<u>C&</u> 5990-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)

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

2017

Department of the Treasury
Internal Revenue Service

Information

A For the 2017 calendar year, or tax year beginning

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public

Ā	For the	2017 calenda	r year, or tax year beginning 05-01 , 2017, and endi	ng	04-30 ,2018
	Check if ap	plicable	C Name of organization	D Emplo	yer identification number
35	Address ch	nange	Alumni Association of Castleton University	O3	-6016518
	Name char	nge	Number and street (or PO box if mail is not delivered to street address) Room/s	suite <b>E</b> Teleph	one number
<u> </u>	Initial retur	n			
⋛╓	Final return	n/terminated	62 Alumni Drive	(8	60) 684-4027
₩ [	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code	1)2  F Group	Exemption
∟ڃ	Application	pending	Castleton, VT 05735	V) Number	
-		ing Method	X Cash	H Check ►	If the organization is <b>not</b>
ادي	Website		·	required to	attach Schedule B
ل دے	Tax-exe	mpt status (		527 (Form 990,	990-EZ, or 990-PF)
)   		organization			
~~			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets	
_			·	<del></del> .	
Ľ	Part I		e, Expenses, and Changes in Net Assets or Fund Balances	•	·
_			the organization used Schedule O to respond to any question in this Pa		<u>k</u>
	1		s, gifts, grants, and similar amounts received		1 2,046
	2	•	vice revenue including government fees and contracts		2
	3	Membership	dues and assessments		3
	4	Investment ii	l I	· · · · · · · · · · ·	4
	5a	Gross amou	nt from sale of assets other than inventory		
	l l		other basis and sales expenses		
	С	Gain or (loss	5c		
	6	-	fundraising events		
		Gross incom	e from gaming (attach Schedule G if greater than		
	Kevenue q	\$15,000)	RECEIVED 6a		
	e e		<u> </u>	ntributions	
C	ž	from #Unidran	gross income and contributions exceeds \$15,000)		
		surfi of such	gross income and contributions exceeds \$15,000)	1,400	
	C .	Less direct	Supplicates from gaming and fundraising events 6c		
			or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
2018	<b>:</b>				6d 1,400
2	/a		of inventory, less returns and allowances		-
9		Less cost of	199000 0010		70
<b>8</b>			or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 8
SEP	'   8		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<del></del>
S	10		similar amounts paid (list in Schedule O)		9 3,446
	11		d to or for members		11
뿔	12	•	er compensation, and employee benefits		12
SCANNED	8 13		fees and other payments to independent contractors		13
4	9 14		rent, utilities, and maintenance		14
Ĭ,	M 15		olications, postage, and shipping		15
•	16	-	ses (describe in Schedule O)		16 2,132
	17	•	nses. Add lines 10 through 16		17 2,132
_	18		leficit) for the year (Subtract line 17 from line 9)		18 1,314
-			or fund balances at beginning of year (from line 27, column (A)) (must agree with	<del></del>	1,314
	388		figure reported on prior year's return)		19 13,737
•	Net Assets 20 20 21	-	es in net assets or fund balances (explain in Schedule O)		20
2	21	•			21 15,051
=			on Act Notice and the concrete instructions		Form 000 E7 (2017)

