## **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

▶ 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 F	or the	2017 calenda	ar year, or tax year beginning , 2017, and ending		, 20
	heck if ap			loyer id	entification number he
	Address c	8	40734596		
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) hc Room/suite E Tele	phone n	umber
$\overline{}$	nitial retui	97	0-663-4085		
=	-ınaı retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	up Exe	mption
=		on pending	FORT COLLINS, CO 80522-0200	nber 🕨	he
G A	Account	ting Method.	☑ Cash ☐ Accrual Other (specify) ► H Check	<b>▶ Ø</b> i	f the organization is not
1 4	Vebsite	e: ► WWV			ach Schedule B
J T	ax-exen	npt status (che	eck only one) -   501(c)(3)	90, 990	)-EZ, or 990-PF)
KF	orm of	organization			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	94,620
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Part I) 🚾
		Check if	the organization used Schedule O to respond to any question in this Part I	· · ·	<u> </u>
he	1		ons, gifts, grants, and similar amounts received	1	10,249
he	2		ervice revenue including government fees and contracts	2	25,229
II.	3		ip dues and assessments	3	20,579
h	4	Investment		4	7,427
	5a		unt from sale of assets other than inventory	-	
	b		or other basis and sales expenses . 5b	ا <u>ا</u>	
	6 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events	5c	<del> </del>
e	а	Gross inc \$15,000)	ome from gaming (attach Schedule G if greater than		
Revenue	b	from fundr	me from fundraising events (not including \$ of contributions aising events reported on line 1) (attach Schedule G if the th gross income and contributions exceeds \$15,000)	7	
	c d		t expenses from gaming and fundraising events .  e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	 6d	
	7a	Gross sale	s of inventory, less returns and allowances   7a   31,136		<del></del>
	ь		of goods sold	1: ]	
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	9,719
	8	Other reve	nue (describe in Schedule O)	8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,203
	10	Grants and	similar amounts paid (list in Schedule O)	10	3,400
	11	-	aid to or for members MAY 1 4 2018	11	15,685
Expenses	12		increompensation, and employee benefits in	12	24,137
ens	13	Profession	al fees and other payments to independent contractors  GDEN, UT	13	565
Ř	14		y, rent, utilities, and maintenance	14	0
ш	15		ublications, postage, and shipping	15	6,901
	16	•	enses (describe in Schedule O) L	16	5,635
	17		enses. Add lines 10 through 16	17	56,323
ţ	18		(deficit) for the year (Subtract line 17 from line 9)	18	16,880
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with ir figure reported on prior year's return)	\- <u></u> \	250 209
ř A	20	=	- , , , , , , , , , , , , , , , , , , ,	19	260,308 (8,786)
Š	20 21		nges in net assets or fund balances (explain in Schedule O)	20	268,402
	41	ואכנ מסטפוט	or fund balances at end of year Combine lines 18 through 20	21	200,402

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2017)

