Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service \blacktriangleright Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For the	2017 ¢a	alenda	ar year, or tax year beginning , 2017, an	d ending		, 20
В	Check if ap	pplicable		C Name of organization		D Employer ic	lentification number
	Address c	change		<u>EAST</u> GREENWICH NEWS		82-281	3220
	Name cha	ange		Number and street (or P O box, if mail is not delivered to street address)	oom/suite	E Telephone n	umber
\bowtie	Initial retui			18 PROSPECT STREET		(401)8	36-7700
H		rn/terminat	ted	City or town, state or province, country, and ZIP or foreign postal code	$\overline{\Lambda}$	F Group-Exe	mption
	Amended Application			EAST GREENWICH, RI 02818	UU	Number	∴ V.
	Account			Cash	rH %		if the organization is not
	Website	٠,	N/A				ach Schedule B
		15		eck only one) — 🗵 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947(a)(1) or		•	0-EZ, or 990-PF)
				☐ Corporation ☐ Trust ☐ Association ☐ Other		(, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more	re or if total	accate	
				v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	e, or ir total	≥ •	C 101
_				e, Expenses, and Changes in Net Assets or Fund Balances	/aaa tha	, p	6,181.
نا	Part I			· · ·	•	instructions	s ior Part i)
	1.			the organization used Schedule O to respond to any question in t	inis Pari i		<u>A</u>
	1	i .		ons, gifts, grants, and similar amounts received		1	6,181.
)	2	٦		ervice revenue including government fees and contrac		. 2	
_	3			ip dues and assessments		3	
)	4			Income	•	4	· · · · · · · · · · · · · · · · · · ·
	5a	1		unt from sale of assets other than inventory 5a	··-··		
	b			or other basis and sales expenses		200	
	С		•	ss) from sale of assets other than inventory (Subtract line 5b from line	5a) .	5c	
	6		_	d fundraising events			RECEIVED
	a			ome from gaming (attach Schedule G if greater than		7	
Ĭ		\$15,p	00) .			\\\a	DEC 1 0 2018
Revenue	b				ontributions	s G	I DEL 10 5010
æ				aising events reported on line 1) (attach Schedule G if the			117
				h gross income and contributions exceeds \$15,000) 6b			OGDEN, UT
	С	Less.	direct	t expenses from gaming and fundraising events Corres. 6c	_	7.4	
	d	Net in	ncome	e or (loss) from gaming and fundraising events (add lines 6a and 6	ib and sub	tract 📆	
		line 6	c) .			· · 6d	
	7a	Gross	sales	s of inventory, less returns and allowances 25, 2018		104,237.8	
	b	Less.	cost	of goods sold			
	С	Gross	profi	t or (loss) from sales of inventory (Subtract dine 7b) from line 7a)		7c	
٠. ٠	.8			nue (describe in Schedule O)		8	
	-9	Total	rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	6,181.
	10	Grants	s and		_ <u></u> 1	. 10	
	11	Benefi	its pa	aid to or for members	RECEIV	/ED- 11	
S				her compensation, and employee benefits	. . /	· 12	
Expenses	13			-1 for a constant of the const	CED OV	13	
be	14			, rent, utilities, and maintenance	SEP_O14	18. 14	0.
Ä	15		-		∕ \`	. 15	
	16			nses (describe in Schedule O) SERVICE	<u>.</u> 16 S±π		944.
	17			nses. Add lines 10 through 16	TER	. > 17	944.
	18			deficit) for the year (Subtract line 17 from line 9)		. 18	5,237.
ets	19			or fund balances at beginning of year (from line 27, column (A)) (m	nust agree		
SS				r figure reported on prior year's return)		19	
Net Assets	20		•	ges in net assets or fund balances (explain in Schedule O)	-	20	
ž	21			or fund balances at end of year Combine lines 18 through 20	• •	. > 21	5,237.
For				on Act Notice, see the separate instructions. BAA	DEV.	02/14/18 PRO	Form 990-EZ (2017)
. 0	, abeit	OI K INC	Judell	Sirvist House, see the separate mediations. BAA	REV	021 141 10 PRU	(2017)

10

Pa		lance Sheets (see the instructions f					
·	<u> </u>	eck if the organization used Schedule	O to respond to a	ny question in this		<u></u>	
`	· · ·			Ļ	(A) Beginning of year		(B) End of year
22		vings, and investments				22	5,914.