Form 990-EZ (2017) Alumni Association of Ca	stleton Univer	sity	03~6	016	518 Page <b>2</b>
Part II Balance Sheets (see the instructions for Part II)					_
Check if the organization used Schedule O to resp	ond to any question		<u> </u>	· · ·	
			ginning of year		(B) End of year
22 Cash, savings, and investments			13,737	22	15,051
<ul><li>23 Land and buildings</li><li>24 Other assets (describe in Schedule O)</li></ul>			0	23	0
25 Total assets		<del></del>	0	24	0_
			13,737	26	15,051
27 Net assets or fund balances (line 27 of column (B) must agree w		· · · · · · · · · · · · · · · · · · ·	0 13,737	27	0 15,051
Part III Statement of Program Service Accomplishme		tions for Part III)	13,/3/	21	15,051
Check if the organization used Schedule O to res	•	•		ļ	Expenses
What is the organization's primary exempt purpose? Supporting	·			(Req	uired for section
		<del>-</del>		1	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each of as measured by expenses. In a clear and concise manner, describe the service accomplishments for each of a measured by expenses.				•	nizations, optional for
persons benefited, and other relevant information for each program title	sol viocs provided, ale i	_		other	s)
28 Sponsor and conduct welcome, award and fare	ewell ceremonie	es			
for current and former students and other	student and alu	ımnı			
related activities					
(Grants \$ ) If this amount incl	ludes foreign grants, ch	eck here	<b>&gt;</b> 📗	28a	2,132
29					
				ĺ	
	<del> </del>	<del></del>			
· · · · · · · · · · · · · · · · · · ·	ludes foreign grants, ch	eck here • • • •	· · · · <b>&gt;</b> 📙	29a	<del>                                     </del>
30					
			<del></del>	)	
(Occupation of the control of the co				20-	
<del></del>	ludes foreign grants, ch		· · · · <u> </u>	30a	<del> </del>
Chief program convices (accounts in concease c)	ludes foreign grants, ch			31a	İ
<del></del>	· · · · · · · · · · · · ·			32	2,132
Part IV List of Officers, Directors, Trustees, and Key Employ					
Check if the organization used Schedule O to respond to					
	(b) Average	(c) Reportable	(d) Health benefits		
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to empl		(e) Estimated amount of other compensation
	devoted to position	(If not paid, enter -0-)	deferred compensa		Other compensation
Gary Quinn					
Treasurer	5.00	0		0	0_
Mary Quinn					
Secretary	5.00	0		0	0_
Ceil Hunt					
President	5.00	0		- 아	0
Ton: Lobdell	_				
Vice President	5.00	0			0_
				i	
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<del></del>		1	1		
				$\neg$	
					Form 990-EZ (2017)

Page	1

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • •		
			Yes	No
3	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		<u>X</u>
4	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1	1	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		
	change on Schedule O (see instructions)	34		X
5 a	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		<u>X</u>
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	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</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>X</u>
7 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
ь	Did the organization file Form 1120-POL for this year?	37b		Χ
8 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	1	٠.	5 5
	Initiation fees and capital contributions included on line 9			*
	Gross receipts, included on line 9, for public use of club facilities	1	, ; ; }	2
о 10 а		1	*	
	section 4911 ► , section 4912 ► , section 4955 ►			
h	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			A
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	} ,	Х
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		1
·	on organization managers or disqualified persons during the year under sections 4912,	1		
		1		
		}	. }	
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line		1 1	
	40c reimbursed by the organization	1		}
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40.		<u></u>
	transaction? If "Yes," complete Form 8886-T	40e		X
11	List the states with which a copy of this return is filed			
12 a	The organization's books are in care of Gary Quinn Telephone no 860-6		027	
	Located at ▶ 62 Alumni Drive, Castleton, VT ZIP+4 ▶ 05735	<u> </u>	<del>, </del>	
þ			Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	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)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	1
	and enter the amount of tax-exempt interest received or accrued during the tax year▶ <u>43</u>			
			Yes	N
И а	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			درب مقعد
	completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		Χ
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	No salish	13.
-	explanation in Schedule O	44d		
15 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b		,,,	.55	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1	1.30	
	Form 990-EZ (see instructions) · · · · · · · · · · · · · · · · · · ·	45b	مفتكنا	X
		Form 9	4	