Pa	rt II	Balance Sheets (see the instructions f	,				F-3
		Check if the organization used Schedule	O to respond to ar		Part II	<del></del>	(B) End of year
22	Časl	a souings, and investments		}-	254,742	2 221	299,886
23		n, savings, and investments		· · · · ·  -		23	0
24		er assets (describe in Schedule O)			17,36		15,560
25		al assets		· · · ·  -	272,11		315,446
26		il liabilities (describe in Schedule O)		· · · ·	11,80		47,044
27		assets or fund balances (line 27 of column	(R) must agree with	line 21)	260,30		268,402
	t III	Statement of Program Service Accomp				+	
		Check if the organization used Schedule			•	7	Expenses
Wha	t is the	organization's primary exempt purpose?		vation of Colorado's		「(Red	quired for section
as m	neasure ons be Meetir	ne organization's program service accomplised by expenses. In a clear and concise melited, and other relevant information for earny, Workshops, Classes, Field Trips, Field Studians for 1115 members throughout Colorado th	anner, describe the ch program title. les, Fleld Seminars a	e services provided and native plant cons	, the number of ervation	orga	(c)(3) and 501(c)(4) anizations, optional for ers )
		ers with research speakers, meetings, field trip					
he			includes foreign gra	<del>-</del>	▶ □	288	40,536
29		erly educational newsletter and weekly event e	mails, and dynamic v	vebsite providing info	ormation, news	202	<u> </u>
23		ne latest research of Colorado native and rare p	· · · · · · · · · · · · · · · · · · ·		·		
	schoo	ls, and plant consrvation projects for 1115 mer	nbers, and education	to the general public		1	
	(Grant	s\$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	298	9,799
30	Grants	s given to researchers, authors, and Colorado	native plant publishe	rs doing work that ac	Ivances		
	the ed	ucation & conservation of Colorado's native a	nd rare plants, and th	e ecosystems that s	upport them		1
	open	to all 1115 members					Ì
	(Grant	s\$ ) If this amount	ıncludes foreign gra	ints, check here	<b>&gt;</b> 🔲	30a	3,400
31	Other	program services (describe in Schedule O)		· · · · ·		1	
	(Grant	s \$ ) If this amount	includes foreign gra	ints, check here .	. ▶□	318	2,588
32	Total	program service expenses (add lines 28a t	hrough 31a)		· . •	32	56,323
Par	t IV	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not come	pensated—see the	ınstru	ctions for Part IV)
		Check if the organization used Schedule					🗀
		hc (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable nc compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)		yee (e	) Estimated amount of other compensation
Lind	la Smith	n, Administrative Coordinator	12			_	
			<del></del>	10,697		0	0
Jenr	niter Bo	usselot, Marketing & Events Coordinator	10	10.054			•
1		m Wadahan Candhaha	 	10,051		0	0
Laur	en Kuri	z, Workshop Coordinator	2.5	210			•
Bon	da Kaal	Workshop Coardinates	 	312		0	
HOIT	ua Kosi	ki, Workshop Coordinator	2.5	1.400			•
Jose	loo Cm	ith, Executive Board	<del></del>	1,180		0	
Jess		ini, executive board	2	1	į		•
Payer	ard Engl	ng Transurar		0	ļ	0	·
Бауа	ard Ewi	ng, Treasurer	2				•
Basi	14/11-	- Country	<del></del>	0		0	
Deni	ise wiis	on, Secretary	2			_	_
	<del> </del>			565		0	0
Amy	yarger	, Executive Board	2				_
				0	<u> </u>	0	0
Davi	ld Julie, 	Executive Board	2				
	<del></del>			0		0	0
Ceci	ily Mui,	Board Director	1				
			·	0	<u> </u>	0	0
Rob	ert Pow	ell, Board Director	1		1		
			<u> </u>	) o	1	0	0
		Deand Division			<del></del>		
Jenr	ny Neale	e, Board Director	1	I	· ·	l	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart V.) Offeck if the organization used Schedule O to respond to any question in this	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		•
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<b>y</b>
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		4
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>~</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b 38a		1
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on line 9			
b 40a b	Gross receipts, included on line 9, for public use of club facilities	_		
	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		•
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
e	40c reimbursed by the organization	40e		
41	List the states with which a copy of this return is filed ▶ Colorado	100		
42a			63-408 538	5
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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)	42b	Yes	No *
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	-	<b>₩</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	+	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		
45a b	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 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b		

art V	to can	e organization engage, directly or indidates for public office? If "Yes," of Section 501(c)(3) organizations All section 501(c)(3) organization and 51.	complete Schedule C			ın oppositı	on	Yes	No
art V	Did th	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only	, , , , , , , , , , , , , , , , , , , ,			46	· ·	
3 9a b	Did th				52, and con	nplete the		or line	- <b>V</b> ∋s
3 9a b	year?	Check if the organization used Sci	nedule O to respond	to any question in the	nis Part VI	<u> </u>	<u> </u>		
3 9a b 0	-	e organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect d	uring the t	tax 47	Yes	No
9a b O		organization a school as described in		i)? If "Yes " complete 5	Schedule F		48		Ž
b )		e organization make any transfers t					49a		V
		s," was the related organization a se	•	_			. 49b		
		lete this table for the organization's			er than office	ers, directo	rs, truste	es, an	d ke
_	emplo	yees) who each received more than	\$100,000 of compe	nsation from the organ	nization. If the	ere is none	e, enter "N	lone."	
	(a) 1	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, a compens	employee nd deferred	(e) Estimate other con		
	Comp	number of other employees paid ov lete this table for the organization 000 of compensation from the orga	s five highest comp		contractors	who each	received	more	th:
		Name and business address of each independent		(b) Type of serv	ice	(c)	Compensati	on	
				-					
2	Did tl	number of other independent contra ne organization complete Scheduleted Schedule A	•	•	nizations mi		ıa . <b>⊳ ⊘</b> Yes		
er pe	enalties o	of perjury, I declare that I have examined this I complete Declaration of preparer (other that	return, including accompar	nying schedules and stateme formation of which preparer h	ents, and to the las any knowled	pest of my kn			No , it is
 gn		Barad C. Euro			Date	77/18	<u></u>		
re	he	Bayard Ewing, Treasurer Type or print name and title	·						
aid	arer	Print/Type preparer's name  Denise C Wilson	Preparer's signature	C w i ) s = 5-5	te 5-2018	Check 🗹		53901	

