

**Short Form Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| A          | For the         | 2017 calenda           | ar year, or tax year beginning July 01 , 2017, and ending  | June 3        | 30th <b>, 20</b> 18        |
|------------|-----------------|------------------------|--|---------------|----------------------------|
| В          | Check if ap     | plicable               | C Name of organization D   |               | identification number      |
|            | Address ci      | hange                  |  | 80-0011849    |                            |
| =          | Name cha        |                        | The Anchorage Robert Burns Appreciation Society  Number and street (or P O box, if mail is not delivered to street address)  Room/suite E      | Telephone     |                            |
| =          | Initial retur   |                        | (  | 907) 277-7555 |                            |
| =          | Amended         | n/terminated<br>return | City or town, state or province, country, and ZIP or foreign postal code   | Group E       |                            |
| =          | Application     |                        | Anchorge, AK 99501-2759  | Number        | <b>•</b>                   |
| G          | Account         | ing Method             | ✓ Cash Accrual Other (specify) ► / H Ch  | neck ▶ 🗹      | If the organization is not |
| í١         | <b>Ne</b> bsite | : www.                 |  |               | attach Schedule B          |
| JI         | ax-exen         | npt status (che        | eck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 (Fo  | orm 990, 9    | 990-EZ, or 990-PF)         |
| K          | Form of         | organization:          | ✓ Corporation ☐ Trust ☐ Association ☐ Other  |               |                            |
|            |                 |                        | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as  | ssets         |                            |
| (Pa        | rt II, col      | umn (B) belov          | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ   | <b>•</b>      | \$ 67,850 00               |
| P          | art I           |                        | e, Expenses, and Changes in Net Assets or Fund Balances (see the in  |               | ns for Part I)             |
|            |                 | Check if               | the organization used Schedule O to respond to any question in this Part I.  | <u> </u>      | <u> </u>                   |
|            | 1               | Contribution           | ons, gifts, grants, and similar amounts received   | . 1           |                            |
|            | 2               | Program s              | ervice revenue including government fees and contracts   | . 2           | 67,850                     |
|            | 3               | Membersh               | ip dues and assessments  | . 3           |                            |
|            | 4               | Investment             |  | . 4           | 67                         |
|            | 5a              |                        | ount from sale of assets other than inventory 5a   |               |                            |
|            | b               |                        | or other basis and sales expenses  |               |                            |
|            | С               | •                      | ss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | . <u>5</u> c  | <u> </u>                   |
|            | 6               | _                      | d fundraising events   |               |                            |
| ø          | а               | _                      | ome from gaming (attach Schedule G if greater than   |               |                            |
| Revenue    |                 | •                      | me from fundraising events (not including \$ of contributions  | — │ 、         |                            |
| ě          | b               | from fundr             | ļ  |               |                            |
| Œ          | 1               |                        | [  |               |                            |
|            | 1               |                        | ch gross income and contributions exceeds \$15,000) 6b ct expenses from gaming and fundraising events 6c                                       |               |                            |
|            | d               |                        | e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr  | act           |                            |
|            |                 | line 6c)               |  | . 6d          |                            |
|            | 7a              | Gross sale             | s of inventory, less returns and allowances  | 50            | <del>'</del>               |
|            | b               |                        | of goods sold  | <del> </del>  |                            |
|            | C               |                        | it or (loss) from sales of inventory (Subtract line 7b from line 7a)   | . 7c          | -                          |
|            | 8               |                        | nue (describe in Schedule O)   | . 8           |                            |
|            | 9               |                        | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED  | ▶ 9           | 67,917                     |
|            | 10              |                        | d similar amounts paid (list in Schedule O)  | . 10          |                            |
|            | 11              |                        | aid to or for members SEP. 0.5.2018.   | . 11          |                            |
| U)         | 12              | Salaries, o            | ther compensation, and employee benefits . $\begin{bmatrix} \Omega \\ \Omega \end{bmatrix}$ $\begin{bmatrix} \Omega \\ \Omega \end{bmatrix}$ . | . 12          |                            |
| Se         | 13              | Profession             | al face and other payments to independent contradters  | . 13          | 11,899                     |
| Expense    | 14              | Occupano               | y, rent, utilities, and maintenance  | . 14          |                            |
| X          | 15              | Printing, p            | ublications, postage, and shipping   | . 15          |                            |
|            | 16              | • • •                  | enses (describe in Schedule O)   | . 16          | 14,050                     |
|            | 17              | Total expe             | enses. Add lines 10 through 16   | <b>▶</b> 17   |                            |
| -          | 40              | Excess or              | (deficit) for the year (Subtract line 17 from line 9)  | . 18          |                            |
| žį.        | 19              | Net assets             | s or fund balances at beginning of year (from line 27, column (A)) (must agree v   | with          |                            |
| Ø.         | [               | end-of-yea             |  | 62,971        |                            |
| Net Assets | 20              | Other char             | nges in net assets or fund balances (explain in Schedule O)  | . 20          |                            |
| Z          | 21              |                        | or fund balances at end of year. Combine lines 18 through 20   |               |                            |
| Fo         |                 |                        | tion Act Notice, see the separate instructions. Cat No 10642   |               | Form <b>990-EZ</b> (2017)  |



