the sed, and complete, Doctorello of preparer (other the print tame and this print Type or print name and this Print/Type preparer's name | ris five highest companization. If there is no indent contractor ractors each receiving the A? Note: All so in return, including accompanion of ficen is based on all info | ensated independent one, enter "None." (b) Type of service of the | nizations mi | ust attach is source from kinge. | Compensar a .> Z Ye. owledge an | tron | No |
| MONE NONE d 62 Under petrue, com Sign Here Paid Prepa Use C | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indeposition of the organization complete Schedule A completed Schedule A complete. Declaration of preparer (either the organization of preparer) and the organization of officer the organization of preparer (either the organization of preparer) and the organization of officer the organization of officer the organization of organization organization of organization organi | ractors each receiving fulls A? Note: All so | ensated independent one, enter "None." (b) Type of service of the control of the control of the company in the | nizations mi | ust attach | a .▶ Z Ye. owledge an | s d belief, | No his |
| MONE NONE d 62 Under petrue, com Sign Here Paid Prepa Use C | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent control of the organization complete Schedule A completed Schedule A complete Schedule A complete. Deforation of propart (other the organization of | ractors each receiving fulls A? Note: All so | ensated independent one, enter "None." (b) Type of service of the control of the control of the company in the | nizations mi | ust attach | a .▶ Z Ye: owtedge an ################################### | s I d bellef, | No his |
| May the | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indeposition of the organization complete Schedule A completed Schedule A completed Schedule A complete Schedule A compl | ractors each receiving tule A? Note: All so stratum, including accompany officer) is based on all info | ensated independent one, enter "None." (b) Type of service of the control of the | nizations ministrations ministration ministration ministration ministration ministration ministratio | ust attach post of my kn ge. //-9 Check self-employ s EIN s no. | a a Ye. ✓ Ye. Form 95 | s | No his |
| May the | Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each indeposition of the organization complete Schedule A completed Schedule A complete. Declaration of preparer (either the organization of preparer) and the organization of officer the organization of preparer (either the organization of preparer) and the organization of officer the organization of officer the organization of organization organization of organization organi | ractors each receiving tule A? Note: All so stratum, including accompany officer) is based on all info | ensated independent one, enter "None." (b) Type of service of the control of the | nizations ministrations ministration ministration ministration ministration ministration ministratio | ust attach post of my kn ge. //-9 Check self-employ s EIN s no. | a a Ye. ✓ Ye. Form 95 | s | No his |

SCHEDULE A (Form 990 or 890-EZ)

Public Charity Status and Public Support

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.

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

2017 Open to Public

| | | - 10 11 11 11 11 1 | | w.e w.e .c | | | mspection |
|---|--|--|---|---|---|---|-----------------------|
| ame | of the organization | | | | | Employer identification | n number |
| City o | of Cammack Village Employee Retiremen | | · | | | | 167936 |
| | Reason for Public Cha | | | | | | ons. |
| 1 2 3 | organization is not a private founds A church, convention of church A school described in section A hospital or a cooperative ho A medical research organizati | ches, or associat n 170(b)(1)(A)(ii). ospital service on | ion of churches desci (Attach Schedule E (I ganization described | ribed in s Form 990 in sectio | ection 17 or 990-E n 170(b)(| 70(b)(1)(A)(i). (2).) 1)(A)(iii). | (iii). Enter the |
| | hospital's name, city, and stat An organization operated for | the benefit of a | | | | | |
| 6 7 | section 170(b)(1)(A)(iv). (Com A federal, state, or local gover An organization that normally described in section 170(b)(1) | mment or govern receives a subs | stantial part of its sup | | - | | n the general publi |
| | A community trust described | | | Dort IL) | | | |
| 9 | ☐ An agricultural research organ or university or a non-land-grauniversity: | ization describe | d in section 170(b)(1) | (A)(ix) o | | | |
| 10 | An organization that normally receipts from activities related support from gross investmen acquired by the organization a | to its exempt full it income and un after June 30, 19 | inctions—subject to direlated business taxa 75. See section 509 (| ertain ex ble incor a)(2). (Co | ceptions, ne (less s mplete P: | and (2) no more that ection 511 tax) from art ill.) | n 331/3% of its |
| 11 12 | ☐ An organization organized and ☐ An organization organized and of one or more publicly support Check the box in lines 12a thro | l operated exclusorted organization | sively for the benefit o | f, to perf ion 509(a | orm the fi | unctions of, or to carection 509(a)(2). Se | e section 509(a)(3) |
| а | Type I. A supporting organization supporting organization. Y | n(s) the power to | regularly appoint or e | dect a ma | ajority of 1 | | |
| b | Type II. A supporting orga control or management of organization(s). You must | the supporting o | organization vested in | the same | | | |
| ¢ | Type III functionally integ its supported organization(| | | | | | ally integrated with, |
| d | Type III non-functionally integrated that is not functionally integredurement (see instructionally integrated integrated instructionally integrated integrate | grated. The orga | nization generally mu | st satisfy | a distribu | ition requirement an | |
| • | Check this box if the organ functionally integrated, or it | Type III non-tunc | | | | | II, Type III |
| 1 | Enter the number of supported of State of the following information | • | | · · · | | | · · <u>L1</u> |
| 9 | Name of supported organization | (described on lines 1-10 listed in your governing su | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | Yes | No | | |
| _ | | | | | | | |
|) c | ty of Cammack Villaga, Arkansas | 71-0493151 | 6 | 1 | | ~~~ | |
|) | | | | - | | | |
| · | | | | | | | |
| <u>, </u> | | | | | | | |
| 'J | | | | | | | |
| Į | <u>\</u> | | | | | | |
| | | | | | | | |