Use Only

Use Only Firm's address ► 34316 Gap Rd, Golden, CO 80403

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

303-642-0510

► ✓ Yes ☐ No

Firm's EIN ▶

Phone no

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization
COLORADO NATIVE PLANT SOCIETY

Employer identification number 84-0734596

	ECHADO HATIVET EART COOLETT				1	54 01	D-1030		
Pai	rt I Reason for Public Chari	ity Status (All	organizations must	comple	te this pa	art.) See instructio	ns.		
The o	organization is not a private foundat	ion because it is	s. (For lines 1 through	12, chec	k only on	e box.)			
1	A church, convention of church	es, or association	on of churches descri	bed in <b>se</b>	ction 170	0(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	A hospital or a cooperative hos	pital service org	janization described ii	n section	170(b)(1	)(A)(iii).	9		
4	A medical research organization	n operated in co	onjunction with a hosp	oital desc	ribed in <b>s</b>	ection 170(b)(1)(A)(	iii). Enter the		
	hospital's name, city, and state	•							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local govern-	ment or governi	mental unit described	ın sectio	n 170(b)	(1)(A)(v).			
7	☐ An organization that normally r	eceives a subst	tantial part of its supp	port from	a govern	nmental unit or from	the general public		
	described in section 170(b)(1)(	<b>A)(vi).</b> (Complet	e Part II)						
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II)					
9	An agricultural research organiz	ation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college		
	or university or a non-land-gran university:								
10	An organization that normally re	eceives. (1) more	e than 331/3% of its su	ipport fro	m contrib	outions, membership	fees, and gross		
	receipts from activities related t support from gross investment	o its exempt fui	nctions—subject to co	ertain exc	eptions,	and (2) no more that	n 331/3% of its		
	acquired by the organization aff	ter June 30, 197	5. See section 509(a	1)(2). (Cor	nolete Pa	art III.)	Dusinesses		
11	☐ An organization organized and								
12	☐ An organization organized and o	-	•	•			ry out the purposes		
	of one or more publicly suppor								
	Check the box in lines 12a throu								
а	Type I. A supporting organiz	zation operated	. supervised, or contr	olled by i	ts suppor	ted organization(s).	typically by giving		
	the supported organization(								
	supporting organization. Yo	u must comple	ete Part IV, Sections	A and B.					
b	Type II. A supporting organ	zation supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having		
	control or management of the								
	organization(s). You must c	omplete Part I	V, Sections A and C.						
С	Type III functionally integrated	ated. A support	ing organization oper	ated in c	onnection	n with, and functions	ally integrated with,		
	its supported organization(s	) (see instructio	ns). <b>You must comp</b> l	lete Part	IV, Secti	ons A, D, and E.	•		
d	I   Type III non-functionally in	itegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)		
	that is not functionally integi								
	requirement (see instruction	s). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, an	ıd Part V.			
е	Check this box if the organiz	zation received	a written determination	on from th	ne IRS tha	at it is a Type I. Type	e II, Type III		
	functionally integrated, or Ty	ype III non-func	tionally integrated sur	porting o	organizati	on services	, - <b>/</b> F =		
f	Enter the number of supported or	rganizations					[		
g	Provide the following information	about the supp	orted organization(s)						
	(i) Name of supported organization	(u) EIN			rganization	(v) Amount of monetary	(vi) Amount of		
		t	(described on lines 1–10 above (see instructions))		ir governing ment?	support (see	other support (see instructions)		
		ł	apove (age marmonous))			instructions)	iristructions)		
				Yes	No				
(A)									
			·	l					
(B)									
(C)		<del></del>	-						
(D)	<del></del>	<del></del>		<del> </del>	<del> </del>				
(D)	[			į					
(E)									
. <b>-</b> /				L					

Dooo	2
Page	~

Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ited below, p	lease comple	te Part III.)	
	on A. Public Support	( ) 0010	# N 004 /	4 3 2045	(1) 0040	(1) 0017	/ 10 T-4-1
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					/	
3	The value of services or facilities furnished by a governmental unit to the organization without charge		-		/		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					l	
	on B. Total Support		7	/ 2015	1 (1) 2010	( ) 0047	(D. T. 1.1
	Amounts from line 4	(a) 2013	<b>(b)</b> 2014	<b>(ć)</b> 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4			/			
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 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc				L	12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	/					L
Sooti	on C. Computation of Public Suppor			<del></del>	<del></del>	<del></del>	
14	Public support percentage for 2017 (line 6			I a column (6)		14	<u></u> %
15	Public support percentage from 2016 Sch	. ,	•	i i, column (i))		15	
16a	331/3% support test—2017. If the organi				 nd line 14 is 3:		
	box and stop here. The organization qua						▶ 🗆
b	331/2% support test—2016. If the organithis box and stop here. The organization					ıs 33½% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization means the "Part VI how the organization meets the "organization".	eets the "facts	-and-circumst	ances" test, c	heck this box	and <mark>stop here</mark>	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization is supported organization.	ation meets th	e "facts-and-	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di instructions	id not check a	box on line 13	3, 16a, 16b, 17 	a, or 17b, chec	k this box and	see ▶ [