| Par  | Balance Sheets (see the instructions for Part II)  | <del></del>           |       |                         | Page 2      |
|------|--|-----------------------|-------|-------------------------|-------------|
|      | Check if the organization used Schedule O to respond to any question in this                 | s Part II             |       |                         | . 🗆         |
|      |  | (A) Beginning of year |       | (B) End of              | year        |
| 22   | Cash, savings, and investments   | 62,971                | 22    |                         | 64,81       |
| 23   | Land and buildings   |                       | 23    |                         |             |
| 24   | Other assets (describe in Schedule O)  |                       | 24    |                         |             |
| 25   | Total assets   | 62,971                | 25    | 7                       | 64,81       |
| 26   | Total liabilities (describe in Schedule O)   | 1                     | 26    | 1.                      |             |
| 27   | Net assets or fund balances (line 27 of column (B) must agree with line 21)                  | 1                     | 27    | <u> (y</u>              |             |
| Part | · · · · · · · · · · · · · · · · · · ·  | •                     | ,     | _                       |             |
|      | Check if the organization used Schedule O to respond to any question in this                 | s Part III            | /Pog  | Expense<br>urred for se |             |
| What | is the organization's primary exempt purpose?  |                       |       | c)(3) and 50            |             |
|      | ribe the organization's program service accomplishments for each of its three largest        |                       |       | nizations, o            | ptional for |
|      | leasured by expenses. In a clear and concise manner, describe the services provide           | ed, the number of     | other | <b>'S</b> }             |             |
|      | ons benefited, and other relevant information for each program title.                        |                       |       |                         |             |
| 28   | ntroduced 400 People to Robert Burns, His Life, His poetry, Serving Scottish Foods, Scottish |                       | 1     | l                       |             |
|      | Dancing. This year our program allowed us to give \$ 4,000 00 to Alaska Resource Education   |                       |       | ł                       |             |
|      | \$4,000 00 to Junior Acheivement of Alaska TIN#92-0045091, and \$4,000 00 to Mended Hearts   |                       |       | 1                       |             |
|      | (Grants \$ 12,000) If this amount includes foreign grants, check here.                       |                       | 28a   | ļ                       | 12,00       |
| 29   | Programs to create and foster understanding among peoples of USA and Scotland to Promot      |                       | )     | )                       |             |
|      | good governement and citizenship, and encourage service-minded individuals to server their   | communities           |       |                         |             |
|      |  |                       | [     |                         |             |
|      | (Grants \$ ) If this amount includes foreign grants, check here .                            | · · · · • <u> </u>    | 29a   | <del></del>             | 54,07       |
| 30   |  |                       | l     | ľ                       |             |

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

Check if the organization used Schedule O to respond to any question in this Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)

(c) Reportable compensation

(Grants \$ ) If this amount includes foreign grants, of the thing are the things a