Form 990-EZ (20	017) Alumni Associati	on of Castleton	University	03~	6016518 Page 4
<b>46</b> Did the	e organization engage, directly or indirectly, in p	olitical campaign activities	s on behalf of or in opposi	tion	Yes No
	didates for public office? If "Yes," complete Sch	. •			46 X
Part VI	Section 501(c)(3) organizations of				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	All section 501(c)(3) organizations		ons 47 - 49b and 52	2. and complete the	e tables for lines
	50 and 51.			-,	
	Check if the organization used Sch	edule O to respond	to any question in t	his Part VI	П
<del></del>	- ·				Yes No
47 Did the	e organization engage in lobbying activities or h	ava a cartion 501/h) alac	tion in affact during the tar	-	. 165 10
	If "Yes," complete Schedule C, Part II	ave a section so i(ii) elec		^	47 X
		70/h)/1)/	molete Schodule E		48 X
	organization a school as described in section 1				49a X
	e organization make any transfers to an exemple		ganization?		<del> </del>
	," was the related organization a section 527 or	₹	/ H H		49b
	lete this table for the organization's five highest				
emplo	yees) who each received more than \$100,000	of compensation from the	organization If there is n	one, enter "None "	<del></del>
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimated amount of
	(a) Name and title of each employee	hours per week	compensation	benefit plans, and deferred	other compensation
	<del> </del>	devoted to position	(Forms W-2/1099-MISC)	compensation	
	•		1	ł	1
NONE					<u> </u>
			1	}	}
					<u> </u>
					T
				}	
f Total n	number of other employees paid over \$100,000		·	<del></del>	
	lete this table for the organization's five highest	compensated independer	nt contractors who each re	- ecei∨ed more than	
\$100,0	000 of compensation from the organization If the	nere is none, enter "None	11		
(6	<ul> <li>Name and business address of each independent contract</li> </ul>	tor	(b) Type of service	e	(c) Compensation
NONE				1	
				}	
				}	
		<del></del>			
			}	+	
			<del> </del>		
			1	<b>\</b>	
d Total of	number of other independent contractors each r	000111100 01101 \$100 000	▶		
	•	-			
	e organization complete Schedule A? Note: Al				► 🏿 Yes 🗍 No
	eted Schedule A · · · · · · · · · · · · · · · · · ·				
	es of perjury declare that I have examined this return				dge and belief, it is
true, correct, a	and complete Declaration of preparer lother than off	icer) is based on all informat	ion of which preparer has an	y knowledge	
Oim-	1 July 1	- TREHS			
Sign	Signature of officer			Date (77 - 7)	2-76/0
Here	Gary Quinn, Treasurer			012	3-2018
	Type or print name and title	~~~		<del></del>	
	Print/Type preparer's name	repare 's signature	Date	Check 🔣 if	PTIN
Paid	Mark Makuch	くろろが、	-Loa 07-19-20	18 self-employed	P00290953
Preparer	Firm's name Mark Makuch CPA	rrc		Firm's EIN	
Use Only					
•	Storrs Mansfield	CT 06268		Phone no 860	-477-1301
May the IRS	discuss this return with the preparer shown ab				Yes X No
FFA		<del></del>		<del></del>	Form 990-EZ (2017)

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## **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 chantable trust.

► Attach to Form 990 or Form 990-EZ.

