

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)

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information. **Open to Public** Inspection

•	ĀF	or the	2017 calenda	ar year, or tax year beginning May 1	, 2017, and ending	) A	prıl 30	, 20	18
	<b>B</b> c	heck of ap	plicable	C Name of organization	<del></del>	D Emplo	oyer ider	ntification number	<b>)</b> T
	₽	Address change		Friends of Romania, Inc.			63-	1148975	
		lame cha	-	Number and street (or P.O box, if mail is not delivered to street address)	Room/suite	E Telep	hone nun	nber	
	==	nitial retur inal retur	m n/terminated	4000 Meadow Lake Dr.	121		205	-408-4414	
	≓≒	mend ed		City or town, state or province, country, and ZIP or foreign postal code	1) //	F Grou	ıp Exem	ption	
		pplication	n pending	Birmingham, AL 35242-5427		Num	ber 🕨	·	
	G A	ccount	ing Method	✓ Cash		H Check ▶	► 🗌 if 1	the organization	ı ıs <b>not</b>
		ebsite			<del> </del>	required	to attac	ch Schedule B	
	J Ta	x-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 49-	47(a)(1) or ☐527	(Form 99	90, 990-	EZ, or 990-PF).	
			organization	·	Other				
				7b to line 9 to determine gross receipts. If gross receipts are \$200		otal assets			
						•	\$		<u>,981.00</u>
	Pa	art I		e, Expenses, and Changes in Net Assets or Fund	•			for Part I)	_
				the organization used Schedule O to respond to any qu	uestion in this Pa	<u>rt1</u>	$\overline{}$	······································	. ☑
		1		, , , , ,		$\cdot \cdot \cdot  $	1		95,981
2018		2		33			2	···-	0
7	Ì	3		up dues and assessments		\	3		0
G		4	Investment				4		0
8		5a		ount from sale of assets other than inventory	5a	0			
<u></u>		ь		or other basis and sales expenses	5b	0			_
<u> </u>		6 6	•	ss) from sale of assets other than inventory (Subtract line 5 nd fundraising events	ob from line saj .		5c		0
$\overline{}$		_	_	ome from gaming (attach Schedule G if greater tha	ın.				
Ш	ē	а							
SCANNED	Revenue	h	=	ome from fundraising events (not including \$	o of contribut	ions 0	77.7		
F	ě			raising events reported on line 1) (attach Schedule G if th	<del></del>		4 13		
Ş	щ			ch gross income and contributions exceeds \$15,000)	6b	0			
S		С		et expenses from gaming and fundraising events	6c		1334		
		d		e or (loss) from gaming and fundraising events (add line			* ************************************		
			line 6c)				6d		0
		7a	Gross sale	s of inventory, less returns and allowances	7a	0	33		
	1	b		of goods sold RECEIVED	7b	0			
		C		it or (loss) from sales of invertory (Subtract line 7b from the	ne 7a)		7c		0
		8		1 21			8		0
		9		nue (describe in Schedule (1)		🕨	9		95,981
		10		sımılar amounts paid (list in Schedule O)			10		79,920
		11		aid to or for members			11		0
	es	12	Salaries, o	ther compensation, and employee benefits	<b>'</b>		12	<del></del>	0
		13	Profession	al fees and other payments to independent contractors.			13		0
	Expens	14	Occupanc	y, rent, utilities, and maintenance			14		0
	Ω	15	Printing, p	ublications, postage, and shipping			15		0
		16	Other expe	enses (describe in Schedule O)			16		7,599
		17	Total expe	enses. Add lines 10 through 16	<u> </u>	▶	17		87,519
	S.	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18		8,462
	Net Assets	19		s or fund balances at beginning of year (from line 27, col					
	As			ar figure reported on prior year's return)			19		320
	e	20		nges in net assets or fund balances (explain in Schedule O			20		
	_	21	Net assets	or fund balances at end of year. Combine lines 18 through	h 20	▶	21		8,782

Cat No 10642I

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)