(Grants \$

Part IV

| (a) Name and title                                   | (b) Average<br>hours per week<br>devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | <ul> <li>(d) Health benefits,<br/>contributions to employee<br/>benefit plans, and<br/>deferred compensation</li> </ul> | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| See attached list of Board Members                   |  |  |   |  |
| No Board Member Receives any Compensation or Benefit |  | 0  | 0   | 0  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |
|  |  |  |   |  |

30a

32

(d) Health benefits, contributions to employee (e) Estimated amount of

66,075



| Form 99   | 90-EZ (2017)   |            | )<br>F   | age 3      |
|-----------|--|------------|----------|------------|
| Part      | 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   |            |          |            |
| 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  | 22         | Yes      | 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)   | 33         |          | <b>✓</b>   |
| 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        |          | 1          |
| 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<br>35c |          | 1          |
| 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<br>b  | Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  | 37b        |          | 1          |
| 38a       | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a        |          | <b>/</b>   |
| ь<br>39   | If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter:  |            |          |            |
| a<br>b    | Initiation fees and capital contributions included on line 9   |            |          |            |
| 40a       | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶   |            |          |            |
| 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        |          | <b>1</b> € |
| c         | 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   |            |          |            |
| e         | 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        | 4.7 %    | 1          |
| 41<br>42a | List the states with which a copy of this return is filed ► Alaska  The organization's books are in care of ► Scott A Stewart  Telephone no. ► (   | 907) 2     | 77.75    |            |
| 420       | Located at ► 1120 East 5th Avenue, Anchorage, AK  ZIP + 4 ►  | 99501      |          |            |
| b         | 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 Financial Accounts (FBAR).   | 42b        | Yes      | No<br>✓    |
| С         | As a second of the second of t | 42c        |          | 1          |
| 43        | Section 4947(a)(1) nonexempt charitable 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  |            |          | <b>▶</b> □ |
| 44a       | completed instead of Form 990-EZ   | 44a        | Yes      | No<br>✓    |
| b         | completed instead of Form 990-EZ   | 44b        | .,.      | 1          |
| c<br>d    | 15 Mar III Land Ada Bara tha annual a | 44c<br>44d | *        | ✓<br>✓     |
| 45a<br>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  | 45a        | 数        | <b>✓</b>   |
|           | Form 990-EZ (see instructions)   | 45b        | <u> </u> | ✓          |

