Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2017

Department of the Treasury

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

Open to Public Inspection

		nue service Solici www.iis.gbv/roi/iissuccuons and the latest information.		
		2017 calendar year, or tax year beginning January 1, 2017, and ending Dec	em	ber 31,2017
	Check if ap			dentification number 2
=	Address c			823803
=	Name cha Initial retur	(
=		Interminated $\frac{131E_0}{31E_0}$ $\frac{13Rd}{37}$		362-9827
	Amended		ıp Exe	emption
	Applicatio		nber	► M /A
G /	Account	ting Method: ☑ Cash ☐ Accrual Other (specify) ► H Check I	□	If the organization is not
	Nebsite	N / / I	l to at	tach Schedule B
JI	ax-exen	npt status (check only one) — 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527 (Form 9	90, 99	0-EZ, or 990-PF).
K	Form of	organization: Corporation Trust Association Wother Non Prof	it	Sportsman's cla
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		NIA
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ction	s for Part I) 🛛
	~ -	Check if the organization used Schedule O to respond to any question in this Part I		<u> </u>
?:	1	Contributions, gifts, grants, and similar amounts received	1	\$1250.00
?		Program service revenue including government fees and contracts	2	3
?:		Membership dues and assessments	3	# 2885.00
?	4	Investment income	4	# 12.20
	5a	Gross amount from sale of assets other than inventory 5a 41770.00		
	b	Less: cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	#1368.49
	6	Gaming and fundraising events		
•	a	Gross income from gaming (attach Schedule G if greater than		
ž		\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
æ	1	from fundraising events reported on line 1) (attach Schedule G if the		}
	1	sum of such gross income and contributions exceeds \$15,000) 6b \$10, 409.61		
	C	Less: direct expenses from gaming and fundraising events 6c 9,913,45		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	Į.	line 6c)	6d	#495,96
	7a	Gross sales of inventory, less returns and allowances		,
	b	Less: cost of goods sold		}
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$6011.65
	10	Grants and similar amounts paid (list in Schedule O)	10	\$ 960.85
	11	Bottomo para to or for members	11	#1330.00
es	12	Salaries, other compensation, and employee benefits 2	12	
SUG	13	Professional fees and other payments to independent contractors APR 2 3 2018	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
Ш	1 .0	Printing, publications, postage, and shipping OGDEN 117	15	#789.14
	16	Other expenses (describe in Schedule O) 2	16	\$ 1617.97
_	17	Total expenses. Add lines 10 through 16	17	# 4697.96
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	\$ 1313.69
šše	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	\$67,616.86
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u> </u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	19 18, 930.55
For	Paper	work Reduction Act Notice, see the separate instructions.		Form 990-EZ (2017)