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")	20,931	19,820	28,267	27,119	30,828	126,965
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	24,098	24,945	42,118	47,405	56,365	194,931
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				_		
4	Tax revenues levied for the				-		
	organization's benefit and either paid to	· ·		·			
	or expended on its behalf		_	ľ			
5	The value of services or facilities						
	furnished by a governmental unit to the			ĺ			
	organization without charge						
6	Total. Add lines 1 through 5	44,583	44,765	70,831	74,524	87,193	321,896
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			]			
	received from other than disqualified			ļ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	5,000	5,000	5,000	5,000	5,000	25,000
	Add lines 7a and 7b	5,000	5,000	5,000	5,000	5,000	25,000
8	Public support. (Subtract line 7c from			.			
Cooti	on B. Total Support						296,896 
		(a) 0010	#-> 0014	(-) 0045 T	( 1) 0040	(1) 0017	(0 T-+-1
Calen 9	dar year (or fiscal year beginning in)	(a) 2013 44,583	(b) 2014 44,765	(c) 2015 70,831	(d) 2016 74,524	(e) 2017 87,193	(f) Total 321,896
9 10a		44,565	44,705	70,631	74,324	67,193	321,690
ıva	Gross income from interest, dividends, payments received on securities loans, rents,	'	Ì				
	royalties, and income from similar sources	4,584	5,889	17,603	13,742	7,427	49,245
b	Unrelated business taxable income (less			17,000	10,142	1,421	
	section 511 taxes) from businesses	[	ľ				
	acquired after June 30, 1975		ĺ			}	
c	Add lines 10a and 10b	4,584	5,889	17,603	13,742	7,427	49,245
11	Net income from unrelated business						
• •	activities not included in line 10b, whether	ı	ļ	ļ		,	
	or not the business is regularly carried on		Ţ			,	
12	Other 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,				<del></del>	<del>  </del>	
	and 12)	49,167	50,654	88,434	88,266	94,620	370,781
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her						. ▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8			3, column (f))		15	80 %
16	Public support percentage from 2016 Sch			<u> </u>	<u> </u>	16	78 %
	on D. Computation of Investment Inc					<del></del>	
17	Investment income percentage for 2017 (I				nn (f))	17	13 %
18	Investment income percentage from 2016					18	15 %
19a	331/3% support tests—2017. If the organi	zation did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	
	17 is not more than 331/3%, check this box a						
b	331/3% support tests - 2016. If the organiz	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	
20	line 18 is not more than 33½%, check this t						
20	Private foundation. If the organization di	u not cneck a l	ox on line 14,	19a, or 19b, c	neck this box	and see instru	ctions 🕨 🔲

### Part IV

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1-		ا
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	}	1	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		-
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1	1	<u> </u>
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1		1

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

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

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

determine whether the organization had excess business holdings.)

10a

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	l '	
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	on B. Type I Supporting Organizations	تتنا		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		T	
4	Ware a malarity of the amount and a discrete and a state of the state		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	} '		
	or management of the supporting organization was vested in the same persons that controlled or managed		1	<u> </u>
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ļ	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		<b>,</b>	
	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	<del>  '-</del> -	-	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how		ĺ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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	[	]	ļ
	Income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Casti	on E. Type III Functionally Integrated Supporting Organizations	3_	L	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
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 entity (	'ooo in	otruot	'onel
		766 III		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Į	l
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		[	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		}	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b	•	3a	├	├-
U	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sect	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<del> </del>
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			1
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1		
instructions for short tax year or assets held for part of year).	1	-	
a Average monthly value of securities	1a		7
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u> </u>	
3 Subtract line 2 from line 1d.	3		<del></del>
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	<del> </del>	<del> </del>
7 Recoveries of prior-year distributions	7		<del></del>
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		<del></del>
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<del></del>
4 Enter greater of line 2 or line 3.	4		<del> </del>
5 Income tax imposed in prior year	5	<del> </del>	<del> </del>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	T	<del></del>	<del> </del>
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions			,
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013 .			
С	From 2014			
d	From 2015			·
е				
f	Total of lines 3a through e		<u> </u>	
g	Applied to underdistributions of prior years		! 	
<u>h</u>	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7. \$			
а	Applied to underdistributions of prior years			<u></u>
b				
C				
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions,			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017 .			

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.)
*	
*	
*	