| G 83     | 0-62 40                 | ····   |  |   |  |  |   | F            | age 4                        |
|----------|-------------------------|--|--|---|--|--|---|--------------|------------------------------|
| 46`      | Did th                  | e organization engage, directly or in  | idirectly, in political c                            | ampaign activities or                             | n behalf o                                       | f or in opposit  | tion  | Yes          | No                           |
|          | to can                  | ididates for public office? If "Yes," o  | omplete Schedule C                                   | , Part I  | <u></u>  |  | 46  | 1            | 1                            |
| Part \   | ,                       | Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci | s must answer que                                    |   |  |  | e tables                                      | or lin       | es                           |
|          |                         | SHOOK II THO OTGATILLATION ASSA GO   | icadie o to respond                                  | to any question in                                | unsrait  | <u> </u>   | <u>· · · · · · · · · · · · · · · · · · · </u> | Yes          | No                           |
| 47       | Did the year?           | ne organization engage in lobbying<br>If "Yes," complete Schedule C, Par   |  | section 501(h) election                           |  | ct during the  | tax 47  | 103          | 1                            |
| 48       | Is the                  | organization a school as described in  | section 170(b)(1)(A)(i                               | i)? If "Yes," complete                            | Schedule   | Ε  | . 48  | <del> </del> | 7                            |
| 49a      |                         | e organization make any transfers to   |  |   |  |  | . 49a   |              | 1                            |
| ь        | If "Yes                 | s," was the related organization a se  | ection 527 organization                              | on?   |  |  | 49b   |              |                              |
| 50       | emplo                   | plete this table for the organization's<br>pyees) who each received more than                                    | ive nignest compen<br>\$100.000 of compe             | sated employees (ot)                              | ner than c<br>Inization                          | micers, directi<br>If there is non                                   | ors, truste<br>e enter "l                     | es, an       | d key                        |
|          |                         | Name and title of each employee  | (b) Average<br>hours per week<br>devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) He<br>contributi<br>benefit pla              | alth benefits,<br>ons to employee<br>tns, and deferred<br>opensation | (e) Estimate other cor                        | ed amo       | unt of                       |
| None     |                         |  |  |   |  |  | <del></del> -                                 |              |                              |
|          |                         |  |  |   | <del> </del>                                     |  | <del></del>                                   |              |                              |
|          |                         |  | <del></del>  |   | <del> </del>                                     |  |   |              |                              |
|          |                         |  |  |   | +  | <del></del>  |   |              |                              |
|          |                         |  |  | <del> </del>                                      | <del>                                     </del> |  | <u> </u>                                      |              |                              |
|          |                         |  |  |   |  | Ì  |   |              |                              |
|          | Total                   | number of other employees paid ov  | er \$100 000   | <u> </u>  | ٠  | 1  |   |              |                              |
| 51       | Comp                    | olete this table for the organization' 000 of compensation from the orga   | s five highest comp                                  |   | t contract                                       | cors who each  | received                                      | more         | than                         |
|          | (a)                     | Name and business address of each independ   | lent contractor                                      | (b) Type of sea                                   | rvice  | (c   | ) Compensat                                   | ion          |                              |
| None     |                         |  |  |   |  |  |   |              |                              |
|          |                         |  |  | -   |  | 1  |   |              |                              |
|          |                         |  |  |   |  |  | <del></del>                                   |              |                              |
|          |                         |  | *************************                            |   |  | <del></del>  |   |              |                              |
|          |                         |  |  |   |  |  |   |              |                              |
|          |                         |  |  | ]   |  |  |   |              |                              |
| d<br>52  |                         | number of other independent contri<br>the organization complete Schedi   | _  |   |  | s must attac   | <br>h a                                       |              |                              |
|          |                         | oleted Schedule A  | mtum including accompa                               | numa schedules and states                         | neats and t                                      | the hest of my k   | .► ✓ Ye                                       |              |                              |
| true, co | pertaities<br>prect, an | id complete. Declaration of preparer (other tha  | n officer) is based on all inf                       | formation of which prepare                        | r has any kn                                     | owledge  |   |              |                              |
| Sign     | ł                       | Signature of officer   | te   |   |  | Date   |   |              |                              |
| Here     |                         | Scott A. Stewart   |  |   |  | 08/31/2018   |   |              |                              |
|          |                         | Type or print name and title   |  |   |  |  |   |              |                              |
| Paic     | _                       | Print/Type preparer's name   | Preparer's signature                                 |   | Date   | Check C<br>self-emple  |   |              |                              |
| -        | oarer<br>Only           | Firm's name ▶  |  |   |  | Firm's EIN ▶   |   |              |                              |
|          | -                       | Firm's address ▶   | r chave above See                                    | inetrictions                                      |  | Phone no   | ► □ Ye  |              | Me.                          |
| May      | tne IRS                 | discuss this return with the prepare   | a anown abover dee                                   | indudottoria                                      | <del>: : :</del>                                 | <del></del>  | Form 9  |              | <b>No</b><br><b>Z</b> (2017) |