2017 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

Name	Name of the organization Employer identification number							
Alu	mnı	Association of Castleton					03-60165	
Pa	<u>rt I</u>	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part	) See instructio	ns.
The	orgai	nization is not a private foundation beca-	use it is (For lines 1	I through 12, check only of	one box )			010
1	Ц	A church, convention of churches, or				(A)(i).		OO
2	Ц	A school described in section 170(b)	( <b>1)(A)(ii)</b> . (Attach S	chedule E (Form 990 or 9	990-EZ))			Q P
3	П	A hospital or a cooperative hospital se	ervice organization (	described in section 170	(b)(1)(A)(ii	ii).		
4		A medical research organization opera	ated in conjunction	with a hospital described	ın section	170(b)(1)	(A)(iii). Enter the	
	_	hospital's name, city, and state					<del></del>	<del> </del>
5	X)	An organization operated for the benef	it of a college or un	versity owned or operate	d by a gove	emmental u	unit described in	
		section 170(b)(1)(A)(iv). (Complete F	Part II)					
6		A federal, state, or local government of	or governmental uni	t described in section 17	70(b)(1)(A)	(v).		
7		An organization that normally receives	a substantial part o	f its support from a gover	nmental ur	ut or from t	he general public	
		described in section 170(b)(1)(A)(vi).	(Complete Part II)	)				
8		A community trust described in section	n 170(b)(1)(A)(vi).	(Complete Part II)				
9		An agricultural research organization	described in <b>sectio</b>	n 170(b)(1)(A)(ix) operat	ted in conju	inction with	n a land-grant college	;
		or university or a non-land-grant colleg	e of agriculture (see	e instructions) Enter the r	name, city,	and state o	of the college or	
		university						
10		An organization that normally receives	(1) more than 33 1	/3% of its support from o	ontributions	, members	ship fees, and gross	
		receipts from activities related to its ex	empt functions - sul	bject to certain exceptions	s, and (2) n	o more tha	in 33 1/3% of its	
		support from gross investment income	and unrelated busi	ness taxable income (les	s section 5	11 tax) fron	n businesses	
		acquired by the organization after Jun	e 30, 1975 See <b>se</b>	ction 509(a)(2). (Comple	te Part III	}		
11		An organization organized and operat	ed exclusively to te	st for public safety See s	ection 509	9(a)(4).		
12		An organization organized and operate	ed exclusively for the	e benefit of, to perform the	e functions	of, or to ca	rry out the purposes	
		of one or more publicly supported orga	anizations describe	d in <b>section 509(a)(1)</b> or	section 5	0 <b>9(a)(2)</b> S	ee <b>section 509(a)(3</b>	).
		Check the box in lines 12a through 12a	d that describes the	type of supporting organi	zation and	complete l	ines 12e, 12f, and 12	g
	а	Type i. A supporting organization	operated, supervis-	ed, or controlled by its su	ipported or	ganızatıon	(s), typically by giving	
		the supported organization(s) the	power to regularly a	ppoint or elect a majority	of the direc	ctors or true	stees of the	
		supporting organization You mus	st complete Part I\	/, Sections A and B.				
	b	Type II. A supporting organization	supervised or con	trolled in connection with	its support	ed organiz	ation(s), by having	
		control or management of the sup	porting organization	vested in the same pers	ons that co	ntrol or ma	nage the supported	
		organization(s) You must comp	lete Part IV, Sectio	ons A and C.				
	С	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	and functi	onally integrated with	١,
		its supported organization(s) (see	instructions) You	must complete Part IV,	Sections .	A, D, and	E.	
	d	Type III non-functionally integra	ated A supporting of	organization operated in	connection	with its su	pported organization	(s)
		that is not functionally integrated	The organization ge	nerally must satisfy a dist	ribution red	juirement a	and an attentiveness	
		requirement (see instructions) You	ou must complete	Part IV, Sections A and	D, and Pa	ırt V.		
	е	Check this box if the organization	received a written d	etermination from the IRS	S that it is a	Type I, Type	pe II, Type III	
		functionally integrated, or Type III	non-functionally inte	grated supporting organi	zation			
	f	Enter the number of supported organiz	zations					
	g	Provide the following information about	t the supported orga	anızatıon(s)				
	(	) Name of supported organization	(II) EIN	(III) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see	other support (see
				20046 (366 (114) 06(013))	4000111		manachons)	maddellons)
				<del> </del>	Yes	No	(	
(A)			}		ł			
				 <del> </del>			<u> </u>	
(B)			}		}			}
-					<u> </u>			
(C)								
(D)			[		1			
(E)					1			
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Tota	ł			<b>第一一分,则是在</b>		<b>建筑</b>		