23		d buildings				23	
24		sets (describe in Schedule O)				24 25	E 014
25		sets				26	5,914. 677.
26		bilities (describe in Schedule O) ets or fund balances (line 27 of column	(D) must agree with	L		27	5,237.
27 Par		atement of Program Service Accom			Part IIII	21	5,251.
r ai		eck if the organization used Schedule					Expenses
M/ba			See Part III		raitiii		uired for section
	•	, , , , , , , , , , , , , , , , , , , ,					c)(3) and 501(c)(4) nizations, optional for
		ganization's program service accomplis y expenses. In a clear and concise m				other	
		ed, and other relevant information for ea				<u>.</u>	
28	ONLINE	NEWSPAPER/WEBLOG.					
	(Grants \$	0.) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	944.
29							
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 📙	29a	
30							
•	(Grants \$		includes foreign gra			30a	
31	•	Y				04 -	
	(Grants \$		includes foreign gra			31a	
20	Total pro	aram carrigo avacaçõe (add lace 28a t	hrough (21a)			\sim	011
		gram service expenses (add lines 28a t				32	
32 Par	IV Lis	t of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not com	pensated—see the ir		944. tions for Part IV)
	IV Lis		Employees (list each O to respond to ar	n one even if not com	pensated—see the ir		
	IV Lis	t of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not cominy question in this (c) Reportable compensation	pensated — see the in Part IV (d) Health benefits, contributions to employe	ee (e) (tions for Part IV)
	IV Lis	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	Employees (list each O to respond to ar (b) Average	n one even if not com ny question in this (c) Reportable	pensated — see the in Part IV (d) Health benefits, contributions to employe	ee (e) 6	tions for Part IV)
Par	Lis Ch	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule	O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV (d) Health benefits, contributions to employing benefit plans, and	ee (e) 6	tions for Part IV)
Par	LIV Lis Ch ZABETH	t of Officers, Directors, Trustees, and Key eck if the organization used Schedule (a) Name and title	O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV (d) Health benefits, contributions to employing benefit plans, and	ee (e) E	tions for Part IV)
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Part				
-, •	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Pari	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	140
	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		$\vdash $
	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	5 7 A	No.	
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	1	<u> T</u> T	27.30
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	-Arti	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			1.00
39	Section 501(c)(7) organizations. Enter		では、これ	
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.		10	
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		Section .	
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1		
	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	17.4	额	
u	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	新		
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► ELIZABETH F. MCNAMARA Telephone no ► (40)		5-77	00
L	Located at ▶ 18 PROSPECT STREET, EAST GREENWICH RI ZIP + 4 ▶ 028	l 8 т		г
D	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)?	405	Yes	
	If "Yes," enter the name of the foreign country:	42b	(1834).	×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	1		
	Financial Accounts (FBAR).		No.	影片
	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		×
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ 📋
	and enter the amount of tax-exempt interest received or accrued during the tax year		Voc	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	N.C.	Yes	No
	completed instead of Form 990-EZ	44a		X X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		July 1	
	completed instead of Form 990-EZ	44b		×
	Did the organization receive any payments for indoor tanning services during the year?	44c		×
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1 1	100	
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	₩.S. 34	×
	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		, T. 13	
	Form 990-EZ (see instructions)	45b	7/44- 1	X

Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete the organization make any transfers to an exempt non-charitable related organization? Complete this table for the organization's five highest compensated employees employees) who each received more than \$100,000 of compensation from the compensation of the compensation from the compensation of	and 52, and complete the tables for lines In in this Part VI
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b at 50 and 51. Check if the organization used Schedule O to respond to any question 47 Did the organization engage in lobbying activities or have a section 501(h) election year? If "Yes," complete Schedule C, Part II	and 52, and complete the tables for lines In this Part VI Idection in effect during the tax Idea in the t
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b at 50 and 51. Check if the organization used Schedule O to respond to any question 47 Did the organization engage in lobbying activities or have a section 501(h) election year? If "Yes," complete Schedule C, Part II	and 52, and complete the tables for lines In in this Part VI
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year? If "Yes," complete Schedule C, Part II	lection in effect during the tax
year? If "Yes," complete Schedule C, Part II	blete Schedule E
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete the organization as a section 527 organization? Complete this table for the organization's five highest compensated employees employees) who each received more than \$100,000 of compensation from the compensation of the compensation from the compensation of the compensation of the compensation from the compensation of the compensation	blete Schedule E
Did the prganization make any transfers to an exempt non-charitable related organization. If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees employees) who each received more than \$100,000 of compensation from the compensation from the compensation of the compensation o	rganization?