| | te A (Form 990 or 990-EZ) 2017 Support Schedule for Organiza | tions Doss | ihed in Sect | one 1700\/4 | VAVivl and | 17005\(4\(A\(c) | Page 2 |
|------------|---|-----------------|------------------------------------|-------------------------------|-------------------------------|---|-----------------------|
| Part | (Complete only if you checked the | e boy on lin | s 5 7 or 8 of | Dort Lov If th |)(A)(IV) and o organizatio | n tailed to du | uj Istifu under. 1 |
| | Part III. If the organization fails to | ausliki undi | e 5, 7, 01 6 01 er the tests li | railio: ii iii ted helow o | e organizano lesse comple | n i i i i i i i i i i i i i i i i i i i | Maily dide N |
| ect | ion A. Public Support | y quality and | today ti | 3.00 DC.OH, P | icase compi | 310 1 G.1 (111.) | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | 1 | 797000 | 19.==++ | | |
| - | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | l | |
| 2 | Tax revenues levied for the | | | ĺ | | | |
| | 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 | | | | | / | 1 |
| | organization without charge | | | | | / | |
| 4 | Total. Add lines 1 through 3 | - | | | | | |
| 5 | The portion of total contributions by | | | | <i> </i> | ! | |
| | each person (other than a | | l | | . /. | . | |
| | governmental unit or publicly supported organization) included on | | | 1 | | 1 | 1 " |
| | line 1 that exceeds 2% of the amount | | | | | i . | |
| | shown on line 11, column (f) | | ł | , | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | 1 | | | |
| ecti | ion B. Total Support | | | 1 | | | |
| ler | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | | | | | <u> </u> | |
| 8 | Gross income from interest, dividends, | | | | |] | İ |
| | 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 | | / | | | | 1 |
| | <u> </u> | | | | | | |
| 0 | Other income. Do not include gain or loss from the sale of capital assets | | | | | ļ | 1 |
| | (Explain in Part VI.) | | | | | | } |
| 1 | Total support. Add lines 7 through 10 | | <u> </u> | | | | |
| 2 | Gross receipts from related activities, etc. | (see instructi | ons) | | | 12 | · |
| 3 | First five years. If the Form 990 is for if | e organization | n's first, secon | d, third, fourth | , or fifth tax y | | n 501(c)(3) |
| - | organization, check this box and stop he | re | | | | | 🕨 🗖 |
| ecti | ion C. Computation of Public Suppor | | | | | | |
| 4 | Public support percentage for 2017 (line (| | | 1, column (f)) | | 14 | % |
| 5 | Public support percentage from 2016 Sch | redule A, Part | II, line 14 . | | | 15 | % |
| 6a | 331/2% support test-2017. If the organi | zation did not | check the box | con line 13, az | nd line 14 ls 33 | 31/2% ar more, | check this |
| | box and stop here. The organization qua | lifies as a pub | licly supported | organization | | | ▶ □ |
| Ь | 331n% support test 2016. If the organi | zation did not | check a box o | n line 13 or 16 | ia, and line 15 | is 331/2% or m | lore, check |
| | this box and stop here. The organization | | | | | | |
| 7 e | 10%-facts-and-circumstances test -20 | 017. If the org | anization did n | ot check a bo | x on line 13, 1 | 6a, or 16b, an | d line 14 is |
| | 10% or more, and if the organization me | ets the "facts | -and-circumst | ances" test, ch | leck this box a | and stop nere | . Explain in |
| | Part VI how the organization meets the " | tacts-and-circ | | st the organi | | | |
| | | | | | | | |
| b | 10%-facts-and-circumstances test—20 | ກຣ. II the org | anization did r | IOT CHECK a bo | x on line 13, 1 | 102, 100, 01 1/ | a, and ine |
| | Explain in Part VI how the organization in | neets the "for | re raus-ano-c | acumstances stances" test | test, check The organizati | on qualifies as | a publiciv |
| | supported organization | | | | | | |
| 8 / | Private foundation. If the organization di | | | | | | |
| | | | | | | | |

