## **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

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

Open to Public Inspection

Intern	nai Kever	nue Service	GO (O WWW.IIS.gov/Forms	330LZ 101 1115tructio			
AF	or the	2017 calend	ar year, or tax year beginning	July 1	, 2017, and ending	June 3	0 , 20 18
В с	heck if ap	plicable	C Name of organization			D Employer in	dentification number 2
	Address c	hange	Northampton Rotary Foundation				300233145
	lame cha	•	Number and street (or P O. box, if mail is not	delivered to street addr	ess) ?? Room/suite	E Telephone r	number
_	nitial retui		PO Box 505			4	135865860
=	inal retur Imended	n/terminated	City or town, state or province, country, and	ZIP or foreign postal cod	de ()	F Group Exe	emption
=		n pending	Northampton, MA 01060		()/	Number	· <u> </u>
_		ing Method.	☑ Cash ☐ Accrual Other (speci	ıfy) ▶	Н	Check ▶ 🗸	if the organization is not
	ebsite/	-	northamptonrotaryclub.org	<i>"</i>			tach Schedule B
			eck only one) — 501(c)(3) 501(c) (	) ◀ (insert no ) [	4947(a)(1) or 527	•	0-EZ, or 990-PF).
		organization		Association	Other	<del></del>	<del>`</del>
			7b to line 9 to determine gross receipts.			al assets	
			w) are \$500,000 or more, file Form 990 in			▶ 6	:
	art I		e, Expenses, and Changes in N			e instruction	s for Part I) 🔯
			the organization used Schedule O				
?1	1		ons, gifts, grants, and similar amount				<u> </u>
?	2		ervice revenue including governmen				<del></del>
	3	-	nip dues and assessments				6051
2	4	Investment	•			4	1
	т 5а		ount from sale of assets other than in		.   5a	· · ·	<del></del>
	_		or other basis and sales expenses.				
ì	b		ss) from sale of assets other than inv		<u> </u>		
	C	•	nd fundraising events	rentory (Subtract III	ie ob irom line oaj	7,32-4	
-	6	•	ome from gaming (attach Sched	ulo G if greater	than		DEGE
ايو	а	\$15,000)		-	1 1	ह है	RECEIVED
ᇎ	_	·			· 6a	là	ł
Revenu	b		ome from fundraising events (not incl		of contributio	ns C	NOV 1 9 2018
œ ]			raising events reported on line 1) (at ch gross income and contributions e			1 7 3	7 2 2010
					<del></del>	6472	00000
	q		ct expenses from gaming and fundra ne or (loss) from gaming and fundra				OGDEN, UT
İ	d	line 6c)	e or (loss) from gaming and lundra	using events (add	illies oa and ob and st		(472
<u>♀</u>	_	,				6d	6472
0107	7a		es of inventory, less returns and allow				
<b>-</b>	b		of goods sold			0 2	
7	, с		fit or (loss) from sales of inventory (Si				
ا بد	8		•				10504
닠	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,		<del></del>		12524
_	10		d similar amounts paid (list in Schedu			10	9004
귀	11		aid to or for members				
	12		ther compensation, and employee b				
EXPENSES	13		al fees and other payments to indep				
اچر.	14		y, rent, utilities, and maintenance .				<u> </u>
<b>W</b>	15		ublications, postage, and shipping .				
Į	16	•	enses (describe in Schedule O) 罶 .				7427
	17	Total expe	enses. Add lines 10 through 16	<u> </u>	<u> </u>	▶ _ 17	16431
y,	18	Excess or	(deficit) for the year (Subtract line 17	from line 9)		<u>18</u>	-3907
set	19		s or fund balances at beginning of y				
Net Assets		•	ar figure reported on prior year's retu				19294
e	20		nges in net assets or fund balances (				
Z	21		or fund balances at end of year. Co				15387

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form 990-EZ (2017)



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Part	<b>-</b>			_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	للا
<b>, 33</b>	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	ies	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b 38a		
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	.,	:	
a b 40a	Initiation fees and capital contributions included on line 9		- 100 m	
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	7.50	· ·
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			 
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		,	2) 4
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	<u></u>	7
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ► ZIP + 4 ►			<b></b>
b	Located at ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b	Yes	No 🗸
_	Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
C 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	720	1	
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		V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	•	7
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a  45b	, q	> 342