## 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
2017
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

|     |               | Proage Robert Burns Apprecation  |                                     |  |                          |                          | 80-00  |                                  |
|-----|---------------|--|-------------------------------------|--|--------------------------|--------------------------|--|----------------------------------|
| Par |               | Reason for Public Chari  |                                     |  |                          |                          |  | ns.                              |
|     |               | anization is not a private foundat   |                                     |  |                          |                          |  | 2/1                              |
| 1   |               | A church, convention of church   | •                                   |  |                          |                          |  | U                                |
| 2   | <del></del>   |  |                                     |  |                          |                          |  |                                  |
| 3   | Ш             |  |                                     |  |                          |                          |  |                                  |
| 4   | U             | A medical research organization hospital's name, city, and state   | -                                   | njunction with a hosp                              | oital desci              | ribed in <b>s</b>        | ection 170(b)(1)(A)(                         | iii). Enter the                  |
| 5   |               | section 170(b)(1)(A)(iv). (Comp  | lete Part II.)                      |  |                          |                          |  | al unit described in             |
| 6   |               | A federal, state, or local govern  |                                     |  |                          |                          |  |                                  |
| 7   |               | An organization that normally r described in section 170(b)(1)(a   |                                     |  | oort from                | a goverr                 | nmental unit or from                         | the general public               |
| 8   |               | A community trust described in   | section 170(b)                      | (1)(A)(vi). (Complete F                            | Part II.)                |                          |  |                                  |
| 9   |               | An agricultural research organiz<br>or university or a non-land-gran<br>university:  |                                     |  |                          |                          |  |                                  |
| 10  | <b>√</b>      | An organization that normally re<br>receipts from activities related t<br>support from gross investment<br>acquired by the organization affi | to its exempt fur<br>income and unr | nctions—subject to ce<br>elated business taxat     | ertain exc<br>ole incom  | eptions,<br>e (less se   | and (2) no more than<br>ection 511 tax) from | 1 331/3% of its                  |
| 11  |               | An organization organized and  |                                     |  |                          |                          |  |                                  |
| 12  | $\overline{}$ | An organization organized and  |                                     |  |                          |                          |  | ry out the purposes              |
| -   |               | of one or more publicly suppor<br>Check the box in lines 12a throu   | rted organization                   | ns described in section                            | on <b>509</b> (a)        | (1) or se                | ction 509(a)(2). See                         | section 509(a)(3).               |
| _   |               | Type I. A supporting organic   | •                                   | • • • • •  |                          | -                        | •  | ,                                |
| a   |               | the supported organization(  | •                                   | •  | -                        |                          | •  |                                  |
|     |               | supporting organization. Yo  | • •                                 | • • • • •  |                          |                          |  | 300 01 1110                      |
| Ł   | •             | ☐ Type II. A supporting organ  | -                                   |  |                          |                          | upported organizatii                         | on(s), by having                 |
| -   |               | control or management of the organization(s). You must o   | he supporting o                     | rganization vested in                              | the same                 |                          | • • •  | • •                              |
| (   | ;             | Type III functionally integrates supported organization(s  |                                     |  |                          |                          |  | ally integrated with,            |
| (   | i             | ☐ Type III non-functionally in   |                                     |  |                          |                          |  |                                  |
|     |               | that is not functionally integ   |                                     |  |                          |                          |  | d an attentiveness               |
|     |               | requirement (see instruction   | •                                   | =  |                          |                          |  |                                  |
| •   | •             | Check this box if the organi functionally integrated, or T   | zation received                     | a written determination tionally integrated sur    | on from th<br>oporting o | ne IRS tha<br>proanizati | at it is a Type I, Type<br>ion.              | e II, Type III                   |
| 1   | •             | Enter the number of supported o  |                                     |  |                          |                          |  | —                                |
|     |               | Provide the following information  | -                                   |  |                          |                          |  | <u> </u>                         |
|     | <u></u> _     | Name of supported organization   | (ii) EIN                            | (iii) Type of organization                         | (iv) Is the o            | rganization              | (v) Amount of monetary                       | (vi) Amount of                   |
|     | (-,           | 3  | .,,_                                | (described on lines 1–10 above (see instructions)) | listed in you            | r governing<br>ment?     | support (see<br>instructions)                | other support (see instructions) |
|     |               |  |                                     |  | Yes                      | No                       |  |                                  |
| (A) |               |  |                                     |  |                          |                          |  |                                  |
| (B) |               |  |                                     |  |                          |                          |  |                                  |
|     |               |  |                                     |  |                          |                          |  | <u> </u>                         |
| (C) | —.            |  |                                     |  |                          |                          |  |                                  |
| (D) |               |  |                                     |  |                          |                          |  |                                  |
| (E) |               |  |                                     |  | <u> </u>                 |                          |  | _                                |

