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 Treasu

 \blacktriangleright 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./806

Open to Public Inspection

		nue Service	T do to www.ns.gov/r offnssol2 for manachons and the				
<u>A</u>	For the	2017 calend	<u> </u>	, and ending		UNE	30 ,20 18
B	Check if ap	pplicable	C Name of organization		D Emp	loyer ide	entification number
	Address o	change	TULSA COMMITTEE ON FOREIGN RELATIONS		46-1	8730	37
닏	Name cha	•	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telep	ohone nu	ımber
뉘	initial retu		9655 S. WINSTON AVE		918-	209-	4963
H	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	02	F Gro	up Exer	mption
H		n pending	TULSA, OK 74137-4834	03		nber 🕨	•
				н	Check	► X if	the organization is not
	Vebsite	_	TULSACFR.COM				ach Schedule B
			ck only one) — 🗵 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1)	or □527	•)-EZ, or 990-PF)
				01 [[327]	(1 01111 0		
			☐ Corporation ☐ Trust ☐ Association ☐ Other by to line 9 to determine gross receipts. If gross receipts are \$200,000 or Corporation ☐ Trust ☐ Association ☐ Other	more or if tota	Laccete		· · · · · · · · · · · · · · · · · · ·
			r) are \$500,000 or more, file Form 990 instead of Form 990-EZ	more, or in total	asseis		0.4.005.00
_			·			\$	84,227.00
L	art I		e, Expenses, and Changes in Net Assets or Fund Balan				
			the organization used Schedule O to respond to any question				
	1		ns, gifts, grants, and similar amounts received			1	1,250
	2	Program se	ervice revenue including government fees and contracts			2	46,405
	3	Membersh	p dues and assessments			3	36,572
	4	Investment				4	
	5a	Gross amo	unt from sale of assets other than inventory 5a	1			
	b		or other basis and sales expenses			1	
	C		s) from sale of assets other than inventory (Subtract line 5b from			5c	0.00
	6		d fundraising events	mie oaj	•	"	
ſΛ	a	_	ome from gaming (attach Schedule G if greater than				
Separation Daysons	-	\$15,000) .					
委	ь	Gross inco	me from fundraising events (not including \$	of contribution	าร]	
‰			aising events reported on line 1) (attach Schedule G if the				
m			h gross income and contributions exceeds \$15,000) 6b	, [
ס	C		t expenses from gaming and fundraising events 60		-	i	
<u>S</u>	d		e or (loss) from gaming and fundraising events (add lines 6a a	l	btract	1	
MAR	"	line 6c) .	or (1000) from gaining and randrasing events (asset into our a			6d	0.00
_	ا ـ	-	- of		• •	100	0.00
9	7a		of inventory, less returns and allowances			1 1	
2	b	Less: cost	of goods sold C C 7th The Total Control of the Tota	<u> </u>		<u> -</u>	
	С					7c	0.00
	8	Other reve	nue describe in Schedule O)			8	
_	9		nuel Add lines B, 2) 3, 4,510 6d, 70, and 8	<u> </u>	<u> </u>	9	84,227.00
	10	Grants and	similar amounts paid (list in Schedule O)			10	13,700
	11	Benefits pa	nd to or for members			11	
ģ	12	Salanes, of	hercompensation; and employee benefits			12	
3	13	Profession	al fees and other payments to independent contractors			13	60,744
Expenses	14		, rent, utilities, and maintenance			14	
Ä	15		blications, postage, and shipping			15	967
	16		nses (describe in Schedule O)			16	<u></u>
	17	•	•			17	75,411.00
	+	Tutal expe	nses. Add lines 10 through 16	· · · · ·		18	
ş	18					<u>'°</u>	8,816.00
ă	19	Net assets	or fund balances at beginning of year (from line 27, column (f	()) (must agree	e wit⊓	,	
ĕ		-	r figure reported on prior year's return)			19	55,759.00
Net Assets	20					20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	<u></u>	<u> </u>	21	64,575.00
Fo	Papen	work Reduct	on Act Notice, see the separate instructions.				Form 990-EZ (2017)