								1.00	,	
46		ne organization engage, directly or in ndidates for public office? If "Yes," c							-31	7
Part '	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only	<del></del>			<u> </u>	for line	es	13,82
		Check if the organization used Sch	nedule O to respond	I to any question in	this Part	VI				
47	Did th	ne organization engage in lobbying If "Yes," complete Schedule C, Part	activities or have a		tion in effe		tax 47	Yes	No	2
48 49a b 50	Did the If "Ye Comp	organization a school as described in the organization make any transfers to s," was the related organization a se plete this table for the organization's byees) who each received more than	o an exempt non-cha ction 527 organization five highest compens	ritable related organ on? sated employees (o	nization? .  ither than o	fficers, directo	49a 49b ors, truste	es, an		2
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS(	(d) He contribution	alth benefits, ons to employee ins, and deferred apensation	(e) Estimat other cor	ed amou	unt of	
							······································			
									<u></u>	
f 51	Comp	number of other employees paid over olete this table for the organization's 000 of compensation from the organ	s five highest compe		nt contract	- ors who each	received	more	than	
	(a)	Name and business address of each independ	ent contractor	(b) Type of se	ervice	(c)	Compensat	ion		
									· · · ·	
d 52	Did t	number of other independent contra he organization complete Schedu leted Schedule A		ection 501(c)(3) org			a ▶∐ Yes		No_	
Under p	enalties rect. and	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and state	ments, and to er has any kno	the best of my knowledge	owledge an	d belief,	ıt ıs	
Sign Here		Signature of officer  Julee Clement, Treasurer Type or print name and title				Date 11/7/18				
Paid Prep	,	Print/Type preparer's name	Preparer's signature		Date	Check ☐ self-employ	of PTIN			
Use (	Only	Firm's name ► Firm's address ►				Phone no				
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions			► ☐ Yes	1 🗌	No	

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number No Th

Vorti	hampton Rotary Foundation Inc	300233145
Pa	rt I Reason for Public Charity Status (All organizations must complete this p	art.) See instructions.
he (	organization is not a private foundation because it is: (For lines 1 through 12, check only or A church, convention of churches, or association of churches described in section 17	
2		, , , , , ,
3	A hospital or a cooperative hospital service organization described in section 170(b)(1	
4	A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state:	section 170(b)(1)(A)(iii). Enter the
5	An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)	ed by a governmental unit described in
6	A federal, state, or local government or governmental unit described in section 170(b)	
7	An organization that normally receives a substantial part of its support from a govern described in section 170(b)(1)(A)(vi). (Complete Part II.)	nmental unit or from the general publi
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the nan university:	
10	An organization that normally receives: (1) more than 331/3% of its support from contril receipts from activities related to its exempt functions—subject to certain exceptions, support from gross investment income and unrelated business taxable income (less seacquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Page 1)	and (2) no more than 331/3% of its ection 511 tax) from businesses
11	An organization organized and operated exclusively to test for public safety. See section	ion 509(a)(4).
12	An organization organized and operated exclusively for the benefit of, to perform the function of one or more publicly supported organizations described in section 509(a)(1) or section the box in lines 12a through 12d that describes the type of supporting organization.	ection 509(a)(2). See section 509(a)(3)
а	Type I. A supporting organization operated, supervised, or controlled by its support the supported organization(s) the power to regularly appoint or elect a majority of t supporting organization. You must complete Part IV, Sections A and B.	
b	Type II. A supporting organization supervised or controlled in connection with its s control or management of the supporting organization vested in the same persons 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.

d 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 I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.

(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	) Is the organization and in your governing document? (v) Amount of monetary support (see instructions)		(vi) Amount of other support (see instructions)
			Yes	No		
(A)					_	_
(B)						
(C)						
(D)						
(E)						
Total	<del>                                     </del>	12 A	F. in	,		