| Part           |   |  |                                 |                                  |                                     |   | •                    |
|----------------|---|--|---------------------------------|----------------------------------|-------------------------------------|---|----------------------|
|                | (Complete only if you checked the   |  |                                 |                                  |                                     |   | alify under          |
|                | Part III. If the organization fails to  | o qualify unde                         | er the tests lis                | sted below, p                    | lease comple                        | te Part III.)                           |                      |
|                | on A. Public Support  | ( ) 0010                               | <b>7.1.0044</b>                 | ( ) 2045                         | (1) 0040                            | 130017                                  |                      |
|                | 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.")  |  |                                 |                                  |                                     |   | ,                    |
| 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  |  | ·<br>                           |                                  | /                                   |   |                      |
| 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   |  |                                 | ľ                                |                                     |   |                      |
|                | on B. Total Support   |  |                                 | <del>, </del>                    | <del></del>                         |   |                      |
|                | dar year (or fiscal year beginning in)  | (a) 2013                               | <b>(b)</b> 201⁄4                | (c) 2015                         | (d) 2016                            | <b>(e)</b> 2017                         | (f) Total            |
| 7              | Amounts from line 4   |  |                                 | <del></del>                      |                                     |   |                      |
| 8              | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |  |                                 |                                  |                                     |   |                      |
| 9              | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |                                 |                                  |                                     |   |                      |
| 10             | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |  |                                 |                                  |                                     |   |                      |
| 11<br>12<br>13 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the  | i                                      |                                 |                                  |                                     | 12 ear as a section                     | on 501(c)(3)         |
|                | organization, check this box and stop he  | , -                                    |                                 |                                  | -                                   |   |                      |
| Sect           | ion C. Computation of Public Support  |  |                                 |                                  |                                     | <del></del>                             |                      |
| 14             | Public support percentage for 2017 (line  |  |                                 | 11, column (f))                  |                                     | 14                                      | %                    |
| 15             | Public support percentage from 2016 Sc  | hedule A, Part                         | II, line 14 .                   |                                  |                                     | 15                                      | %                    |
| 16a            | 331/3% support test-2017. If the organ  |  |                                 |                                  |                                     |   |                      |
|                | box and stop here. The organization qua   |  |                                 |                                  |                                     |   |                      |
| b              | 331/3% support test — 2016. If the organ this box and stop here. The organization   | qualifies as a                         | publicly suppo                  | orted organizat                  | ion                                 |   | 🕨 📋                  |
| 17a            | 10%-facts-and-circumstances test—2 10% or more, and if the organization means the fart VI how the organization meets the forganization  | eets the "facts<br>"facts-and-circ<br> | -and-circumst<br>:umstances" to | tances" test, clest. The organ   | heck this box a<br>ization qualifie | and <b>stop here</b><br>s as a publicly | Explain in supported |
| b              | 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is supported organization.  | ation meets the meets the              | e "facts-and-                   | circumstances<br>istances" test. | " test, check                       | this box and                            | stop here.           |
| 18             | Private foundation. If the organization d   |  |                                 |                                  |                                     |   | 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 tests listed below, please complete Part II.)