Cat. No. 106421

Form 990-EZ (2017)					Page
Part II	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II	<u> </u>	[
				(A) Beginning of year		(B) End of year
	h, savings, and investments			\$17,616.86	22	\$18,930.
23 Land	d and buildings		[23	
24 Oth	er assets (describe in Schedule O)		[24	
	al assets			17,616,86		\$18,930.5
26 Tota	al liabilities (describe in Schedule O)	· · · · · · ·	<i></i> [26	
27 Net	assets or fund balances (line 27 of column			\$17.616.86	27	18,930.5
Part III	Statement of Program Service Accom	plishments (see th	e instructions for l	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲]	Expenses
What is the	organization's primary exempt purpose?	Educati	enal			uired for section c)(3) and 501(c)(4)
Describe th	ne organization's program service accompli			rogram services.		nizations; optional fo
as measure	ed by expenses. In a clear and concise m	nanner, describe the			other	ns)
persons be	nefited, and other relevant information for ea	ach program title.		- 	<u> </u>	,
28 EV	ery thing we do is eit	her aimed	at educating	people	1	These
	resource issues by pri				Ŀ	expens
on t	hese issues as speaker	satour m	cetings or			00
(Grant	ts\$) 1f this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	are pa
29 0.00	viding educational of	ectualtics	for our o	Ltca	1	ofour
	the which we accompl			with		0,000
gove	ernmental ageneres, ot	her organi	Zationz,	Clubs	Ì	operation
Grant	ts\$) If this amount	includes foreign gra	nts, check here .	• □	29a	expense
30 and	a private individua	15 who he	ve simila		j	See lin
	erests. (28-30 ave a	11 togeth	< /-).			Jee HA
		<i>-</i>				6B, 11,
(Grant		ıncludes foreign gra	nts, check here .	▶ 🛛	30a	+16.
31 Other	program services (describe in Schedule O)				}	
(Grant	ts \$) If this amount	includes foreign gra	nts, check here .	▶ 🗌	31a	NIA
32 Total	program service expenses (add lines 28a	through 31a)		<u> ▶</u>	32	WIA
Part IV	List of Officers, Directors, Trustees, and Key			•	nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> [</u>
		(b) Average	(c) Reportable 21 compensation	(d) Health benefits, contributions to employ	/ee (e)	Estimated amount
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	0	ther compensation
		astroids to position	(if not paid, enter -0-)	deferred compensatio	<u>n </u>	
1 FFic	er s	15 hr/		0	- }	•
Phil	Languer - President	month	0			0
	welts, 5F, 50 57104				- }	
Mary	Staterau - Vice Preside	ut 25/40/	w d 0	0	\perp	0
200 1	V. CHFF Ave, Let 160, SF, ID	57105			- }	
Charl	es Rokusek - Sec trea. 173 rd st, SF, SD 57108	25/hr/m	uth O	8		0
7.31 E	1730Ast, SF, SD 57/08				- }	
Board	member		<u> </u>			
Bill C	SA 5710 5 Van Eps Willadsen, 7712 W. Be SF 30 57106	Ave., . Shrl				
S.F.	SA 57105	1 /ws	use 0	0	l	0
Mack	Willadsen, 7712 W. Be	nelle . 5hol				
2100	SF 50 57/06	June	och O	0	l	0
Lynn	SF 50 5710C BELLETT, 47179-260 SD 57107 C BELTWAND, 3401 S. 1.	They Short			\neg	
SF.	51 57107	ma	th o	0	- }	0
5221	e Bertrand, 74/11 S. I.	1 Aur · Shrl		 	_	·
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Page	3

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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		٧ .	
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	Yes	No ×
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	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		را <u>لا</u> رابع
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	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b	-	N L
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		-	
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		<u> </u>
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1		j
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u>ا</u>
С	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			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 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 transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ► Non-e			
42a	The organization's books are in care of ▶ Charles Rokusek Telephone no. ▶ 66			
b	Located at > 731 E, 734 5 +. ZIP + 4 > 5 ⁻ 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: >	42b	Yes	275 No ス
	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		×
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	• •	. I	▶ □
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 🔀
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		×
-	explanation in Schedule O	44d		×
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		N
	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		X

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4 6	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office?						Yes	
Part '	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	stions 47–49b and	52, and co	mplete the		for line	
	Check if the organization used Sc	hedule O to respond	I to any question in t	this Part VI	_ -	<u></u>	150	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election		_	tax 47	Yes	No ×
48 49a	Is the organization a school as described in Did the organization make any transfers t		·			. 48 . 49a		<u>x</u>
50	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	five highest compen	sated employees (oth	ner than offic	ers, directo		es, an	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	benefits, to employee and deferred	(e) Estimate other cor	ed amou	unt of
	NONE			 				
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	s five highest compo	ensated independent	contractors	s who each	ı received	l more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of service (c) Cor			Compensat	ion	
								
	NONE							
								
d 52	Total number of other independent contra Did the organization complete Schedu completed Schedule A	ule A? Note: All se	ection 501(c)(3) orga			ıa .▶ÆZYe:	s □	
	enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	return, including accompan	lying schedules and statem	ents, and to the	e best of my kr			
Sign Here	Signature of officer Charles Roku	Ł	lec - Trea	Dat	4/15/	18		
Paid Prepa	Print/Type preparer's name	Preparer's signature	D	ate	Check Self-emplo			
Use (l — .				m's EIN ▶ one no.			
May th	ne IRS discuss this return with the prepare	r shown above? See	instructions			► ☐ Ye	s 🔲	No

SCHEDULE A (Form 990 or 990-EZ)

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.