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees employees) who each received more than \$100,000 of compensation from the compensation from the compensation (b) Average hours per week devoted to position (Forms W-2/1099-M)	s (other than officers, directors, trustees, and key organization. If there is none, enter "None." (d) Health benefits, contributions to employee benefit plans, and deferred other compensation
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees employees) who each received more than \$100,000 of compensation from the compensation from the compensation (b) Average hours per week devoted to position (Forms W-2/1099-M)	s (other than officers, directors, trustees, and key organization. If there is none, enter "None." (d) Health benefits, contributions to employee benefit plans, and deferred other compensation
Complete this table for the organization's five highest compensated employees employees) who each received more than \$100,000 of compensation from the compensation from the compensation (a) Name and title of each employee (a) Name and title of each employee (b) Average hours per week devoted to position (Forms W-2/1099-M	organization. If there is none, enter "None." (d) Health benefits, contributions to employee benefit plans, and deferred (e) Estimated amount of other compensation
employees) who each received more than \$100,000 of compensation from the compensation from the compensation (c) Reportable compensation devoted to position (Forms W-2/1099-M	organization. If there is none, enter "None." (d) Health benefits, contributions to employee benefit plans, and deferred other compensation
(a) Name and title of each employee (b) Average (c) Reportable compensation devoted to position (Forms W-2/1099-M	(d) Health benefits, contributions to employee benefit plans, and deferred (e) Estimated amount of other compensation
(a) Name and title of each employee hours per week compensation devoted to position (Forms W-2/1099-M	contributions to employee (e) Estimated amount of other compensation
devoted to position (Forms W-2/1099-M	benefit plans, and deferred other compensation
NONE	
	···· · · · · · · · · · · · · · · · ·
1	
f Total number of other employees paid over \$100,000 ▶	
51 Complete this table for the organization's five highest compensated independ	dent contractors who each received more than
\$100,000 of compensation from the organization. If there is none, enter "None."	n •
(a) Name and business address of each independent contractor (b) Type of	of service (c) Compensation
NONE	
NONE -	
	l l
d Total number of other independent contractors each receiving over \$100,000 .	•
d Total number of other independent contractors each receiving over \$100,000. 52 Did the organization complete Schedule A? Note: All section 501(c)(3) or	▶_ organizations must attach a
· · · · · · · · · · · · · · · · · · ·	▶_ organizations must attach a ▶⊠ Yes □ No
52 Did the organization complete Schedule A? Note: All section 501(c)(3) completed Schedule A	
52 Did the organization complete Schedule A? Note: All section 501(c)(3) completed Schedule A	
52 Did the organization complete Schedule A? Note: All section 501(c)(3) c	
Did the organization complete Schedule A? Note: All section 501(c)(3) completed Schedule A	tatements, and to the best of my knowledge and belief, it is parer has any knowledge
Did the organization complete Schedule A? Note: All section 501(c)(3) of completed Schedule A	
Did the organization complete Schedule A? Note: All section 501(c)(3) or completed Schedule A	tatements, and to the best of my knowledge and belief, it is parer has any knowledge
Did the organization complete Schedule A? Note: All section 501(c)(3) of completed Schedule A	tatements, and to the best of my knowledge and belief, it is parer has any knowledge
Did the organization complete Schedule A? Note: All section 501(c)(3) of completed Schedule A	tatements, and to the best of my knowledge and belief, it is parer has any knowledge Date Date
Did the organization complete Schedule A? Note: All section 501(c)(3) of completed Schedule A	tatements, and to the best of my knowledge and belief, it is parer has any knowledge Date Check If PTIN
Did the organization complete Schedule A? Note: All section 501(c)(3) of completed Schedule A	tatements, and to the best of my knowledge and belief, it is parer has any knowledge Date Check If self-employed P00149465
Did the organization complete Schedule A? Note: All section 501(c)(3) of completed Schedule A	tatements, and to the best of my knowledge and belief, it is parer has any knowledge Date Date