| art | Support Schedule for Organiza | tions Desci | ribed in Sect | on 509(a)(2) | د موسوم الاوم ورو | | Ces. | 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 - 2 1 1 1 1 |
|------------|---|----------------|-------------------|---------------------------------------|---------------------------------------|-------------|---------------|---|
| | (Compléte only if you checked it | ne box on lin | e 10 of Part I | or if the organ | nization faile | g to da | ality u | nder Parti |
| act | ion A. Public Support | under me te | sts listed bei | ow, please co | mpiele Part | 11.) | | / |
| | ndar,year (or fiscal year beginning in) | (a) 2013 | (b) 2014. | (c) 2015 | (d) 2016 | (e) 2 | 2017 | Total |
| 1 | Gifts, grants, contributions, and membership lees | - (5, 25, 15 | - A-S-1- | . (9, = 3, 1 | · · · · · · · · · · · · · · · · · · · | 1 | | / |
| | received. (Do not include, any "unusual grants.") | | | | | 1 | / | ł |
| 2 | Gross receipts from admissions, merchandise | | | | | | $\overline{}$ | |
| | sold or services performed, or facilities, furnished in any activity that is related to the | | | | | l . | | |
| | organization's tax-exempt purpose (2007) | | | | | <u> </u> | | |
| 3, | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | <u> </u> |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | f | |
| , 5 | The value of services or facilities, | | | | | , | | |
| | furnished by a governmental unit to the organization without charge | es s | , j- | | | | • (\$) | 经建 |
| .6 | Total: Add lines 1 through 5: | | | | | | | 1. |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| ь | Amounts included on lines 2 and 3 | | | / | | | | 1 |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | | |
| | or 1% of the amount on line 13 tor the year. | V4.4 | | | | ļ | | <u> </u> |
| , | Add lines 7a and 7b | | / | | | | | ļ |
| 8 | Public support. (Subtract line 7c from line 6) | . | | | . 471 | <u></u> | | |
| | ion B. Total Support | /a\ 0010 / | (h) 0014 | (a) 2015° | (d) 2016 | (e) 2 | 017 | (f) Total |
| alen 9 | ndar year (or fiscal year beginning in) 🚩 Amounts from line 6 | (a) 2013 / | (b) 2014 | (c) 2015 | (0) 2016 | 1 (6) 4 | .017 | tij total |
| | Gross, Income from Interest, "dividends." | ``` | | | - 227 - ; | | ì | -:- |
| ŲΦ, | payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b: | Unrelated business taxable income (less) | 1 | | | | | | - 2-00 |
| - | section 511 taxes) from businesses | , | | | | ļ | | j |
| | acquired after June 30, 1975 | - | ; | | | | Ì | |
| C | Add lines 10a and 10b | | | | | | | , , , , , , , , , , , , , , , , , , , |
| 11 | Net income from unrelated business | ~ | 1 | | | | | |
| | activities not included in line 10b, whether | | , | | | | | |
| | or not the business is regularly carried on | | - | | ·1. " " | | | ; |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | - | , s | , | | 1 | |
| i3 | Total/support (Add lines 9, 10c, 11, and 12) | r 1 | | | | | s | |
| ï4 | First five years, if the Form 990 is for the organization, check this box and stop her | | , | , , , | _ | | sectio | n 501(c)(3) |
| acti | ion C. Computation of Public Suppor | | | · · · · · · | | <u> </u> | ····· | |
| 5 | Public support percentage for 2017 (line 8 | | | 3 column (fi) | , ., . | 15 | 7. | 1 × 2 × 2 |
| 6 | Public support percentage from 2016 Sch | | | | | ∞16 | V., | |
| | on D. Computation of Investment Inc | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 7 | Investment income percentage for 2017 (| | | y line 13, colún | nń (f))(| 17 | | |
| 8 | Investment income percentage from 2016 | Schedule A, I | Part III, line 17 | a tabas | | 18, | | |
| هر9 | | | | | | | | |
| / | 17 is not more than 33 of, check this box; | | | | | | | |
| b, | | | | | | | | |
| _ | line 18 is not more than 33 x 96, check this b | | | | | | | |
| 0 | Private foundation. If the organization did | I not check a | DOY OR URG. 14. | IUS AT 19h C | DOCK THIS DAY | 200 CO | ansina | CUONS: 🗭 🖰 |