20**17**

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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Pai				comple	to this o		3803
	organization is not a private found						ilis.
1	A church, convention of church		•		•	•	- 0
2	A school described in section						09
3	A hospital or a cooperative ho		•			* *	<i>O</i> (
4	A medical research organizati						(iii) Enter the
	hospital's name, city, and stat		onjunication when a moof	J.1.0. G.550			inji Enter the
5	An organization operated for		college or university	owned o	r operate	d by a government	al unit described in
_	section 170(b)(1)(A)(iv). (Com		comogo or armyoromy	J	· opolato	a by a government	ar arm addended in
6	A federal, state, or local gover	•	mental unit described	l in sectio	n 170(h)	(1)(Δ)(v)	
7	An organization that normally						the general public
	described in section 170(b)(1			port iroin	a goven	monta dilit or mon	. the general pashe
8	☐ A community trust described			Part II.)			
9	An agricultural research organ				erated in	conjunction with a l	and-grant college
	or university or a non-land-gra	int college of agr	iculture (see instruction	ons). Ente	r the nam	ne. city, and state of	the college or
	university:	0 0	,	•		.,	3
10	An organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	m contrib	outions, membership	o fees, and gross
	receipts from activities related	to its exempt fu	nctions—subject to c	ertain exc	eptions,	and (2) no more that	n 331/3% of its
	support from gross investmen acquired by the organization a	it income and un ifter June 30, 19	related business taxal 75. See section 509 (a	bie incom 1)(2) , (Cor	ie (iess se nolete Pa	ection 5 i i tax) from	Dusinesses
11	☐ An organization organized and						
12	An organization organized and						rv out the purposes
	of one or more publicly supp						
	Check the box in lines 12a thro						
а	☐ Type I. A supporting organ	nization operated	l, supervised, or contr	olled by i	ts suppor	rted organization(s),	typically by giving
	the supported organization						
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B.			
b	☐ Type Ii. A supporting orga	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
	control or management of						
	organization(s). You must	complete Part I	V, Sections A and C.	•			
C	Type III functionally integ	rated. A suppor	ting organization oper	rated in co	onnection	n with, and functions	ally integrated with,
	its supported organization	(s) (see instructio	ns). You must comp l	lete Part	IV, Secti	ons A, D, and E.	
đ	☐ Type III non-functionally						
	that is not functionally inte						d an attentiveness
	requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	ind D, an	d Part V.	
е	Check this box if the organ						e II, Type III
	functionally integrated, or					on.	
T -	Enter the number of supported	organizations .					· · [
g	Provide the following informatio	,	,			,	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the o		(v) Amount of monetary support (see	(vi) Amount of other support (see
		}	above (see instructions))	docur		instructions)	instructions)
		}		Yes	No		•
				103			
A)		1		{			
		 					
B)		}		}			:
^		 		 			
C)				}			
D)							II.
-, 							
E)							
-		\	A SAME CONTRACTOR OF THE PROPERTY OF THE PROPE	ļ			

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if th	e organizatio	n faile	d to qua	- /
Sect	on A. Public Support							/
Caler	idar 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 furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3				/	L		
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			,	,	, .		
Calen	dar year (or fiscal year beginning in) 🕨 📙	(a) 2013	(b) 20,1'4	(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	7						
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 13	Total support. Add lines 7 through 10 / Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12 ear as	a sectio	n 501(c)(3)
	organization, check this box and stop her							
Secti	on C. Computation of Public Support							
14	Public support percentage for 2017 (line 6			1, column (fl)		14		%
15	Public support percentage from 2016 Scho					15		%
16a	331/3% support test - 2017. If the organiz							
	box and stop here. The organization quali							
b	331/2% support test 2016. If the organization of							
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meets the "forganization	ets the "facts-	-and-circumst	ances" test, cl	neck this box a	and st	op here.	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization management organization	tion meets th	e "facts-and-d	circumstances stances" test.	" test, check	this b	ox and	stop here.
18	Private foundation. If the organization dic instructions		box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this	box and	see ▶ [