· 0	500 EE (E011)					
Pa	t II Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to ar	y question in this			· · · · ·
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			320		8,782
23	Land and buildings				23 24	0
24	Other assets (describe in Schedule O)		• • • • • •			0
25	Total list littles (december a Cabadula C)			320	25 26	8,782
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column		lino 21)	320		0 703
27 Det	Statement of Program Service Accom				21	8,782
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?					uired for section
					,	c)(3) and 501(c)(4) nizations, optional for
	cribe the organization's program service accomplineasured by expenses. In a clear and concise m				other	
pers	ons benefited, and other relevant information for ea	ach program title.	, coco	.,		
	Bethany Christian Center					
	Feeding program for the poor and homeless in Chisi	nau, Republic of Molo	dova. Fed approxima	ately		İ
	50-60 individuals a week for 52 weeks (2600 - 3120 p					
	(Grants \$ 30,000) If this amount	includes foreign gra	ints, check here .	▶ 🗸	28a	30,045
29	Pastoral and Missionary Support			•••••		
	5 pastors and their families	·				
				······································		
	(Grants \$ 25,000) If this amount	includes foreign gra	ints, check here .	▶ ☑	29a	28,867
30	Bethany Christian Center					
	Orphan support. Provided food, fuel, and winter sup	port for approximatel	y 80 individuals.			}
	(Cranta f	in aludaa faraiga ara	nto chook horo	▶ 🗸	30a	20.007
21	(Grants \$ 19,000) If this amount Other program services (describe in Schedule O)		ints, check here .		Jua	22,687
31	(Grants \$ 5,920) If this amount				31a	5 020
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .		32	5,920 87,519
	t IV List of Officers, Directors, Trustees, and Ke					<u> </u>
	Check if the organization used Schedule					
	Ondok ii the diganization abda denedak	(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensatio		and componium
Mel	in Slotnick					
	ident	0			0	0
Way	ne Crim					
Vice	President	0		o l	0	0
Ran	ly Snider	.				
Trea	surer	0	(	<u> </u>	0	0
		<u> </u>	<b>_</b>	+	+	
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					+	<del></del>
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	S Fart	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	103	<u></u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u> </u>
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		<u> </u>
ь	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		<u> </u>
	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	35c	-	<b>√</b>
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 $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$	36		<b>✓</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	ئىڭ ئىگىلىدىك	ZŽ.	re i
_	Did the organization file Form 1120-POL for this year?	37b	34.5	✓.
38a	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		<b>√</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9			
40=	Gross receipts, included on line 9, for public use of club facilities	- 100 Long		
40a	section 4911 $\blacktriangleright$ 0, section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0			
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	dignisters	<b>√</b>
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			
d	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	<b>9</b> 113	<b>→</b>
41	List the states with which a copy of this return is filed ▶	`		
42a	The organization's books are in care of ▶ Randy Snider  Telephone no. ▶	205-40	8-4414	4
	Located at ► 4000 Meadow Lake Dr., Suite 121, Birmingham, AL ZIP + 4 ►		2-5427	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	$\overline{}$	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	190000.04	<b>√</b>
	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	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$6,50g
	Financial Accounts (FBAR).	1.12.24 ra		
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		1
42	If "Yes," enter the name of the foreign country: ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	• • •	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	, K.T., L.T.	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	1	<b>√</b>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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	inici.		
_	Form 990-EZ (see instructions)	45b	<u> </u>	L✓

