For Paperwork Reduction Act Notice, see the separate instructions.

The Information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form **990-EZ**

Internal Revenue Service

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)

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

2017

OMB No. 1545-1150

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

Open to Public Inspection

For the 2017 calendar year, or tax year beginning 2017, and ending . 20 January 1 December 31 C Name of organization ? Check if applicable D Employer identification number a Grande Community Library Foundation 911765629 Name change Number and street (or P.O. box, if mall is not delivered to street address) E Telephone number Initial nature O Box 1374 541-962-5824 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return a Grande Or 97850 Number > 2 Application pending Accounting Method: ✓ Cash Accrual H Check ► ☐ If the organization is not required to attach Schedule B J Tax-exempt status (check only one) — 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF). **□**527) **◀** (insert no.) □ 4947(a)(1) or K Form of organization: Corporation ☐ Trust ☐ Association ✓ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part !) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 5215 2 Program service revenue including government fees and contracts 2 0 ?" 3 Membership dues and assessments . 3 0 A Investment income 4 0 Gross amount from sale of assets other than inventory SCANNED OCT 0 9 2018 Less: cost or other basis and sales expenses . . . **5**b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a b Gross income from fundraising events (not including \$ -0-of contributions from fundraising events reported on line 1) (attach Schedule G if the ö sum of such gross income and contributions exceeds \$15,000) . . . 6b ξŖ Less: direct expenses from gaming and fundraising events 6c Net Income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of Inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 0 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 5215 10 Grants and similar amounts paid (list in Schedule O) 10 5339 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 0 Professional fees and other payments to independent contractors 13 13 0 14 Occupancy, rent, utilities, and maintenance 14 0 Printing, publications, postage, and shipping . 15 15 74 16 Other expenses (describe in Schedule O) 16 0 17 Total expenses. Add lines 10 through 16 17 6414 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -198 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 18179 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 17981

Cat. No. 106421

Form 990-EZ (2017)

A

v Part	•				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	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	162	140	
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)	24			?:
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)?	34 35a		.,	•
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		<u> </u>	
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		<u> </u>	?:
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a On the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b			
b 39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a			?*
40a	Gross receipts, included on line 9, for public use of club facilities				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•	?:
C	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				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				l
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
41	List the states with which a copy of this return is filed ▶ Oregon				
42 a	***************************************	41-96	2-5824		
	Located at ▶ 62425 Hunter Rd; La Grande OR ZIP + 4 ▶	978			
Đ	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)?		Yes	No	
	If "Yes," enter the name of the foreign country:	42b	200 and 200 ft.		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<u>/</u>	
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		. •	D	
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	Yes	No V	
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		THE TE		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	35.7 (C3)5.7 17.1 (g)5.7	V	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		ン	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b			