Schedule A (Form 990 or 990-EZ) 2017

, Page 4

| Part IV | 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.)

| Sect | on A. All Supporting Organizations | | | |
|------------|---|-----|-----------|---------|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | 7 | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | 1 |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | ت |
| 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 | | 7 |
| ь | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| 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)(8) purposes | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | -5a | <u>:-</u> | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization document? | 5b | • | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ). | 7 | | <u></u> |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 77 If "Yes," complete Part I of Schedule L'(Form 990 or 990-EZ). | 8 | _ | 7 |
| | Was the organization controlled directly or Indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | |
| | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | V |
| | 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 Pert VI. | 9c | | V |
| | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 10a | <u> </u> | V. |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | 10b | | _ |

Schedule A (Form 990 or 990-EZ) 201

| Part | IV Supporting Organizations (continued), | | | |
|-------------------------------------|--|--------------|------------------|--------------|
| | | | Yes | N |
| 1 | , Hás the organization accepted a gift or contribution from any of the following persons? | | | l |
| а | 'A person who directly or indirectly controls, either alone or together with persons described in (b) and (c). | | | <u>:</u> |
| | below, the governing body of a supported organization? | 11a | | L |
| ÷ρ | A family member of a person described in (a) above? | 116 | - : | خا |
| ÷C | À 35% controlled entity of a person described in (a) or (b) above? If Yes to a, b, or c, provide detail in Part VI. | 11¢ | | حا |
| Ct | ion B. Type I Supporting Organizations | • • • | Yes | N |
| 1 ! | Did the directors; trustées, or membership of one or more supported organizations have the power to | المرثواة | 163 | F |
| ŗ | regularly appoint or elect at least a majority of the organization sidirectors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | 1 1 | | |
| | controlled the organization's activities ill 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 | | | |
| | organizatlons and what conditions or restrictions, if any, applied to such powers during the tax year. | 17 | | _ |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | T | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If, "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | <u>./ \</u> | ند |
| | supervised, or controlled the supporting organization: | 12 | | _ |
| cti | ion C: Type II Supporting Organizations | <u>, ", </u> | | _ |
| <u>-</u> <u>-</u> <u>-</u> <u>-</u> | | | Yes | N |
| £. | Wère à majority of the organization's directors or frustees during the tax year also a majority of the directors. | | - 1 | |
| | 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 | <u></u> | | |
| | the supported organization(s). | Ť | | _ |
| cti | on D. All Type III Supporting Organizations | | | _ |
| | | | Yes | N |
| 1 | Did the organization provide to each of its supported organizations; by the last day of the fifth month of the | | Ť | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor tax, year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 100 | 150 | ڄخ |
| -2 | | 71 7 | X. | - |
| 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 poverning body of a supported organization? If "No." explain in Part VI how- | 1 | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | 7 | 7. |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 1 | Y | _ |
| .9 | 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? It? Yes, " describe in Rart VI the role the organization's | I. `I | | |
| | supported organizations played in this regard. | 3 | 1 | ' |
| ecti | 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 | กรtกัน | tions |)· |
| | The organization satisfied the Activities Test. Complete line 2 below: | | | y., |
| . a | The organization satisfies the Activities restriction for an integral of the organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| œ. | The organization supported a governmental entity. Describe in Rart VI how you supported a government entity. | See //19 | tructi | anı |
| ٠, | | | - | |
| 2 ' | Activities Test. Answer (a) and (b) below. | الله الم | Yes | N |
| a | Did substantialty all of the organization; activities during the tax, rear directly further the exempt purposes of | } | i | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | 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 | | - 1 | |