Form 99	90-E <b>Z</b> (2017)					Pa	age 4
			<del></del>	<del></del>	1		No
46	Did the organization engage, directly or to candidates for public office? If "Yes,"						
Part		ns only ons must answer que	estions 47–49b and	52, and complete th		r line	es □
	Chock if the organization about c	oriodale o to respond	s to any quoding in		· · · · ·	Yes	No
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, P		section 501(h) electio	_			<b>-</b>
48	Is the organization a school as described	I in section 170(b)(1)(A)(	ii)? If "Yes," complete	Schedule E	. 48		✓
49a b 50	Did the organization make any transfers If "Yes," was the related organization a Complete this table for the organization	section 527 organizations five highest comper	on?	er than officers, direct	. 49b ors, trustees		
	employees) who each received more th	an \$100,000 of compe	nsation from the organ		e, enter "No	ne."	
	(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, contributions to employee benefit plans, and deferred compensation			
None						_	
—							
			<u> </u>				
51	Total number of other employees paid complete this table for the organization \$100,000 of compensation from the organization from th	on's five highest comp	ensated independent	contractors who each	n received r	nore	than
	(a) Name and business address of each independent	endent contractor	(b) Type of serv	nce (c	) Compensation	n	
None							
		<del></del>					
	Total number of other independent con	tractors each receiving	over \$100.000	<u> </u>	0		
52	Did the organization complete Sche completed Schedule A	,	•	·			No
Under p	penalties of perjury, I declare that I have examined the orrect, and complete Declaration of predicter (other t	us return, including accompa han officer) is based on all in	nying schedules and statem formation of which preparer	ents, and to the best of my k nas any knowledge	nowledge and	belief,	ıt ıs
Sign	Signature of officer			Date			
Here		OTNICK		8-30-	-18_	<u>.</u>	
	Print/Type preparer's name	Preparer's signature	Da	ite o	1 PTIN		

Print/Type preparer's name

Firm's address ►

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

Firm's name

**Paid** 

Preparer Use Only

► ☐ Yes ☐ No

Check if self-employed

Firm's EIN ▶

Phone no

#### 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 chantable 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

2017

Open to Public Inspection

Employer identification number

Friends of Romania, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary sted in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

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.) Section A. Public Support (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (f) Total Calendar year (or fiscal year beginning in) ▶ (e) 2017 Gifts, grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 77895.00 93889.00 88621.00 69846.00 95981.00 426,232.00 revenues levied for organization's benefit and either paid to or expended on its behalf . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 Total. Add lines 1 through 3. . . . 426,232.00 77895.00 93889.00 95981.00 MANAGEM PAR The portion of total contributions by person (other ening i som e kin omide. 1999. ويه ويوني معيان عكمه \* 4990 or \$600 governmental unit publicly 1 / Mily "Locally So Er serte widen waren ha supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 301,229.00 Public support. Subtract line 5 from line 4 125,003.00 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2014 (f) Total (c) 2015(d) 2016 (e) 2017 (a) 2013 Amounts from line 4 . . . . . . 93889.00 88621.00 69846.00 95981.00 77895.00 426,232.00 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . 0 Total support. Add lines 7 through 10 11 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) . . . . . 15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶** [7] b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Part							
	(Complete only if you checked the						nder Part II.
<del></del>	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f)/Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(0) 2014	(6) 2013	(4) 2010	(e) 2017	(I)/Total
•	received. (Do not include any "unusual grants.")				1		
2	Gross receipts from admissions, merchandise					7	
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				/	i	
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			/	<del>/</del>		
b	Amounts included on lines 2 and 3			/			<del> </del>
_	received from other than disqualified				}		1
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year						
¢	Add lines 7a and 7b						
8_	Public support. (Subtract line 7c from line 6.)		in and the second	/			- 6. C.
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 201 <b>A</b>	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents, royalties, and income from similar sources.		/				
h	Unrelated business taxable income (less		/				<del> </del>
U	section 511 taxes) from businesses						
	acquired after June 30, 1975		,			•	
c	Add lines 10a and 10b	/					
11	Net income from unrelated business	1					
	activities not included in line 10b, whether	/					
	or not the business is regularly carried on						
12	Other income. Do not include gain or	/					
	loss from the sale of capital assets						
40	(Explain in Part VI.)	/					
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	/					
14	First five years. If the Form 990 is for the	i.' ne organization	ı's fırst. secon	d. third. fourth	n. or fifth tax v	ear as a secti	on 501(c)(3)
• •	organization, check this box and stop he						
Secti	on C. Computation of Public Support					<del></del>	
15	Public support percentage for 2017 (line			3, column (f))		15	%
16	Public support percentage from 2016 Sc		-			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017	line 10c, colun	nn (f) divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2010						%
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box		_	•		_	
b	331/3% support tests—2016. If the organization 19 is not more than 221 of calculation						•
20	line 18 is not more than 331/3%, check this		_			-	_
							aconne 🖚 🗀

Ves No

### 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. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 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) purposes.
- 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).
- **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?
- 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**.
- 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).
- 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).
- 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**.
- **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**.
- 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.)

