JIIVIL FUIIII

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

UMB NO. 1345-1150

Open to Public

16 216 18

20,102 53

42,682 24

25,989.51

13,350 37

39,959 88

2.722.36

2,367

295 36

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DUNNING DESIGNATION

Revenue

20

990-EZ

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

Inspection Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service 06/01 2017, and ending A For the 2017 calendar year, or tax year beginning C Name of organization in B Check if applicable: Address change 20-2706924 Arizona Model United Nations Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 315 Social Sciences Building P.O. Box 210027 (480) 291-2916 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ► 📆 Tucson, Arizona 85721-0027 Application pending ☐ Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is not Cash G Accounting Method: required to attach Schedule B Website: ▶ arizonamun.org J Tax-exempt status (check only one) - 2 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or ☐ Association Other Public Charity K Form of organization: Corporation ☐ Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 42.682 24

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Inc. Part I Check if the organization used Schedule O to respond to any question in this Part I 6.363 53 Contributions, gifts, grants, and similar amounts received he he 2 2 Program service revenue including government fees and contracts

Investment income 5a Gross amount from sale of assets other than inventory 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events

Gross income from gaming (attach Schedule G if greater than \$15,000)

b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . .

Other changes in net assets or fund balances (explain in Schedule O) . . .

Less: direct expenses from gaming and fundraising events . . .

Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances

Less: cost of goods sold . . . RF.(, E.W.E.U. Gross profit or (loss) from sales of inventory (Subtract line Other revenue (describe in Schedule O). 1.7 2018. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 8 9

Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members GGDEN 11 12 Salaries, other compensation, and employee benefits in-13 Professional fees and other payments to independent contractors be

Membership dues and assessments . . .

14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O) . . .

17 Total expenses. Add lines 10 through 16 . 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Asset 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

O of contributions

6b 6с

7b

7b from line 7a)

Form **990-EZ** (2017)





ne P	art II	Balance Sheets (see the instructions f					
_		Check if the organization used Schedule	O to respond to an	y question in this		<u> </u>	<u> </u>
				L	(A) Beginning of year		(B) End of year
22	. Cas	h, savings, and investments			2,367		295.36
23	l Land	d and buildings				23	0
24	Oth	er assets (describe in Schedule O)		[24	0
25		al assets				25	0
26		al liabilities (describe in Schedule O)		[0	26	0
27		assets or fund balances (line 27 of column		line 21)	2,367	27	295 36
	rt III	Statement of Program Service Accom	plishments (see the	e instructions for F	Part III)		
11.		Check if the organization used Schedule					Expenses
\ <u>\</u>	at ia tha		Education	iy quooson iii alio		(Rec	ulred for section
		• • • • • • • • • • • • • • • • • • • •					(c)(3) and 501(c)(4) enizations; optional for
Des	scribe th	ne organization's program service accomplis	shments for each of	its three largest p	rogram services,	othe	•
as	measure	ed by expenses. In a clear and concise m	anner, describe the	services provided	, the number of	00,0	,,,,
_ <u>per</u>	sons be	nefited, and other relevant information for ea	cn program title.	and hasted by differen	et upprogration		
<u>r</u> 28		rganization takes 76 members to colligate Model U					
	•	ovide trainning necessary to compete and do well			mbers to feel		
	comfo	rtable collaborating with people whose opinions dr	fer and increase public	speaking skills			
h	(Gran	ts\$) If this amount	includes foreign gra	nts, check here .	<u>.</u> ▶ □	28a	\$25,000
29		rganizations hosts a bilingual binational conference					
	Anzor	na, California, and Mexico Students get the opport	unity to grow through r	epresenting a country	and learning how		
	these	countries work together. It is a great introduction to	international relations	and international law	for students		
	(Gran		includes foreign gra			29 a	\$20,000
30		rganization provides two scholarships for colligate	students to attend a co	Iliagte conference in t	he fall semester		<u> </u>
30							
							\$500
	(Gran		includes foreign gra		🟲 📙	30a	+
31	l Other	program services (describe in Schedule O)				١	
	(Gran	ts \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ ∐_</u>	31a	
32	2 Total	program service expenses (add lines 28a t				32	
Pa	art IV	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated-see the in	nstru	ctions for Part IV)
		Check if the organization used Schedule	O to respond to ar			<u> </u>	<u> </u>
			(b) Average	(c) Reportable hc		رم (م	Estimated amount of
		he (a) Name and title	hours per week	compensation (Forms W-2/1099-MISC			other compensation
			devoted to position	(if not paid, enter -0-)	deferred compensation	n	
Se	cretary G	eneral	10				
Ale	x Stoken		10	(이	0
Un	der Secre	etary General of Conference Coordination					
	a Patel		15	i c		ol	0
		etary General of Domestic Coordination				+	
	chel Freu		5		,	ol	0
				ļ `	<u> </u>	- -	
		etary General of International Coordination	9	Ι,	,	o	0
	drea Lara			(<u> </u>	4-	
		etary General of Travel Coordination	3	[^
	elby Dea			(이	0
Un	der Secr	etary General of Rules and Procedures	18	i	İ	- }	
An	elle Devo	orah] '0)	0	0
Un	der Secr	etary General of Internal Affairs					<u> </u>
Ma	tthew He	mandez	4			이	0
Un	der Secr	etary General of Finance				_	
	ber Wrig		6	1		ol	0
		etary General of Economic Development				+	
		and Addie Lavis	5			0	0
				ļ	' ———	4	
		etary General of Translation	. 2		.]		^
	gan Blun					이	0
_		etary General of Domestic Training	3				
Tyl	ler DeMe	rs	1 ,	[o	0	0
Un	der Secr	etary General of Media and Technology				十	
	ris Wand		2	1	ol	ol	0
Oil							