Did the organization complete Schedule A? Note: All section 501(c)(3) of completed Schedule A	tatements, and to the best of my knowledge and belief, it is parer has any knowledge Date Check If self-employed P00149465

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

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

		WICH NEWS					82-2813220		
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions								
The c	-	n is not a private founda					,		
1		rch, convention of churc						19	
2		ol described in section					· · /	νĮ	
3		pital or a cooperative ho							
4		ical research organization	•	onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the	
_	•	al's name, city, and stat					/		
5		ganızatıon operated for n 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in	
6		ral, state, or local gover							
7		anization that normally			port fron	n a , gover	nmental unit or from	n the general public	
	described in section 170(b)(1)(A)(vi). (Complete Part II)								
8		munity trust described i				/			
9	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:								
10		1 -	receives. (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershii	o fees, and gross	
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its								
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
11	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) I □ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
12	_	anization organized and	•	• • • • • • • • • • • • • • • • • • • •	-			ry out the purposes	
		or more publicly suppo							
а	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								
		supported organization					the directors or trust	ees of the	
	su	pporting organization. Y	ou must comple	ete Parț/İV, Sections	A and B				
b		pe II. A supporting orga							
		ntrol or management of				e persons	that control or mana	age the supported	
		anızatıon(s) You must		/					
С		pe III functionally integ supported organizationi						ally integrated with,	
d		pe III non-functionally							
		t is not functionally inte						d an attentiveness	
	rec	uirement (see instructio	ns). You must c	omplete Part IV, Sec	ctions A	and D, ar	nd Part V.		
е		eck this box if the organ						e II, Type III	
		ctionally integrated, or	• • •		pporting	organızat	ion.		
f	Enter the	e number of supported of the following information	organizations .						
<u>g</u>		· · · · · · · · · · · · · · · · · · ·	1 1		T		[
	(i) Name of	supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	listed in you	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
			/	above (see instructions))	docu	ment?	instructions)	instructions)	
			/		Yes	No			
			/		 	 			
(A)					1	İ			
(B)		j							
(C)		/							
		/		<u> </u>	ļ	ļ			
(D)		/							
/E\		/ /							
(E)									
Total		<u> </u>	· · · · · · · · · · · · · · · · · · ·	京等等等的。 第一章	25, 2 3.30	15			

Part							
. ,	(Complete only if you checked t						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part/III.)	
	ion A. Public Support	1					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")				/		
•			-		//_		
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities				-/		
3	furnished by a governmental unit to the						
	organization without charge			/	ĺ		
4	Total. Add lines 1 through 3			/			
5	The portion of total contributions by		TANK T	100 100 100	2000年		
3	each person (other than a			Z		[3] 全点类型	
	governmental unit or publicly		这种数据 。这				
	supported organization) included on						
	line 1 that exceeds 2% of the amount	器的地方设计		》	多数 中人 第二	[1] 激光器	
	shown dn line 11, column (f)		1		"特殊工工 "		
6	Public support. Subtract line 5 from line 4	· 大学	11、光线人	San San San San San San San San San San	"清楚"	いいを変す	
	on B. Total Support	1					
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from		/				
	similar sources	/					
9	Net income from unrelated business						
•	activities, whether or not the business						
	is regularly carried on .			;			
10	Other income. Do not include gain or			-			
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11		建 多。343%。	为强烈强烈!	響いた。おり大変	41、數次。1997	度""要"的	
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the				_		n 501(c)(3)
Cooti	organization, check this box and stop he			· · · · ·	• • • •		<u>.</u> . ▶ <u></u>
<u>3ecu</u>	on C. Computation of Public Support Public Support percentage for 2017 (line (<u></u>		1 ookumn (f)		44	
15	Public support percentage for 2017 (line to Public support percentage from 2016 Sci		•			15	<u>%</u>
16a	331/3% support test—2017. If the organ.						