Schedu	ile A (Form 990 or 990-EZ) 2017	9	1 182	23803			Page 3
Part		ations Descr	ihed in Secti	on 509(a)(2)			- age o
,	(Complete only if you checked the				nization failed	to qualify ur	nder Part II
	If the organization fails to qualify						iddi i dicii.
Secti	ion A. Public Support	and the te	oto noted ben	ow, picace of	impioto i dit	··· <i>)</i>	·····
	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	(4) 2010	(2) 2011	(0) 20.0			(1) 10.4.
-	received. (Do not include any "unusual grants.")	# 3095,00	12965.00	#40 40.00	# 3120.00	טט. בכור ב	\$17,355.00
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			#875.00	1995,55	41368.49	#1581.53
3	Gross receipts from activities that are not an unrelated trade or business under section 513	none	none	none	hone	none	none
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	none	none	none	hone	none	none
5	The value of services or facilities furnished by a governmental unit to the organization without charge	non-e	none	nona	non e	none	non &
6	Total. Add lines 1 through 5	#5107.49		£4915.00	14115.55	15503.49	#23,936.53
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	•	none	none	none	hone	none	none
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			_			
_	•	none	none	nona	none	noue	none
8 8	Add lines 7a and 7b	none	nono	nona	none	none	none
	line 6.)	\$5107.49	\$4295.00	\$4915.00	#4115.55	#5503.49	\$23,936.53
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	\$5107.49	#4295.00	# 4915.00	#4115,55	\$5503.49	#23,936.53
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	A.F. 9.D	#		}	,	
b	Unrelated business taxable income (less	\$5.89	#6.57	#7.24	# 10.44	412.20	\$42,34
	section 511 taxes) from businesses acquired after June 30, 1975	h a			none	none	none
_	Add lines 10a and 10b	45.89	none	none	#10.44		
11	Net income from unrelated business activities not included in line 10b, whether	42.81	#6.57	#7,24	810177	#12.20	#42.34
	or not the business is regularly carned on	none	no-a e	none	none	nona	none
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	none	non a	ma./ 0	none	none	none
13	Total support. (Add lines 9, 10c, 11,		·	nowe			
14	First five years. If the Form 990 is for the	ne organization	# 4301.57	d third fourth	or fifth toy	\$5515.69	10 4 J 110 + 8 1
	organization, check this box and stop he	re	<u> </u>		-	ear as a section	
Secti	on C. Computation of Public Support	rt Percentag	e				

19a 331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .

b 331/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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. A	All Supporting	Organizations
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supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Secu	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	165	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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 Part VI when and how the organization made the determination.	3b		-
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		_
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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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 Part VI .	6	! ! ! ! !	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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 Part VI .	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 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 Part VI.	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			

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

10a

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Schedule A (Form 990 or 990-EZ) 2017

NIA

Page 5

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	-	
h	A family member of a person described in (a) above?	11b	 	
	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.	11c	 	
	on B. Type I Supporting Organizations		I.—.	
			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 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 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		\
Secti	on C. Type II Supporting Organizations			
		r	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	•	<u> </u>	·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		
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 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 supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		L	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instr	ction	s).
' a	The organization satisfied the Activities Test. Complete line 2 below.	u	J., J. I.	-,.
a b	The organization satisfied the Activities rest. Complete line 2 perow. 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).
9				
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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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 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.		T	
a	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> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
`1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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):			
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		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III support	ing organization (see

Part		3) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
	Administrative expenses paid to accomplish exempt purp					
	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	8 Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6		·			
9	Line 8 amount divided by line 9 amount					
10	Line 8 amount divided by line 9 amount	<u> </u>	(ii)	(iii)		
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	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 Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
а	1					
b	From 2013					
С	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2017 distributable amount					
<u>i</u> _	Carryover from 2012 not applied (see instructions)					
_ㅗ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from			·		
	Section D, line 7: \$					
<u>a</u> _	Applied to underdistributions of prior years		<u> </u>			
<u>b</u>	Applied to 2017 distributable amount Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h		-, -, -, -, -, -, -, -, -, -, -, -, -, -	·		
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.			ı		
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
b						
c	Excess from 2015					
d	Excess from 2016					
е	Excess from 2017	<u> </u>				

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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