K	
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Pa	rt V	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	s Part			-
33		If the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a tailed description of each activity in Schedule O	33	Yes	No	
z 34	cot	ere any significant changes made to the organizing or governing documents? If "Yes," attach a conformed py of the amended documents if they reflect a change to the organization's name. Otherwise, explain the lange on Schedule O (see instructions)	34			he
35	a Did	If the organization have unrelated business gross income of \$1,000 or more during the year from business tivities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>	-
I	b If "\ c Wa	Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O as the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b			-
36	Did	porting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c			
378	a Ent	ring the year? If "Yes," complete applicable parts of Schedule N				he
1 38:	a Did	If the organization file Form 1120-POL for this year?	37b 38a	·	4	he
	b If "	Yes," complete Schedule L, Part II and enter the total amount involved 38b	333	~ \\	:	1
39 4	a Initi	ction 501(c)(7) organizations. Enter: iation fees and capital contributions included on line 9]/{c	1.0	
40a	a Sec	ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: o ; section 4911 ▶ 0 ; section 4915 ▶ 0			1, 150%	{ :
ŀ	exc	ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 cess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year it has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			ت م	<u>!</u>
(Sec on	ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed organization managers or disqualified persons during the year under sections 4912,	40b	, g		he
ď	sec	otion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line creimbursed by the organization			, l	
€	All •	organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter associon? If "Yes," complete Form 8886-T	40e		1	}
41		t the states with which a copy of this return is filed ▶ Arizona				_
42 a			180) 29	1-291	6	
t		cated at ▶ 14646 South 4th Drive Phoenix, Arizona ZIP + 4 ▶ any time during the calendar year, did the organization have an interest in or a signature or other authority over	85045	-0000 Yes	No	-
_	a fir	nancial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes," enter the name of the foreign country:	42b	res	₩	- -
	See	e the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and ancial Accounts (FBAR).	, ,			-
c	Ata If"\	any time during the calendar year, did the organization maintain an office outside the United States? . Yes," enter the name of the foreign country: ▶	42c		1	-
43		ction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	••	. I	No	<u> </u>
44a	Did con	the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be npleted instead of Form 990-EZ	44a	res	140	.1
b	Did com	the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be inpleted instead of Form 990-EZ	44b		1]
d	f "\	the organization receive any payments for indoor tanning services during the year?	44c		1	<u>-</u>
		lanation in Schedule O	44d			_
45a b	Did	the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 `.	•	7
	For	m 990-F7 (see instructions)	ASh			