| Section | on A. Public Support   |                       |                       |                  |                 | <del></del>      |             |
|---------|--|-----------------------|-----------------------|------------------|-----------------|------------------|-------------|
| 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.")   | 59,440 00             | 87,840 00             | 65,000.00        | 65,940 00       | 67,850 00        | 346,070 00  |
| 2       | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the                         |                       |                       |                  |                 |                  |             |
| 3       | organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513                                 |                       |                       |                  |                 |                  |             |
| 4       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                       |                       |                  |                 |                  |             |
| 5       | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                       |                  |                 |                  |             |
| 6<br>7a | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.  | 59,440 00             | 87,840 00             | 65,000 00        | 65,940.00       | 67,850 00        | 346,070 00  |
| 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 |                       |                       |                  |                 |                  |             |
| С       | Add lines 7a and 7b  | 0.00                  | 0.00                  | 0.00             | 0.00            | 0.00             | 0 00        |
| 8       | Public support. (Subtract line 7c from   |                       |                       |                  |                 |                  | <del></del> |
|         | line 6.)   | }                     |                       |                  |                 |                  | 346,070.00  |
| Secti   | on B. Total Support  |                       |                       |                  |                 |                  |             |
| 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  | 59,440 00             | 87,840.00             | 65,000 00        | 65,940 00       | 67,840 00        | 346,070 00  |
| 10a     | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.                               | 65 73                 | 35.90                 | 47.05            | 47 10           | 67 14            | 262 92      |
| b       | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                       |                       |                  |                 |                  |             |
| С       | Add lines 10a and 10b  | 65 73                 | 35.90                 | 47 05            | 47 10           | 67 14            | 262 92      |
| 11      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                    |                       |                       |                  |                 |                  | -           |
| 12      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  | ,                     |                       |                  |                 |                  |             |
| 13      | Total support. (Add lines 9, 10c, 11, and 12.)   | 59,505 73             | 87,875.90             | 65,047 05        | 65,987 10       | 67,917 14        | 346,332 92  |
| 14      | First five years. If the Form 990 is for the organization, check this box and stop he  | re                    | <u></u>               |                  | _               | ear as a section |             |
| Secti   | ion C. Computation of Public Suppo   |                       |                       |                  |                 |                  |             |
| 15      | Public support percentage for 2017 (line   |                       |                       |                  |                 | 15               | 99.88 %     |
| 16      | Public support percentage from 2016 Sc   |                       |                       | <del></del>      | <u></u>         | 16               | 99.92 %     |
| Sect    | ion D. Computation of Investment In  |                       |                       |                  |                 |                  |             |
| 17      | Investment income percentage for 2017  |                       |                       |                  |                 | 17               | 0 10 %      |
| 18      | Investment income percentage from 2010   | 6 Schedule A, I       | Part III, line 17     |                  |                 | 18               | .08 %       |
| 19a     | 331/3% support tests—2017. If the organ  |                       |                       |                  |                 |                  |             |
|         | 17 is not more than 331/3%, check this box   |                       |                       |                  |                 |                  |             |
| þ       | 331/3% support tests – 2016. If the organization 18 is not more than 331/3%, check this  | box and <b>stop h</b> | <b>ere.</b> The organ | zation qualifies | as a publicly s | upported organi  | zation 🕨 🔲  |
| 20      | Private foundation If the organization d   | id not check a        | hax on line 14        | 19a or 19b. c    | heck this hox   | and see instruc  | etions >    |

## Part IV Supporting Organizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

(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.)

| Cooti | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P  | art V | .)  |              |
|-------|--|-------|-----|--------------|
| Secti | on A. All Supporting Organizations   |       |     | T            |
| 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     | Yes | No           |
| 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    |     |              |
|       | 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    |     |              |
| 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    |     |              |
| 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.  |       |     |              |
| 5а    | 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).  | 4c 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    |     | -            |
| С     |  | 5c    | 1   |              |
| 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 <b>Part VI</b> .  | 6     |     |              |
| 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  |       |     | -            |
| 8     | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 8     | -   | <del> </del> |
| 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     | and the second of the second o | 9b    |     | <del> </del> |
| c     |  | 30    | +-  | 1-           |
| G     | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.   | 9c    |     | <u> </u>     |
| 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  |       |     |              |