	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
04:	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
	on A. Public Support	- ( ) 0010	(1) 0014	4 ) 0045	( N 0040	4 ) 0047	-4	
Calen 1	dar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
•	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the			<del>-</del>	<del> </del>	<del>                                     </del>	<del> </del>	
_	organization's benefit and either paid					1 /		
	to or expended on its behalf		]		,	/		
3	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge					L .		
4	Total. Add lines 1 through 3							
5	The portion of total contributions by	×	-	*	<b>/</b> :			
	each person (other than a	•		. /	, ,	. ·		
	governmental unit or publicly						i	
	supported organization) included on			. /	,	· ·		
	line 1 that exceeds 2% of the amount shown on line 11, column (f)		,					
6	Public support. Subtract line 5 from line 4							
	on B. Total Support	<del></del>		<u></u>	L	L	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	(-, , -			(-,		<u>()</u>	
8	Gross income from interest, dividends,							
-	payments received on securities loans,							
	rents, royalties, and income from					1	,	
	sımılar sources			<u> </u>				
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.)					İ		
11	Total support. Add lines 7 through 10	/				v	<del></del>	
12	Gross receipts from related activities, etc.	(see instruction	ons)		·	12		
13	First five years. If the Form 990 is for th	•	•				on 501(c)(3)	
	organization, check this box and stop her	-			=			
Secti	on C. Computation of Public Suppor	t Percentag	е					
14	Public support percentage for 2017 (line 6					14	%	
15	Public support percentage from 2016 Sch	nedule A, Part	II, line 14 .			15	%	
16a	331/3% support test-2017. If the organi							
	box and stop here. The organization qual 331/3% support test – 2016! If the organization							
b	this box and <b>stop here.</b> The organization							
47-	. /	•		_			_	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me	or, ii the organicate	anization did N -and-circumst:	occineda a DO ances" test of	A Un line 13, 1 neck this box:	oa, or rob, an and <b>stop here</b>	u iirie 14 iS . Explain in	
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	supported	
	organization V						▶ □	
b	10%-facts-and-circumstances test—20	)16. If the ora	anization did n	ot check a bo	x on line 13. 1	l6a, 16b, or 17	a. and line	
D	15 is 10% or more, and if the organiza	tion meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.	
	Explain in Part VI how the organization in	neets the "fac	ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly	
	supported organization						🕨 🗀	
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see	
	instructions						▶ □	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	7287	7965	6971	5726	6472	34421
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	'				1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	4322	5704	3060	5881	6051	25018
4	Tax revenues levied for the						
	organization's benefit and either paid to	}				J	
	or expended on its behalf				<u> </u>		
5	The value of services or facilities	ļ			ļ		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	11609	13669	10031	11607	12523	59439
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	ļ					
ь	Amounts included on lines 2 and 3	1				1	
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				}	ľ	
_	Add lines 7a and 7b	<del></del>			·		
8	Public support. (Subtract line 7c from	SHE KENDOWN	THE AND A STATE OF THE STATE OF	Factoria Michigan	Part Programme	HALL APPEARA	
-	line 6.)					<b>美罗斯</b>	59439
Secti	on B. Total Support	<u> </u>	<u> </u>				
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	ľ				ł	
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	3	1	1	1	1	7
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	1				1	
_	·	3	1.	1.	1		7
C	Add lines 10a and 10b	- 3			· · · · · ·	<del>' </del>	<u>_</u>
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	ļ					<del></del>
	loss from the sale of capital assets	]					
	(Explain in Part VI.)	}				}	
13	Total support. (Add lines 9, 10c, 11,			-			<del></del>
	and 12.)	11612	13670	10032	11608	12524	59446
14	First five years. If the Form 990 is for the	•			=		
organization, check this box and <b>stop here</b>							
	on C. Computation of Public Suppo			0 1 (0)		745	00.00.04
15	Public support percentage for 2017 (line		-			15	99 99 % 99 99 %
16 Socti	Public support percentage from 2016 Sc on D. Computation of Investment In			<del></del>	<del></del>	1 10 1	79 77 70
17	Investment income percentage for 2017			v line 13. colur	nn (fl)	17	<del></del> %
18	Investment income percentage for 2017 Investment income percentage from 2019					18	<del></del>
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2017. If the organ						
130	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz	-	_				
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14,	19a, or 19b, o	heck this box	and see instruc	tions 🕨 🗌

## 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	- 2		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		<u>·</u> J
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	<u>.</u>	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	*. 5a	• • • •	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	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.	5c	•	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	, 9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		<u></u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		<b></b>
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a 10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ-	, .	18.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ور خون	
	below, the governing body of a supported organization?	11a		
b	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	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 <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			i [
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		<u> </u>	نـــا
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	_2		<u> </u>
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	. ,		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		-
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		<del></del>	لمنا
O 42		1		
Section	on D. All Type III Supporting Organizations		V	
_			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	1 36	٠,	1
	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	<del>'</del> -		, 1
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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			1
	significant voice in the organization's investment policies and in directing the use of the organization's	, 4	•	٠, ا
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		,	,
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	
		,,,,,,,	00,0,,	<b>3</b> ).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	<ul> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the cont</li></ul>	000 10	otavot	ionel
С	The organization supported a governmental entity, bescribe in Part VI now you supported a government entity (	SEE 111		
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			İ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			.
	how the organization was responsive to those supported organizations, and how the organization determined		·	
	that these activities constituted substantially all of its activities.	2a		L
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			ĺ
	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.	·		1
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		L
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 Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Funct			Page C
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 instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		-
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly ın	tegrated Type III supportin	g organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish	exempt purposes		<del>-</del>	
. 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 purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·			
5	5 Qualified set-aside amounts (prior IRS approval required)				
6_					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in <b>Part VI</b> ). See instructions.				
9_	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount		<u></u>		
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 <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2017				
a	e and the contract of	i i i i i i i i i i i i i i i i i i i	1	1	
b	From 2013	'	,		
c	From 2014				
d	From 2015			, '	
<u>e</u>	From 2016			!	
f	Total of Ilnes 3a through e				
<u>g</u>	Applied to underdistributions of prior years		<u>-</u>		
<u>h</u>	Applied to 2017 distributable amount				
<u>i</u>	Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from				
'*	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2017 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if				
·	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			Ì	
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.				
8	Breakdown of line 7.				
а	Excess from 2013			1 7	
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016				
е	Excess from 2017	110			

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