16 Didt	the organization engage, directly or in	ndirectly in political o	eamnaign activities on	behalf of o	r in opposi	tion [Yes	No
to ca	andidates for public office? If "Yes," of	complete Schedule C				. 46		1
art VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s must answer que		-	omplete th	e tables	for lin	es _
	Check if the organization used Scl	hedule O to respond	to any question in t	his Part VI	· · ·	• • •	Yes	
	the organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect	during the	tax 47		No
•	e organization a school as described in		ii)? If "Yes," complete	Schedule E		. 48		1
	the organization make any transfers to	-	-	zation?		. 49	-	1
0 Com	es," was the related organization a se aplete this table for the organization's aloyees) who each received more than	five highest compen	sated employees (oth	er than offic	cers, 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)	benefit plans,	benefits, to employee and deferred nsation	(e) Estima other co	ted amor	
пе								
							_	
					ĺ			
1 Com	I number of other employees paid over plete this table for the organization' 0,000 of compensation from the orga	s five highest comp	ensated independent	contractor	s who each	n receive	d more	tha
1 Com \$100	plete this table for the organization'	s five highest componization. If there is no	ensated independent			receive		tha
1 Com \$100 (a)	plete this table for the organization' 0,000 of compensation from the organization	s five highest componization. If there is no	ensated independent one, enter "None."					tha
1 Com \$100 (a)	plete this table for the organization' 0,000 of compensation from the organization	s five highest componization. If there is no	ensated independent one, enter "None."					tha
1 Com \$100 (a)	plete this table for the organization' 0,000 of compensation from the organization	s five highest componization. If there is no	ensated independent one, enter "None."					tha
1 Com \$100 (a)	plete this table for the organization' 0,000 of compensation from the organization	s five highest componization. If there is no	ensated independent one, enter "None."					tha
1 Com \$100 (a)	plete this table for the organization' 0,000 of compensation from the organization	s five highest componization. If there is no	ensated independent one, enter "None."					thai
1 Com \$100 (a)	pplete this table for the organization' 0,000 of compensation from the orga Name and business address of each independ	s five highest compounization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv		(c)			than
1 Com \$100 (a)	plete this table for the organization' 0,000 of compensation from the organization	s five highest compounization. If there is no lent contractor	ensated independent one, enter "None." (b) Type of serventer (b) Type of serventer (c)	nce	(c)) Compense	ition	tha.
d Total 2 Did comp	I number of other independent contra the organization of the organization of the organization from the organization of the organization of the organization complete Schedu	s five highest compounization. If there is no dent contractor dent contractor actors each receiving alle A? Note: All secondary, including accompan	ensated independent one, enter "None." (b) Type of service over \$100,000	nizations r	nust attack	Onn a. ► ✓ Ye	ition	No
d Total 2 Did comp der penalties p, correct, ar	I number of other independent contratte organization completed Schedule A	s five highest compounization. If there is no dent contractor dent contractor actors each receiving alle A? Note: All secondary, including accompan	ensated independent one, enter "None." (b) Type of service over \$100,000	nizations r	nust attack	O h a .▶ ✓ Ye	ition	No
d Total 2 Did comp der penalties p, correct, ar	I number of other independent contratthe organization completed Schedule A	s five highest compounization. If there is no dent contractor dent contractor actors each receiving alle A? Note: All secondary, including accompan	ensated independent one, enter "None." (b) Type of service over \$100,000	nizations r	nust attack	O h a .▶ ✓ Ye	ition	No
d Total 2 Did comp der penalties e, correct, ar	I number of other independent contratthe organization complete Schedupleted Schedule A	s five highest compounization. If there is no dent contractor dent contractor actors each receiving alle A? Note: All secondary, including accompan	ensated independent one, enter "None." (b) Type of service over \$100,000	nizations r	nust attack	O h a .▶ ✓ Ye nowledge a	is []	No
d Total 2 Did comp der penalties e, correct, ar	I number of other independent contratthe organization complete Schedupleted Schedule A	s five highest compounization. If there is no dent contractor dent contractor actors each receiving alle A? Note: All secondary in officer) is based on all informations.	ensated independent one, enter "None." (b) Type of service over \$100,000	nizations risents, and to the has any knowled Dar	nust attach s best of my kindge. 7 05 18	O h a .▶ ✓ Ye nowledge a	is []	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 charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection Employer identification number

		lodel United Nations			<u>.</u>		20270		
Par		Reason for Public Cha						ns.	দ
ine d	•	inization is not a private founda		•		-	-	19	1
2									
3		A hospital or a cooperative hos							
4		A medical research organization						iii). Enter the	
		hospital's name, city, and state	e: `						
5		An organization operated for t section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit describe	d in
6		A federal, state, or local govern							
7	_	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)	•	a gover	nmental unit or from	the general pu	blic
8		A community trust described in	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)				
9		An agricultural research organi or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu tincome and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less s	and (2) no more that ection 511 tax) from	1 331/3% of its	3
11		An organization organized and		•		-	•		
12		An organization organized and							
		of one or more publicly support Check the box in lines 12a thro							
_	_	Type I. A supporting organ	•	•••		•	•		_
а	•	the supported organization							ij
		supporting organization. Ye						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ь	[Type II. A supporting organic control or management of	the supporting o	rganization vested in	the same		• • •		ed
c	1	organization(s). You must of Type III functionally integrated	rated. A support	ting organization oper	rated in c			illy integrated w	i t h,
		its supported organization(· ·					
d	ļ	Type III non-functionally i that is not functionally integer requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
•	(Check this box if the organ	ization received	a written determination	on from th	he IRS th	at it is a Type I, Type	II, Type III	
	_	functionally integrated, or 1		tionally integrated sup	pporting o	organizat	ion.	F	
Ţ		nter the number of supported o						· · L	
9		rovide the following information		<u>`</u>		organization	(v) Amount of monetary	Asi Amount of	
	(4)	Name of supported organization	(A) EN	(iii) Type of organization (described on lines 1-10	listed in you	ar governing	support (see	(vi) Amount of other support (se	ю
				above (see instructions))	docu	ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total				,					

Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support	7				210 1 Cart 1111)	,
	dar 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.")	(4) 2015	(0) = 0.1	(0) 20 10	(2) 23 (3	(720.1	(7)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				/		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				/		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					79 (%)	
6	Public support. Subtract line 5 from line 4		-	J. 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	on B. Total Support	, , , , , , , , , , , , , , , , , , ,	/	12. 74. 1	L	F	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 23.0	/	(4) 20.0	12,20.0	(0) 20	(1) (0.0.2
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1	,				
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	" Fo, " to	1, 20, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	5. Jan 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re /			<u> </u>		▶ □
	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2017 (line	3, column (f) di	vided by line 1	1, column (f))		14	%
15 160	Public support percentage from 2016 Sch	nedule A, Part	II, line 14 .			15	%
.Ja	331/a% support test—2017. If the organic box and stop here. The organization qual	JON DID NOUSS.	ich eupported	con line 13, ar omenization	iu line 14 IS 3	or more,	
ь	331/3% support test—2016. If the organization	-		-		ic 331a94 or m	ore check
_	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	017. If the orga ets the "facts facts-and-circ	anization did n -and-circumsta umstances" te	ot check a bo	x on line 13, 1 neck this box a zation qualifie	6a, or 16b, and and stop here. s as a publicly	l line 14 is. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-o ts-and-circums 	ircumstances' stances" test.	' test, check The organizat	this box and some ion qualifies as	a publicly
18	Private foundation. If the organization disinstructions	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see ► □

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	If the organization fails to qualify	under the te	sts listed belo	ow, piease co	mpiete Part	11.)	
	on A. Public Support	r					
Calen	dar 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.")	9,336 22	10,058 10	23,221.03	26,230 37	22,579 71	91,425 77
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	28,173 71	15,809 48	32,518.53	25,240 00	20,102 53	122,141 25
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	37,509 93	25,867 58	55,739 56	51,470 37	42,682 24	213,567 02
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)			The same of the same		7 14 14 1	213,567 02
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	37,509 93	25,867 58	55,739 56	51,470 37	42,682 24	213,567.02
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	562.70	6,981 69	3,653.26	4,074 39	0	15,272.04
12	Other income. Do not include gain or	302.70	0,301 03	3,000.20	4,074 33		10,272.04
14	loss from the sale of capital assets						
	(Explain in Part VI.)	l ol	o	o	o	o	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	38,072 63	32,849 27	59,392 82	55,544.39	42,682.24	
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon	d, third, fourth	, or fifth tax ye		
Secti	on C. Computation of Public Suppor			· · · · ·			▶ 🕢
15	Public support percentage for 2017 (line			3 column (fl)		15	%
16	Public support percentage from 2016 Sci		-			16	
	on D. Computation of Investment In			<u> </u>	• • • • •	1 10 1	70
17	Investment income percentage for 2017 (uline 12 colur	mp (A)	17	 %
18	Investment income percentage for 2017 (18	
19a							
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this	zation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di						
20							

Part IV Supporting Organizations

Section A. All 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.)

		_	Tes	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		
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		<u> </u>
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 desprte being controlled or supervised by or in connection with its supported organizations.	4b		اراً . اعمالت معما
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	<u> </u>	
С	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		المعالم المارية الماية الماري الماري الماري الماري الماري الماري المارية المارية المارية المارية المارية الماري الماري ال
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	Ū	,	, 4 ,3

Bid 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

regard to a substantial contributor? 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**.
- 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.
- 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.)

8

9a

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10a

10b

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	-]
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?	-		
h	A family member of a person described in (a) above?	11a 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	├	├
Secti	on B. Type I Supporting Organizations	1110	<u> </u>	
			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			1
	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,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		į	- 3
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			لنسد
2		1		<u> </u>
~	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,		,	1
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		٠ ′	4i
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		,* -	د. س
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
<u></u>		_1_		L
<u>Secu</u>	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	$\overline{}$	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pnor tax	, , ,		2 44
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	3-1		1.13
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ا، عدد د
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	, ,		4 1 2
	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			3
	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		7	in the same of the
	supported organizations played in this regard.			الشند
Section	on E. Type III Functionally Integrated Supporting Organizations	3	L	
1				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	cuons	i).
a h	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ 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 (ooo in	ota iot	ionel
		300 11 6		U110).
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			- 1
	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	28		
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		,	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	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	_		
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j tru: izati	st on Nov. 20, 1970 (explai ions must complete Sectio	ns A through E.
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	l l		
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):			- ,7
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	i.		*4
factors (explain in detail in Part VI):			a" ^
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	. 4.	
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	П	, , , , , , , , , , , , , , , , , , , ,	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III supporting	organization (see

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

Page	Ω

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2017	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
	······································	