03-6016518

90 or 990-EZ) 2017 Alumni Association of Castleton University 03-6016518 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning ın)	(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")	2,500	2,900	2,000	1,515	3,446	12,361			
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	2,500	2,900	2,000	1,515	3,446	12,361			
5	The portion of total contributions by					Å3				
	each person (other than a	}	3		,	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
	governmental unit or publicly		14		ì,	\$1.5 				
	supported organization) included on		~ '	`	*	12.				
	line 1 that exceeds 2% of the amount					2 2 2 2 2				
	shown on line 11, column (f)				۸ `	T I THE				
6	Public support, Subtract line 5 from line 4 · ·						12,361			
	tion B. Total Support				4 11 2040					
_	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7 8	Amounts from line 4	2,500	2,900	2,000	1,515	3,446	12,361			
	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					,	12,361			
12	Gross receipts from related activities, etc. (se	e instructions)				12				
13	First five years. If the Form 990 is for the or organization, check this box and stop here		<u></u>				▶□			
Sec	tion C. Computation of Public Su	pport Percent	age	<del></del>		,				
14	Public support percentage for 2017 (line 6, or				• • • • • • • • •	<del></del>	00.00 %			
15	Public support percentage from 2016 Schedu						00.00 %			
16a										
	box and stop here. The organization qualified		. •				▶ 🛛			
b	33 1/3% support test - 2016. If the organiza									
	this box and stop here The organization qu						••• ▶ ⊔			
1/a	10%-facts-and-circumstances test - 2017.									
	<b>G</b>	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
			-				. 🗂			
	organization						▶ ⊔			
р	10%-facts-and-circumstances test - 2016					e				
	15 is 10% or more, and if the organization m				· ·					
	Explain in Part VI how the organization meets				,		, [			
40	supported organization						• • • □			
18	Private foundation. If the organization did r						, n			
EEA	Instructions	<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>		m 990 or 990-EZ) 2017			

Schedule A (Form 990 or 990-EZ) 2017

b 33,1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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

03-6016518

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.)

Section	A. Ali	Suppo	rtina Ora	anizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- 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.
- 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)
- 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) 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.
- 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)
- 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)
- 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
- 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.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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 )

		Yes	No
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,	10a		
_	10b	<del></del>	
(Fo	rm 990	or 990-E	EZ) 2017

	ule A (Form 990 or 990-EZ) 2017 Alumni Association of Castleton University 03-6016518		<u>P</u>	age <b>5</b>
Par	rt IV Supporting Organizations (continued)	_		
11	Has the arganization appented a gift or contribution from any of the following persons?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	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		
	tion B. Type I Supporting Organizations			
	77		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		
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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,	2		
Sac	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations			
<del></del>	aon or 1360 ii oupporting organizations		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)	1		
Sec	tion 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			
	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			ı
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ı
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
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3	By reason of the relationship described in (2), did the organization's supported organizations have a			į
	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			
200	supported organizations played in this regard	3		
1	tion E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ctru	tions	
a		.อน <b>น</b> โ		,
b				
c		(see i	nstrud	ction:
2	Activities Test Answer (a) and (b) below.	,	Yes	No
	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	}		ŀ
	those supported organizations and explain how these activities directly furthered their exempt purposes,	]		l
	how the organization was responsive to those supported organizations, and how the organization determined			l
	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		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	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			1_
	trustees of each of the supported organizations? Provide details in Part VI.	3a		L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	i		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u></u>	

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Schedule A (I	Form 990 or 99	90-EZ) 2017	Alumnı	Association
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03-6016518 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Pnor Year (optional) Net short-term capital gain 2 2 Recovenes of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI). 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 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) 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for pnor year (from Section A, line 8, Column A) `.g\ Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

emer	gency temporary reduction (see instructions).	6		
7 [	Check here if the current year is the organization's first as a	non-functionally-integr	ated Type III supportin	g organization (see
	instructions)			

6

7

8 Breakdown of line 7:
a Excess from 2013
b Excess from 2014
c Excess from 2015

d Excess from 2016

e Excess from 2017

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Schedule A (Form 990 or 990-EZ) 2017

## **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Name of the organization		Employer identi	Treation namber
Alumni Association of Castleton	University	03-601651	8
01. Description of other expens	es (Part I, line 16)		
Description	Amount		
Description	Amount		
Awards & Events	2,132		
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