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Part	Supporting Organizations (continued)		_
		Yes No	0_
11	Has the organization accepted a gift or contribution from any of the following persons?	(A) (3) 13	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		4
<b>L</b>	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a   11b	_
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_
	on B. Type I Supporting Organizations	1.0	_
		Yes No	_ o
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	10 To	3
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	Para la	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		
	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	Land Caranta	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	comment of the last of	Alera de
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
C 4:	supervised, or controlled the supporting organization.	2	_
Secu	on C. Type II Supporting Organizations	Yes N	_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Yes N	्र सुराष्
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		स्टब्स् अस्टब्स् अस्टब्स्
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Secti	on D. All Type III Supporting Organizations		
		Yes N	<u>o</u> ,
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		4
	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		.#¦i No
	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	7 a. s.	44
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		- vd
	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	32 32	
	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 <b>Part VI</b> the role the organization's		
	supported organizations played in this regard.	3	للتم
Secti	on E. Type III Functionally Integrated Supporting Organizations	9 1 1	—
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)	
` a	The organization satisfied the Activities Test. Complete line 2 below.	nga donona).	
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 instruction:	s).
2	Activities Test. Answer (a) and (b) below.	Yes N	_
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 ES 14	<del>5</del>
	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,		21
	how the organization was responsive to those supported organizations, and how the organization determined		Ž.
	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 <b>Part VI</b> the	and the Court of the	30 A
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	7.54
о 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? Provide details in <b>Part VI.</b>	3a	اشله
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)
1 Aggregate fair market value of all non-exempt-use assets (see	18		
instructions for short tax year or assets held for part of year).	18,00		Er ersteaft aug rocken, Sir eg 2004 - Auge gelegeret im
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		· · · · · · · · · · · · · · · · · · ·
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		Annual and the training of the second second	
factors (explain in detail in <b>Part VI</b> ).	i i		
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	1	
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	1.5		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		1
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		There is a second to the second	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly ın		g organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish a	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		·	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		<u>.                                </u>	
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6		<del></del>	
10				
	Line 8 amount divided by line 9 amount		(:i)	Gin
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		TO THE WAY TO STATE OF THE STAT	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017	ر الموادية br>الموادية الموادية ال	and the control of th	Property and the second
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b	From 2013		性性的人。这种种种	arthogramman
c	From 2014			
d	From 2015			
е	From 2016	The second secon		And the second of the second o
f	Total of lines 3a through e			The state of the s
_ g	Applied to underdistributions of prior years			The state of the s
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		i Nari Derri Ngirada	
4	Distributions for 2017 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	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 <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.	The state of the s	Water Street	
8	Breakdown of line 7:			Trail Balance of State of State Control
а	Excess from 2013		Acces of the Authority St. St.	
b	Excess from 2014	Paris - Salar Paris - Andreas		
c	Excess from 2015			
d	Excess from 2016		Marten and the later of the lat	
e	Excess from 2017			

 	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.)
Part II, Line 1	7a: The past fiscal year our organization was 29.25% publicly funded. We are not a membership organization and we are
open to the g	eneral public for donations. Our organization maintains a continuous program of raising funds. We tend to fund raise at
various public	c organizations and churches; our funds go to support orphans and the poor of Romania and Moldova. Our organization's
leadership is	made up of people from various business backgrounds who have special knowledge in our field of operation.
Facts over the	e past five years: 2013 39% publicly funded, 2014 30.77% publicly funded, 2015 23.43% publicly funded (received several
large donation	ns from a small number of philanthropic funds), 2016 25% publicly funded, and 2017 29.25% publicly funded.
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