	box and stop here. The organization qua						· · > □
b	331/3% support test-2016. If the organi				a, and line 15	ıs 331/3% or mo	ore, check
	this box and stop here. The organization						▶ 🗆
17a	10%-facts-and-circumstances test -2						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circi	umstances" te	st. The organi	zation qualifies	as a publicly	supported
	organization . /						▶ □
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza	ition meets the	e "facts-and-c	ircumstances'	test, check t	this box and s	top here.
	Explain in Part VI/how the organization r	neets the "tact	s-and-circums	stances" test.	ine organizati	on qualifies as	a publicly
10	supported organization	d not obselve t	nov on line 12	160 16h 17-	or 17h		· · 🟲 📋
18	instructions	u not check a l	oox on line 13,	10a, 10D, 17a	, or 170, checi	N LI IIS DOX AND S	bee
			· · · · ·	<u></u>	· · · ·		· ·

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.)

Section A. Públic Support. Selendary yargin officacl year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 1 Gifts, garlis, contributions, and membership fees received. Do not include any juxusual grants." 2 Gross receipts from admissions, merchandises sold or 3 errices performed, or facilities furnished in any activity that is related to the originalization's bar-event purpose of a contribution of the program of the pro	C = =4:	an A Dublic Compant	,	0.0 110100 001	o 11, p. o a o o o	, , , , , , , , , , , , , , , , , , ,	,	
1 Gifts, grafts, contenutions, and membership fees received. Do not include any musual grafts? 2 Giross receipts from admissions, merchandles sold or Jeseroces performed, or facilities furnished in any activity that is related to the originarization star-exempt jurpose 3 Giross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the originarization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the originarization without charge. 6 Total, Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. 7 B Amounts included on lines 2, and 3 received from disqualified persons. 8 D Amounts included on lines 1, 2, and 3 received from other than disqualified persons are executed from other than disqualified persons in line 6.] 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received from interest, dividends, payments received nor securities loans, rents, royaltes, and income from similar sources 9 Unrelated business taxable in come (less section 6.11 taxes) from businesses activities for include gain or loss from the sale of capital assets (Explain Part VI). 10 Total support, Add lines 9, 10c, 11, and 12). 11 Net income from include gain or loss from the sale of capital assets (Explain Part VI). 12 Total support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (ff)) 15 17 Investment income percentage for 2016 Schedule A, Part III, line 17 18 Investment income percentage for 2016 Schedule A, Part III, line 17 19 33/3-% support tests=-2016. If the origanization did not check so box on line 14 or ine 19a, and line 16 is more than 33/3-8, check this box and stop here. The organization qualifies as a publicly supported organization of the other check the box on line 14 or line 19a, and line 16 is mo			1 1 2 2 2 2	41.0044	4) 0045	4 13 0040	4 > 0047	
received. Do not include any 'unusual grains." 0			(a) 2013	(b) 2014	(c) 2015	(a) 2016	(e) 2017	(f) Total
2 Gross relepts from admissions, merchandles sold or jeroreces performed, or facilities furnished, in any activity that is related to the organization is tax-exempt purpose 3 Gross relepts from activities that are not an unrelated trade or busness under section 513 4 Tax revenues levied for the organizations benefit and either paid to or expeaded on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines 1 (2), and 3 received from disqualified persons. 7a Amounts included on lines 2, and 3 received from disqualified persons. 8 Amounts included on lines 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from smiter sources. 9 United support. (Subtract line 7c from line 6.) 10a Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from smiter sources. 9 Unrelated business taxable income (leas section 511 taxes) from businesses accounted after June 30, 1975. 9 Add lines 10a and 10b. 11 Net income from unrelated business activities plot included in line 10b, whether or not the business is required year end on 120. 10 Cher income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 13 Total support. Add lines 9, 10c, 11, and 12c). 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here. 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (fi)). 16 Public support percentage from 2016 Schedule A, Part III, line 17. 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (fi)). 18 Investment income percentage for 2017 (line 8, column (f) divided by line 13, colum	1							
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross redepts from activities that are not an unrelated trade or business under section 513 Tax evenues leaved 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. The value of services or facilities furnished by a governmental unit to the organization without charge. Tax Amounts included on lines 1, 2, and 3 received from disqualified persons. Amounts included on lines 2 and 3 received from disqualified persons shat exceed the greater of \$5,000 or 1% of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on line 13 for the year charge of the amount on smaller sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add line 10a and 10b 1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the said of capital assets (Explain in Part VI). 3 Total support, (Add lines 9, 10c, 11, and 12) 10 Charge of the years. If the Form 990 is for the organization of line 13, column (f)) 15 Exection D. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 17 Institute the computation of Investment Income Percentage 18 Pu	•		0.	0.	0.	0.	6,181.	6,181.