| | that these activities constituted substantially all of its activities | | <u></u> }∤ | _ |
| ٠,٠ | | 2à∵ | | |
| ď | Did the activities described in (a) constitute activities that; but for the organization sinvolvement, one or more | | ı | |
| | of the organization's supported organization(s) would have been engaged in? If Yes," exclain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | · reasons for the organization's position that its supported organization is would have engaged in triese. -activities but for the organization's hospiton that its supported organization is would have engaged in triese. | 2Б. | <u></u> | _ |
| a, | | 40. | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | l | |
| ù 3 | Did the organization have the power to regularly appoint or electia majority, of the officers, directors, or trustees of each of the current extends of the curr | 1 | ``` [| , |
| | frustees of each of the supported organizations? Provide details in Raid VI. Did the organization exercise a substantial degree of direction over the policies, programs; and activities of each | 3a, | - | , v |
| 12 | Tase to expression exercise a substantial decree of direction over the policies, programs and activities of each | . 1 | 1 | |
| Þ | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Schedule A (Form 990 or 990-EZ) 2017 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions <u>.3</u> 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 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) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract/lines 5, 6, and 7 from line 4). 8 (B) Current Year (A) Prior Year Section B.- Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see) . instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a †b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1ċ 1d d Total (add lines 1a, 1b, and 1c) 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 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use? Enter 1-1/2% of fine 3 (for greater amount) see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by :035. 6 7 7 Recovenes of prior year distributions 8. Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A; line 8, Column A) ÷2 2 Enter 85% of line 1. 3 3. Minimum asset amount for prior year (from Section B, line 8, Column A) **4** 4 Enter gréater of line 2 or line 3 5 5 Income tax imposed in pnor year 6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see ·iństructions).

Page 7 Schedule A (Form 990 or 990-EZ) 2017 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) 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 Administrative expenses paid to accomplish exempt purposes of supported organizations 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. Total annual distributions: Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (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 Section E - Distribution Allocations (see instructions) **Underdistributions** Distributable Excess Distributions Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 - 91 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 b From 2013 From 2014 From 2015 e . From 2016 f Total of lines 3a through e. Applied to underdistributions of prior years h. Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder: Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to:2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result. greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result/greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018: Add lines 3 and 4c. Breakdown of line.7 Excess from 2013 b Excess from 2014. c Excess from 2015 d Excess from 2016: :

Schodule A (Form 990 or 890-EZ) 2017

Excess from 2017

| Schedule A (Fo | pm 990 or 990-E2) 2017 Page |
|---|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b; 3c; 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV; Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| Part IV. Sect | on E, line 1c : |
| The trust has | as its only purpose the providing of financial assistance to the City of Cammack Village , Arkansas , by making payments to be used by the City |
| for contribution | ons to state police and fire retirement systems for the benefit of employees of the City of Cammack Village. Although no payments were made in the |
| year 2017, p | syments made since the creation of the Trust in 1996 have been in excess of \$ 50,000 |
| Part IV, Secti | on D. Ilne 3 : 1 |
| The majority | of the trustees of the supporting organization are officers of the supported arganization (City of Cammack Village), and therefore have a major |
| influence on | the investment policies and uses of assets of the organization. |
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| | Schedule A (Form 990 or 990-EZ) 201 |

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