-orm 990-EZ (2	:017)							age -
46 Did t	he organization engage, directly or in	directly in political	rampaign activities of	n hehalf of	or in opposit	tion	Yes	No
	indidates for public office? If "Yes," c						\ 	1
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	s must answer que			-	e tables	for lin	es
	Check if the organization used Sch	redule O to respond	to any question in	this Part V	'	····	Yes	No
	he organization engage in lobbying? If "Yes," complete Schedule C, Part		section 501(h) election	on in effec	t during the	tax 47	T	140
-	organization a school as described in		ii)? If "Yes," complete	Schedule	E			V
	he organization make any transfers to			zation?.				~
	es," was the related organization a se					491		<u>L</u>
	plete this table for the organization's oyees) who each received more than							
·	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contribution benefit plan	Ith benefits, ns to employee ns, and deferred pensation	(e) Estima	ted amo	unt of
lone							<u> </u>	
~~~~			<del> </del>				<u> </u>	
		<del> </del>		<u> </u>				
		<del></del>	ļ	<u> </u>		<del></del>		
51 Com	number of other employees paid over plete this table for the organization' ,000 of compensation from the orga	s five highest comp	ensated independent	t contracto	ors who each	n received	d more	thar
(a)	Name and business address of each independ	ent contractor	(b) Type of ser	VICe	(c)	Compensa	tion	
one		***************************************	1		}			
			-					
		***	-	· · · · · · · · · · · · · · · · · · ·	1		<u>-</u>	
			<u> </u>		<del>                                     </del>			
		<del></del>	<u> </u>	<del></del>	<del>                                     </del>	···-		
52 Did	number of other independent contra the organization complete Schedu pleted Schedule A	•	•	nizations	must attacl			
nder penalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompar	aying schedules and statem	ents, and to t	he best of my kr	Ye ✓ Ye. nowledge an		nt is
, 2323, 4	Mh. los Kalos					<del></del>		
ign	Signature of officer		<del></del>		ate		<del></del>	
lere	Shirley Roberts, Treasurer Type or print name and title			<u>N</u>	fay 5, 2018		<del></del>	<del></del>
aid	Print/Type preparer's name	Preparer's signature	D	ate	Check Self-emplo			
reparer Ise Only	Firm's name			F	irm's EIN ▶	7001		
	Firm's address ▶			F	hone no.			
iay the IHS	discuss this return with the preparer	snown above? See	instructions	· · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	► ☐ Ye		No_
						Form <b>9</b> 9	7U-EZ	, (2017

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

La G	rande	Community Library Foundation					L	'8562 <del>9</del>
Pai	ti [	Reason for Public Cha	rity Status (All	organizations must	t comple	te this p	art.) See instruction	ons.
The	organi	zation is not a private founda	ation because it i	s: (For lines 1 through	n 12, che	ck only o	ne box.)	
1	ПΑ	church, convention of churc	hes, or associati	on of churches descr	ibed in s	ection 17	'O(b)(1)(A)(i).	- Co
2		school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	0 1
3		hospital or a cooperative ho						
4		medical research organization		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		ospital's name, city, and stat						
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in
6 7	□ Aı	federal, state, or local gover n organization that normally	receives a subs	tantial part of its sup				n the general public
		escribed in section 170(b)(1)		•				
8		community trust described i						
9	or	n agricultural research organ university or a non-land-gra niversity:	int college of agr	iculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or
10	re St	n organization that normally ceipts from activities related upport from gross investmen cquired by the organization a	to its exempt fut t income and un	nctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11		n organization organized and						
12		n organization organized and			-			my out the purposes
	of	one or more publicly suppo heck the box in lines 12a thro	orted organizatio	ns described in sect	ion 509(a	1)(1) or se	ection 509(a)(2). Se	e <b>section 509(a)(3)</b> .
а		Type I. A supporting organization supporting organization. Y	(s) the power to	regularly appoint or e	elect a ma	ajority of I		
b		Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested In	the same			
c		Type III functionally integits supported organization						ally integrated with,
d		Type III non-functionally that is not functionally integred requirement (see instructional see instruc	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е		Check this box if the organ functionally integrated, or	ization received Type III non-func	a written determinationally integrated support	on from ti	he IRS th organizat	at it is a Type I, Type ion.	e II, Type III
f	Ente	er the number of supported o	organizations .					
g	Prov	vide the following information	n about the supp	orted organization(s).				
	(i) Nan	ne of supported organization	(A) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)						 	`	
(C)				<del></del>	<del> </del>			
(D)								
(E)				<u> </u>				
<b>1-7</b>					1	İ		