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Pa	t II Balance Sheets (see the instructions					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		(B) Fod of year
22	Cash, savings, and investments		-	55, 759	22	(B) End of year 64,575
23	Land and buildings			33,739	23	64,573
24	Other assets (describe in Schedule O)				24	
25	Total assets			55,759.00	++	64,575.00
26	Total liabilities (describe in Schedule O)			33,733.00	26	04,575.00
27	Net assets or fund balances (line 27 of column			55,759.00	-	64,575.00
Par						01/0/0:00
	Check if the organization used Schedule					Expenses
What		PROMOTE UNDERSTA				quired for section
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each o	f its three largest p	rogram services,	orga	(c)(3) and 501(c)(4) anizations, optional for ers)
28	PRESENTED LECTURES BY EXPERTS AND	POLICY OFFICE	ALS, FOLLOWE	O BY Q&A		
	TO PROMOTE UNDERSTANDING OF US FOR	REIGN POLICY.	MEMBERSHIP T	OTALLED -	l	
	266 WITH ADDITIONAL UNIVERSITY AND	D HIGH SCHOOL	STUDENTS.			
	(Grants \$ 12,100) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	75,411
29					ļ	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	<u> </u>
30						
	(0)					
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)				24.	
22	(Grants \$) If this amount Total program service expenses (add lines 28a t	includes foreign gra	ints, check here .	· · · • • •	31a	
Pari						
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe	ee (e)	
	, ,	devoted to position	(if not paid, enter -0-)			Anei compensation
DR.	ROBERT H. DONALDSON				丁	
	CUTIVE DIRECTOR	1 4	C	1	0	C
PHI	LIP C. LAUINGER					
CHA:	RMAN	2	C	· [0	0
NORI	AN SZYDLOWSKI					
VIC	E-CHAIRMAN	_2		<u> </u>	0	
DAN	SIMONI					
TRE	ASURER	2	C	<u> </u>	0	0
LEAI	H CLAYMAN					
DIR	ECTOR	2	C		0	0
MAR	LHEVINE				1	
SEC	RETARY	1			이	0
вов	FITZGERALD				-	
DIRE	CCTOR	1	c		0	0
RUSS	HANKS	ļ				
DIRE	CCTOR	11_	C		<u> </u>	0
Josi	H HERLAND			1		
DIRE	CCTOR	1	C		0	0
MICI	HELE MCMANUS					
DIR	CCTOR	1	C		<u> </u>	0
DANA	A SIMON]				
DIRE	CCTOR	11_	C		0	0
BRUC	E STOESSER					
יקדת	CTOR	1	1		٥l	0

Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No X
31	Were any significant changes made to the organizing or governing documents? If "Yos," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	-		
35a	change on Schedule O (see instructions)	34		X
.	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		Х
c	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		
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		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 0			
b	Did the organization file Form 1120-POL for this year?	37b		X
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	<u></u>	$\frac{1}{x}$
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		<u> </u>
39	Section 501(c)(7) organizations. Enter:	1 .		[]
a	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
_	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	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		
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		
41	List the states with which a copy of this return is filed ► OKLAHOMA			
42a	The organization's books are in care of ►MR. DAN SIMONI Telephone no. ►918-		-121	6
b	Located at ► 6120 S YALE AVE, SUITE 1850 TULSA, OK ZIP + 4 ► 7413 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	36 	Yes	No
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	163	X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		Х
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44-	Did the averagetion mountain any descriptional finals during the year? If "Veg " Form 000 must be		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		X
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		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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 Form 990-EZ (see instructions)	45b		X
		, 4 00 l		Α.