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turnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5	5	The value of services or facilities			<u> </u>			
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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

- Are all of the organization's supported organizations listed by name in the organization's govern documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the suppor 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," ansi (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination
- c Did the brganization ensure that all support to such organizations was used exclusively for section 170(c)(2) purpose's? 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") "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 fore supported organization? If "Yes," describe in Part VI how the organization had such control and discret 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 determinat under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and I numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such activated and supported organizations added, substituted, or removed; (iii) the reasons for each such activated and supported organizations added, substituted, or removed; (iii) the reasons for each such activated and supported organizations added, substituted, or removed; (iii) the reasons for each such activated and supported organizations added, substituted, or removed; (iii) the reasons for each such activated and supported organizations added, substituted, or removed; (iii) the reasons for each such activated and supported organizations added, substituted and supported organizations added and supported org (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the act was accomplished (such as by amendment to the organizing document)
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribu 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity w regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or me disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in wh the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sect 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings)

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Part	Supporting Organizations (continued)		
\-		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>	
_	below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11c	
	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. on B. Type I Supporting Organizations	TIC	
Occu	on b. Type reapporting organizations	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		经 约
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppor	ed	12
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported	17 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	11/1/2
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	n Figure 1	3 7
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2 1/2	
	supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations		
		1 4 M IT TO THE TO .	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director 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		
	the supported organization(s).	1	A III.
Secti	on D. All Type III Supporting Organizations		
	on on the one of the original original original original original original original original original original	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	463 CE 6	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax 平製議長	5 6 3
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		الله الم
	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 Part VI he	DW The State of th	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	iet u A
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		100
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	19.00
Secti	on E. Type III Functionally Integrated Supporting Organizations		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	na instructional	
1		see instructions).	
a	The organization satisfied the Activities Test. Complete line 2 below.		
b c	☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government en	titi (aaa inatrijatia	no!
·	The digalization supported a governmental entity. Describe in Fait Vi now you supported a government en	iny (see instruction	115).
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	of 「海道」 <u>建制</u> 整	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		树
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the proportion was responsive to those supported organizations, and how the proportion determined organizations.		%
	how the organization was responsive to those supported organizations, and how the organization determine that these activities constituted substantially all of its activities	E. L. STORY CALL	
h	·	2a	16.6°W
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or me 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	لتغثيا
3	Parent of Supported Organizations Answer (a) and (b) below.		15.73
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? Provide details in Part VI.	3a	المنشد به
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	ch de de	12. Ju
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jan	izations	-
1 Check here if the organization satisfied the Integral Part Test as a qualifying iristructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	が に 大学		
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	第 3 第3 2 2 3 3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5	
2 Enter 85% of line 1.	2	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	AND THE STATE OF	
4 Enter greater of line 2 or line 3	4	1000 100 100 100 100 100 100 100 100 10	
5 Income tax imposed in prior year	5	学等 15 大統領機 17.	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		The state of the s	
emergency temporary reduction (see instructions).	6	黨(統一人主義、等	
7 Check here if the current year is the organization's first as a non-functional	y in		organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part	V Tỳ	pe.III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)				
Seçt	ioņ D - D	stributions			Current Year			
1	` Am'ounts	s paid to supported organizations to accomplish	exempt purposes					
2	Amount	s paid to perform activity that directly furthers exe	orted					
	organıza							
3	Adminis	rative expenses paid to accomplish exempt purp	oses of supported orga	anizations				
4	Amount	s paid to acquire exempt-use assets						
5		set-aside amounts (prior IRS approval required)						
6		stributions (describe in Part VI). See instructions						
7		nual distributions. Add lines 1 through 6.						