**Total** 

Part	(Complete only if you checked the Part III. If the organization fails to	he box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
Secti	on A. Public Support	· · · · · · · · · · · · · · · · · · ·					
	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.")		(-)	(4) = 0 : 10	(4) = 0.10	/ /	- IV
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)						
_	•	*** **********************************	14.12.8.18.18.18.18.18.18.18.18.18.18.18.18.1		Barton St.		
Section	Public support. Subtract line 5 from line 4 on B. Total Support	17 野人公司 经营营	The state of the s	医原数性病 使制度	第16年在李代特	<b>海川東海川海山東</b>	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(0) 2017	(f) Total
7	Amounts from line 4	(a) 2013	(0) 2014	(6) 2015	(u) 2010	(e) 2017	(I) I Olai
8	Gross income from interest, dividends,		/		<u> </u>		
Ū	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	Total support. Add lines 7 through 10				THE PARTY OF THE P		
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the				-		n 501(c)(3)
<del>~</del>	organization, check this box and stop he			<u></u>	<u> </u>	<u> </u>	· · <b>&gt;</b> 🗆
	on C. Computation of Public Suppor			41 : '0'			
14	Public support percentage for 2017 (line		•			14	<u>%</u>
15 16a	Public support percentage from 2016 Sci 331/s% support test—2017. If the organ					15	check this
100	box and <b>stop here</b> . The organization qua					, , , , , , , , , , , , , , , , , , ,	> 🗆
b	331/2% support test—2016. If the organithis box and stop here. The organization	ization did not	check a box o	n line 13 or 16		is 33 ¹ / ₃ % or mo	_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization	ation meets the meets the "fac	e "facts-and-c ts-and-circums · · · · ·	ircumstances' stances" test.	test, check The organizati	this box and son qualifies as	top here. a publicly
18	Private foundation. If the organization di	d not check a		•		k this box and :	see
	instructions/	<del></del>	· · · · ·	<del>· · · · · ·</del>	· · · · ·	edule A (Form 900	· · P

Part III

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. Public Support

	on At Public Support						
_	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					1	
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise	5140	5022	5028	5049	5215	25454
4	sold or services performed, or facilities	)		}			
	furnished in any activity that is related to the	1 _1			_	_	
3	organization's tax-exempt purpose	0	0	0	0	0	0
3	unrelated trade or business under section 513		0	. 0	0	0	0
4	Tax revenues levied for the				0	- 0	
7	organization's benefit and either paid to					ŀ	
	or expended on its behalf		0	اه	0	o	o
5	The value of services or facilities						
	furnished by a governmental unit to the	į					
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	5140	5022	5028	5049	5216	25454
7a	Amounts included on lines 1, 2, and 3	]					
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3			ļ			
	received from other than disqualified persons that exceed the greater of \$5,000	]					
	or 1% of the amount on line 13 for the year		0	0	0	0	
c	Add lines 7a and 7b		0	0	0	0	0
8	Public support. (Subtract line 7c from		THE STATE OF		LOSE THE PERSON		<u>~</u>
•	line 6.)						25454
Secti	on B. Total Support	2 C T T T T T T T T T T T T T T T T T T	A P. San Carrie J. Pers. 1869.	A. 2007 - Fr 4-600 2-34, 18t. 14th	CHARLES A TO SEE COMM. NO.	Zan A Australia assessed Older man	<del></del>
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	5140	5022	5028	5049	5215	25454
10a	Gross income from interest, dividends,						<del></del>
	payments received on securities loans, rents,	ļ					
	royalties, and income from similar sources.	958	0	0	0	0	958
þ		ļ					
	section 511 taxes) from businesses acquired after June 30, 1975					_	_
		1 0	0	0	0	0	0
	•	oro	_ l				
-	Add lines 10a and 10b	958	0	0	0	0	958
11	Add lines 10a and 10b	958	0			0	958
-	Add lines 10a and 10b						
-	Add lines 10a and 10b	958	0	0	0	0	958
11	Add lines 10a and 10b						
11	Add lines 10a and 10b						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	o	0
11 12 13	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	0	0 0 5022	0 0 5028	0 5049	0 0 5215	0 0 28412
11	Add lines 10a and 10b	0 0 6098 ne organization	0 0 5022 's first, second	0 0 5028 d, third, fourth,	0 0 5049 , or fifth tax ye	0 0 5215 ear as a section	0 0 28412
11 12 13 14	Add lines 10a and 10b	0 0 6098 ne organization re	0 0 5022 's first, second	0 0 5028	0 0 5049 , or fifth tax ye	0 0 5215 ear as a section	0 0 28412
11 12 13 14 Section	Add lines 10a and 10b	0 eoes	0 0 5022 's first, second	0 0 5028 d, third, fourth,	0 0 5049 , or fifth tax ye	0 0 5215 ear as a section	0 26412 n 501(c)(3)
11 12 13 14 Section 15	Add lines 10a and 10b	eoes ne organization re rt Percentage	0 5022 's first, second	0 0 5028 d, third, fourth,	0 0 5049 , or fifth tax ye	0 5215 ear as a section	0 26412 n 501(c)(3) ▶ □
11 12 13 14 Section 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	eoes ne organization re rt Percentage 3, column (f) dinedule A, Part	0 5022 's first, second  e vided by line 1:	0 0 5028 d, third, fourth,	0 0 5049 , or fifth tax ye	0 0 5215 ear as a section	0 26412 n 501(c)(3)