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

| Part I   | V Supporting Organizations (continued)   |          |              |              |
|----------|--|----------|--------------|--------------|
|          |  |          | Yes          | No           |
|          | Has the organization accepted a gift or contribution from any of the following persons?  |          |              |              |
| 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?  | <u> </u> |              |              |
| <b>.</b> | A family member of a person described in (a) above?  | 11a      |              |              |
|          | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>   | 11b      |              |              |
|          | on B. Type I Supporting Organizations  | 110      |              |              |
|          |  |          | Yes          | No           |
| 1        | Did the directors, trustees, or membership of one or more supported organizations have the power to  | <u> </u> |              |              |
|          | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   | ł        |              |              |
|          | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,                 |          |              |              |
|          | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |          |              |              |
|          | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   |          | L            |              |
| 2        | Did the organization operate for the benefit of any supported organization other than the supported  | 1        |              | ·            |
| 2        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>   | ]        |              |              |
|          | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | }        |              |              |
|          | supervised, or controlled the supporting organization.   | 2        |              |              |
| Section  | 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   |          |              |              |
|          | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  | l        |              |              |
|          | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  |          |              |              |
| Socti    | on D. All Type III Supporting Organizations  | 1        |              |              |
| Section  | os i b. Ali Type ili dupporting digunzationo   |          | Yes          | No           |
| 1        | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   | Γ –      |              | 710          |
| ·        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  | 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   |          |              |              |
|          | 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).        |          | ļ            |              |
| •        |  | 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                             | ſ        | 1            |              |
|          | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |          | Ì            |              |
|          | 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   | nstru    | ction        | s).          |
|          | The organization satisfied the Activities Test. Complete line 2 below.   |          |              | -,-          |
| a<br>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.   |          | res          | 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 <b>Part VI identify</b>         |          |              |              |
|          | these 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  | ,        |              | ļ            |
|          | 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   |          | <u> </u>     | <b> </b>     |
|          | activities but for the organization's involvement.   | 2b       |              | <u> </u>     |
| 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  | -        |              | ļ            |
|          | trustees of each of the supported organizations? Provide details in Part VI.   | 3a       | <del> </del> |              |
| 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 <b>Part VI</b> the role played by the organization in this regard. | 3b       | _            | <del> </del> |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic   | jani  | zations                    |                             |
|--|-------|----------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying  |       |                            |                             |
| • instructions. All other Type III non-functionally integrated supporting organ  | ızat  | ions must complete Secti   | ons 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 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   | 10    |                            |                             |
| 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     |                            | T                           |
| 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   | ly in | tegrated Type III supporti | ng organization (see        |
| instructions).   | •     | 2 ,, ,,                    | - '                         |

|    | <ul> <li>Type III Non-Functionally Integrated 509(a)(3</li> </ul>   | ) Supporting Organi         | zations (continued)                    |   |
|----|---|-----------------------------|--|---|
|    | on D - Distributions  |                             |  | Current Year                              |
| 1. | Amounts paid to supported organizations to accomplish e   | exempt purposes             | <del></del>                            |   |
| 2  | Amounts paid to perform activity that directly furthers exe   | 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.  |                             |  |   |
| 8  | Distributions to attentive supported organizations to whice   | 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  |                             |  |   |
| Se | ection E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>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   |                             | <u> </u>                               |   |
| а  |   | L                           |  |   |
| b  | From 2013   |                             |  |   |
| C  | From 2014   |                             |  |   |
| d  | From 2015   |                             |  |   |
| е  | From 2016   |                             |  |   |
| f  | Total of lines 3a through e   |                             |  |   |
| g  | Applied to underdistributions of prior years  |                             |  |   |
| h  | Applied to 2017 distributable amount  |                             |  |   |
| i  | Carryover from 2012 not applied (see instructions)  |                             |  |   |
| j  | 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  |                             |  |   |
| b  | Applied to 2017 distributable amount  |                             |  |   |
| С  | Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5  | Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| 6  | Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                         |                             |  |   |
| 7  | Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c.  |                             |  |   |
| 8  | Breakdown of line 7:  |                             |  |   |
| a  | Excess from 2013  |                             |  |   |
| b  |   |                             |  |   |
| C  |   |                             |  |   |
| d  |   |                             |  |   |
| e  |   |                             |  |   |
|    |   |                             |  |   |

| Schedule | A (Form | 990 or | 990-F7 | 2017 |
|----------|---------|--------|--------|------|

Page 8

| 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.) |
|---------|---|
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |
|         |   |