8	1	ions to attentive supported organizations to whic	h the organization is res	sponsive				
		details in Part VI). See instructions						
9		able amount for 2017 from Section C, line 6	 					
10	Line 8 ar	nount divided by line 9 amount		(::)	(:::)			
S	ection E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distribut	able amount for 2017 from Section C, line 6	是是"特别"。 1000年的第二人	是"不是"的"是"的"是				
2	Underdis	stributions, if any, for years prior to 2017						
		ble cause required—explain in Part VI). See						
	instruction		The state of the s	29,218				
3		istributions carryover, if any, to 2017	The second secon	Maria Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
a		大学 はない はいい はいい はい	Contract to the contract to the		学点,不是是一种的一种。 2011年			
b		From 2013						
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e	From 20	<u> </u>	THE STATE OF THE S	一种 一种 一种	TO SET SET UNDER			
f		lines 3a through e	a the training of the second of the second	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second second second			
<u>g</u>		o underdistributions of prior years	SUPPRINCIPLE SECTION	The latest to the budgeting the Mathematic	The same of the sa			
<u>h</u>		o 2017 distributable amount	THE RESERVE OF THE PROPERTY OF THE	KAROKO-KANO - COLO PARO PER La Carola Carola Baroko Baroko Baroko Baroko Baroko Baroko Baroko Baroko Baroko Baroko Baroko Baroko Baroko Ba	** **			
_ <u>i</u> _		from 2012 not applied (see instructions)	STATE OF THE STATE	大きな はない はいまい かいかい	THE PROPERTY OF THE PARTY OF TH			
		er. Subtract lines 3g, 3h, and 3i from 3f	21 TO 1884 MARKET START IN	Carle of the control	The same of the same of the same of			
4	Section [1						
	_	p underdistributions of prior years			The state of the s			
b		p 2017 distributable amount		MACLES IN SOUTH TO	2. 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
C		er. Subtract lines 4a and 4b from 4.	1 - 10 A. Co. 2 - 2 - 2 - 2 - 2 - 3 - 4 - 16 2 - 2 - 2 - 3	The state of the s				
5		g underdistributions for years prior to 2017, if	The ART I I WAR	responsible to the second of t				
		tract lines 3g and 4a from line 2. For result			3			
		an zero, explain in Part VI. See instructions.						
6	Remainir	g underdistributions for 2017. Subtract lines 3h	· · · · · · · · · · · · · · · · · · ·		THE CONTROL PURE NAME OF THE PARTY OF THE PA			
		om line 1. For result greater than zero, explain in						
	Part VI. 9	ee instructions.						
7	Excess of and 4c.	istributions carryover to 2018. Add lines 3j						
8	Breakdov	yn of line 7	乙烯基 经验证的外债机	\$1. \$100 K K K K K K K K K K K K K K K K K K				
а	Excess fr		· · · · · · · · · · · · · · · · · · ·	· 在一个是一个是一个	· 图图 · 图图 · 图图 · 图图 · 图图 · 图图 · 图图 · 图			
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Schedule A (Form 990 or 990-EZ) 2017

Part VI	III, line 12 B, lines 1 3a, and 3	nental Information 2; Part IV, Section I and 2; Part IV, Se Bb; Part V, line 1; F I, and 6. Also com	A, lines 1, 2, 3b ection C, line 1; Part V, Section	o, 3c, 4b, 4c, 5 Part IV, Sectio B, line 1e; Part	a, 6, 9a, 9b, 9c on D, lines 2 an : V, Section D, l	:, 11a, 11b, and d 3; Part IV, Se ines 5, 6, and 8	11c; Part IV, S ction E, lines 1 , and Part V, S	Section c, 2a, 2b,
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