11 12 13 14 Section 15 16 Section	Add lines 10a and 10b	eoes ne organization re rt Percentage 3, column (f) din nedule A, Part come Percer	o 5022 's first, second · · · · · e vided by line 1: II, line 15	0 5028 d, third, fourth,	0 5049 , or fifth tax ye	0 5215 ear as a section	0 26412 n 501 (c)(3) ► [] 98.37 % 97.72 %
11 12 13 14 Section 15 16 Section 17	Add lines 10a and 10b	e organization re rt Percentage 3, column (f) dinedule A, Part come Percer	o 5022 's first, second  e vided by line 15 Ill, line 15 . ntage in (f) divided by	0 5028 d, third, fourth, 	0 5049 , or fifth tax ye	0 5215 ear as a section	0 26412 n 501(c)(3) ▶ □ 96.37 % 97.72 %
11 12 13 14 Section 15 16 Section 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	e organization re rt Percentage s, column (f) di nedule A, Part I come Percer line 10c, colum 3 Schedule A, F	o 5022 's first, second 	o 5028 d, third, fourth, 	5049 , or fifth tax ye	0 5215 ear as a section 	0 26412 n 501(c)(3) ▶ □ 96.37 % 97.72 % 0 % - %
11 12 13 14 Section 15 16 Section 17	Add lines 10a and 10b	o eoos ne organization re	o 5022 's first, second vided by line 1: II, line 15 ntage on (f) divided by Part III, line 17 check the box	o 5028 d, third, fourth, 3, column (f)) v line 13, column	5049 , or fifth tax ye	0 5215 ear as a section 15 16 17 18 ore than 331/39	0 28412 n 501(c)(3) ▶ □ 98.37 % 97.72 % 0 % - % 6, and line
11 12 13 14 Section 15 16 Section 17 18	Add lines 10a and 10b	eoes ne organization re rt Percentage 8, column (f) din nedule A, Part come Percer line 10c, colum 3 Schedule A, F ization did not and stop here.	o 5022 's first, second vided by line 1: II, line 15 ntage Part III, line 17 check the box The organization	o 5028 d, third, fourth, 	o 5049 or fifth tax ye 	0 5215 ear as a section 15 16 17 18 ore than 331/39 orted organization	0 26412 n 501(c)(3) ▶ □ 98.37 % 97.72 % 0 % - % 6, and line on . ▶ □
11 12 13 14 Section 15 16 Section 17 18 19a	Add lines 10a and 10b  Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2017 (line apublic support percentage from 2016 Scion D. Computation of Investment income percentage from 2016 331a% support tests—2017. If the organization more than 331a%, check this box	eoes ne organization re rt Percentage 8, column (f) din nedule A, Part come Percer line 10c, colum 3 Schedule A, F ization did not and stop here.	o 5022 's first, second vided by line 1: II, line 15 ntage Part III, line 17 check the box The organizationeck a box on I	o 5028 d, third, fourth 3, column (f)) / line 13, colum on line 14, and on qualifies as a ine 14 or line 1	o 5049 or fifth tax ye on (f)	o 5215 ear as a section 15 16 17 18 ore than 331/39 orted organization is more than 3	0 26412 n 501(c)(3) ▶ □ 98.37 % 97.72 % 0 % - % 6, and line on . ▶ □ 31/2%, and

## Part IV Supporting Organizations

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

Secti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P on A. All Supporting Organizations		7	
			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		
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	12.7	To the
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	7 4 4 5 6 2 2 4 5	
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	September 1	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		1
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	41 × 35,0	النياز وا العادات
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		
5а	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 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		Š
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		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b	halt of the	
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 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

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

determine whether the organization had excess business holdings.)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ے * براحت ر	.1 e~3	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	<u> </u>	<b>├</b>
	A family member of a person described in (a) above?	11b	<del> </del>	├
Sect	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. ion B. Type I Supporting Organizations	1116	L	Ь
000.	ion b. Type roupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	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		- ¹ 2 ,	غ رو د
	controlled the organization's activities. If the organization had more than one supported organization,	27.00	i a bai	7 T T
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	14.00	5 T S	2 2 3
	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	+ 32		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	The state of the s		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	E WEST		1 1 1
<u> </u>	<u></u>	2	L	<u> </u>
Sect	ion C. Type II Supporting Organizations		\ <del>\</del>	T A I =
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	161-1619	Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			14.2
	or management of the supporting organization was vested in the same persons that controlled or managed		5.00	
	the supported organization(s).	33,000	West No.	10.00
Sect	ion D. All Type III Supporting Organizations		L	
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Q.	
	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 organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1 5. 1547	2083 334	TOTAL WAY