Form 99	90-EZ (2017)						Р	age 4
46	Did the organization engage, directly or it to candidates for public office? If "Yes,"	indirectly, in political c	ampaign activities or	n behalf of or	ın oppositio	on	Yes	No X
Part		s only ns must answer que	stions 47-49b and	52, and cor			or line	
47 48 49a b 50	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa is the organization a school as described Did the organization make any transfers if "Yes," was the related organization as Complete this table for the organization's	y activities or have a strt il	section 501(h) election	Schedule Ezation?	ers, director	47 48 49a 49b s, trustee		X X X d key
	(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 to	enefits, o employee nd deferred	e) Estimate other com	d amou	
51 ————————————————————————————————————	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compe anization. If there is no	ensated independent			received		than
d 52	Total number of other independent contr Did the organization complete Sched completed Schedule A	•				a ►⊠ Yes		 No
Sign Here Paid Prepaid	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other that Signature of officer DAN SIMONI, TREASURER Type or print name and title Print/Type preparer's name	return, including accompanin officer) is based on all info	rmation of which preparer	has any knowled	check	PTIN	belief,	it is
Use (1	er shown above? See i	nstructions	Firm' Phon	s EIN ▶ e no	☐ Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Name of the organization **Employer identification number** TULSA COMMITTEE ON FOREIGN RELATIONS, INC. 46-1873037 Part I 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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: 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). 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 10 X 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 3313% 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. 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iv) is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	(-) 0040	(h) 0014	(=) 2015	(4) 0046	(-) 0047	W 7-1-1
1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				1	r	
_	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th organization, check this box and stop her				or fifth tax ye		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6	, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2016 Sch 331/3% support test—2017. If the organization	edule A, Part I	ll, line 14 .	 . on line 12 or		15	shock this
16a	box and stop here . The organization qual						> 🗇
b	331/3% support test—2016. If the organization of this box and stop here. The organization of	zation did not qualifies as a p	check a box o oublicly suppo	n line 13 or 16 rted organizati	ion		ore, check ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-	and-circumsta	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization metaplain in Part VI how the organization metapported organization	tion meets the	e "facts-and-c	arcumstances'	" test, check t	this box and s	stop here.
18	Private foundation. If the organization did instructions	not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, check	k this box and	see ▶ □
	/			·	Sch	edule A (Form 99	or 990-EZ) 2017

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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	l.)	
	on A. Public Support						
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.")	28,695	33,984	44,429	38,790	37,822	183,720.00
2	Gross receipts from admissions, merchandise						,
	sold or services performed, or facilities						
	furnished in any activity that is related to the		42 050	45 005	40 600	46 405	04 055 00
3	organization's tax-exempt purpose .	·	43,956	45,895	48,699	46,403	184,955.00
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		450				450.00
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						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	28,695,00	78,390,00	90,324,00	87,489,00	84,227,00	369,125.00
7a	Amounts included on lines 1, 2, and 3		,		7.7.2.2.2.2		, , , , , , _ , , , , , , , , , , ,
	received from disqualified persons .						
h							
D	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						
	•			 -			
	Add lines 7a and 7b			·			
8	Public support. (Subtract line 7c from						
	line 6.)		.,				369,125.00
	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	28,695.00	78,390.00	90,324.00	87,489.00	84,227.00	369,125.00
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
''	activities not included in line 10b, whether						
	or not the business is regularly carned on						
40							
12	Other income. Do not include gain or	[ĺ				
	loss from the sale of capital assets		ļ				
46	(Explain in Part VI)	<u></u>					
13	Total support. (Add lines 9, 10c, 11,	1	ŀ				
	and 12.)						369,125.00
14	First five years. If the Form 990 is for the	_					
	organization, check this box and stop he					· · · · ·	<u> </u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line to		•			15	<u>%</u>
16	Public support percentage from 2016 Sci			<u> </u>		16	%
Secti	on D. Computation of Investment In	come Percei	ntage				
17	Investment income percentage for 2017 (line 10c, colum	nn (f) divided by	y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2016	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests-2017. If the organ	zation did not	check the box	on line 14, ar	id line 15 is mi	ore than 331/39	%, and line
-	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 l						
20	Private foundation. If the organization di	=	-				
£.U	r invate iounication. Il the organization di	u not chieck al	JUA VII IIIIE 14,	19a, UL 13U, C	HOUR LINS DUX	ATTO SEE ITISHIN	

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.)

Secti	on A. All Supporting Organizations		,	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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		
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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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		
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 chantable 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 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
ь	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)			,
44	blee the energy time accepted a gift or enotable to a few and of the following pages 20	Γ	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	}		1
a	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	_	
	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			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	•		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Conti	on C. Type II Supporting Organizations	2		
Secti	on c. Type if 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_1_		
Secti	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		Yes	NO
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
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 ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	-		
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	الاد		

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)(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-Functional Part V Type III Non-Function	gan	<u>izations</u>	
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) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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		j
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) Pnor 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 secunties	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 pnor 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	y int	egrated Type III support	ng organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	oxompt 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	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (pnor IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			·
9_	Distributable amount for 2017 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount	·····		
Se	ection E - Distribution Allocations (see instructions)	口 (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.	ŝ		
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			1
e	From 2016			J
1	Total of lines 3a through e			
g	Applied to underdistributions of pnor years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
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			<u> </u>
b_	Applied to 2017 distributable amount			····
C	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.		0.00	ļ
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0.00
7	Excess distributions carryover to 2018. Add lines 3			1
-	and 4c.	0.00		
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 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.)
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