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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		本為於	No.
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1300
	supported organizations played in this regard.	3	D SALK	3280280
Sect	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		J	٠,٠
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see in:	struct	ions).
^				
2	Activities Test. Answer (a) and (b) below.	W HOUSE	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		(4)	
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI Identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,	144	海湖水	企業
	how the organization was responsive to those supported organizations, and how the organization determined	406	1	
	that these activities constituted substantially all of its activities.	28	E TAKE	Carrie
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	78° 187	prode La	ALSEA.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	44		
	reasons for the organization's position that its supported organization(s) would have engaged in these	マテザー		
	activities but for the organization's involvement.	<b>2</b> b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1. S	Walter St.	7
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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	478 W.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	[	í

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Schedule Å	(Form	990 or	990-EZ)	2017

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tn. niza	ist on Nov. 20, 1970 (explaitions must complete Section	n in Part VI). <b>See</b> ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoverles of prior-year distributions	2		
3 Other gross Income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		<u> </u>
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		ļ
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):	The state of the s		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	いる意味		
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	WALLES TANKS OF A STATE OF THE	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>展の他の場合の場合の場合は</b>	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	<b>建筑的企业,但是是1000年的</b>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Organ</li></ol>	izations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	
	organizations, in excess of income from activity		· · · · · · · · · · · · · · · · · · ·	
3_	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	<del></del>
4	Amounts paid to acquire exempt-use assets	<del></del>		
5_	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions	·		
	Total annual distributions. Add lines 1 through 6.			ļ. <del></del>
8	Distributions to attentive supported organizations to which	ch the organization is re	sponsive	
	(provide details in Part VI). See instructions.	<del></del>		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<del></del>	T	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	SECTION AND AND AND AND AND AND AND AND AND AN	できる。	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI). See			
	instructions.	Water Tall and the same of the		
3	Excess distributions carryover, if any, to 2017			<b>《中华》,《李明》</b>
a		PARTIES PONT	THE PROPERTY OF THE PARTY OF TH	
<u>b</u>	From 2013			<b>克斯尔里奇斯克斯</b>
<u>C</u>	From 2014		THE PARTY OF THE	variation and the second
d	From 2015		<b>经报准的</b>	HEALTH THE ALL
е	From 2016	SANS CHEMICAL AND		
f	Total of lines 3a through e		STATISTICS OF THE STATE OF THE	
<u>g</u>	Applied to underdistributions of prior years	<b>公人及"死"之类的</b>		SECTION STATES
<u>h</u>	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)	THE PERSON NAME OF THE	THE STATE OF THE STATE OF	Print Control
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:		Date of the state of	Acres de la companya
<u>a</u>	Applied to underdistributions of prior years		Tradition in the second of the second of the second of	
<u>b</u>	Applied to 2017 distributable amount	TOWN THE STREET OF THE STREET		S. S. Son Busin Manhael States S.
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.	parties in the distribution of the second second second	<b>经产业外汇集。</b> 在	
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 Part VI. See instructions.	The same was to the same and th	to the course of the same and the same and	
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			* A Market and the A Market Company of the American Section 2015
_ <del>7</del> 	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	The state of the s	The same of the way of the same of	The state of the s
a	Excess from 2013	But you with the	The second of the second	
<u> </u>	Excess from 2014	在一个人的人的人。	The state of the s	了。"你们还是我们的是一个。" 第一个人,他们就是我们的一个人,他们就是我们的一个人,他们就是我们的一个人,他们就是我们的一个人,他们就是我们的一个人,他们就是
<u>c</u>	Excess from 2015	<b>网络科斯特马斯特纳</b>	<b>美国基本外部</b>	
<u>d</u>	Excess from 2016	A CONTRACTOR OF THE STATE OF TH	the same of the same of the same	1、沙漠东北北京大学
е	Excess from 2017	。 德拉特特。特特	是严强的 法 电	TO SECURITY OF THE

Schedule A (F	Form 990 or 990-EZ) 2017 Page <b>8</b>
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.)
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