Short Form

294923281₁5₀3620₁₅₄₅8₅₀ **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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A F	or the	2017 calenda	ar year, or tax year beginning J	uly 1 , 2017	, and ending	J	une 30	, 20	18	
	B c	heck if ap	plicable	C Name of organization			D Empl	oyer identifi	ication numbe	er	
		Address cl	hange	FAME Leaders Number and street (or P.O. box, if mail is not delivered	Room/suite			06863			
	$\overline{}$	Name cha	-	E Telep	E Telephone number						
	=	nıtıal retur Fınal retun	n n∕terminated			23-3263					
	=	Amended			ıp Exemptı	on					
		Application	n pending	Augusta, ME 04332 ☐ Cash		-0		ber ►			
			ing Method		Check ► ☐ if the organization is not required to attach Schedule B						
		/ebsite									
			npt status (che	(Form 990, 990-EZ, or 990-PF)							
	K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets										
				v) are \$500,000 or more, file Form 990 instead o		more, or in total	a33613	▶ •		^	
		art I		e, Expenses, and Changes in Net As		ces (see the	instruc	tions for	· Part I)		
æ		ar C i		the organization used Schedule O to res						. \square	
2019	_	1		ons, gifts, grants, and similar amounts recei			<u></u> T	1		<u> </u>	
		2		ervice revenue including government fees a				2			
8 0		3	•	ip dues and assessments				3			
		4	Investment					4			
FEB		5a	Gross amo	ount from sale of assets other than inventor	y 5a		l				
		b		or other basis and sales expenses	· ———						
딦		С		ss) from sale of assets other than inventory	(Subtract line 5b from	line 5a) .	<u> </u>	5c			
Z		6		d fundraising events							
Z		а	Gross inco	ome from gaming (attach Schedule G	if greater than						
SCANNED	Ę				6a						
ഗ	Revenue	b		me from fundraising events (not including	<u>*</u>	of contribution	ıs				
	æ			aising events reported on line 1) (attach S		ı					
				ch gross income and contributions exceeds							
		C		et expenses from gaming and fundraising e			otract				
		đ	line 6c)	e or (loss) from gaming and fundraising e	events (auu lines oa ai	io ob ano sui	Jiraci	6d			
		70	,	s of inventory, less returns and allowances	· · · · · ·	 1		ou	<u> </u>		
		7a b		of goods sold							
		C		it or (loss) from sales of inventory (Subtract				7c			
		8	•					8			
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶	9		0	
		10		similar amounts paid (list in Schedule O)				10			
		11	Benefits pa	aid to or for members	· · · · · · · · · · · · · · · · · · ·	EN/ED	ا . ا ت	11			
	e S	12	Salaries, of	ther compensation, and employee benefits	NEC	EIVED	. k	12			
	Šuš	13	Profession	al fees and other payments to independent	t contractors . Novi .	ا مفود ا	⊠ ·	13			
	Expenses	14	Occupancy	ther compensation, and employee benefits al fees and other payments to independent y, rent, utilities, and maintenance		L 9. 2018		14	_		
	ΔÛ	15	Printing, pu	ublications, postage, and snipping	· · · · L · · · · ·	<u></u>	호 ·	15			
		16	-	enses (describe in Schedule O)		EN, UT	1.	16			
		17		enses. Add lines 10 through 16			▶	17		0	
	ţ	18		(deficit) for the year (Subtract line 17 from I				18		0	
	Net Assets	19		or fund balances at beginning of year (from the figure reported on prior year's return).	rom line 27, column (A			10		_	
	t À	00	•					19 20		0	
	Ne	20		nges in net assets or fund balances (explair				21		0	
	_	21		or fund balances at end of year. Combine		+ No 106491			m 990-F7	(2017)	

Pa	rt II Balance Sheets (see the instructions	•				
•	Check if the organization used Schedule	e O to respond to ar				
	0.1		-	(A) Beginning of year	22	5) End of year
22 23	Cash, savings, and investments		-		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	 ;
26	Total liabilities (describe in Schedule O)				26	•
27	Net assets or fund balances (line 27 of column				27	
Par	t III Statement of Program Service Accom					-
	Check if the organization used Schedule				(Reau	Expenses red for section
	t is the organization's primary exempt purpose?				501(c)	(3) and 501(c)(4)
Des	cribe the organization's program service accompl	ishments for each of	fits three largest provided	rogram services,	organi	zations, optional for
as n ners	neasured by expenses. In a clear and concise roons benefited, and other relevant information for e	nanner, describe the ach program title.	e services provided	, the number of		,
28	one periotica, and exite recent memoriales series				T	
	(Grants \$) If this amoun	t includes foreign gra	nts, check here .	▶ 🗆	28a	
29					ł	
	•••••				ĺ	
					00-	
20	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	· · · P 🗆	29a	
30						
	(Grants \$) If this amoun	t includes foreign gra	nts, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)				ĺ	
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Ke				struct	ions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		· · · · <u></u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe		stimated amount of ner compensation
	• ,	devoted to position	(if not paid, enter -0-)	deferred compensation		ier compensation
Mart	ha Johnston					
Pres	ıdent		0		0	0
Bruc	e Wagner	_				
Trea	surer		0		0	0
	s Pierce	-{				
Dire	ctor	 	0		0	0
-						
		<u> </u>				
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Part	unstructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
<u>- </u>	instructions for Fart v.) Offeck if the organization used Schedule O to respond to any question in this	, i ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	_		
b	Did the organization file Form 1120-POL for this year?	37b		√
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	000		
39	Section 501(c)(7) organizations. Enter:	1		1
а	Initiation fees and capital contributions included on line 9]		1
b	Gross receipts, included on line 9, for public use of club facilities			ı
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶]
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		
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 ▶			
42a	The organization's books are in care of ► Finance Authority of Maine Telephone no. ►			
h	Located at ► PO Box 949 Augusta, ME 04332 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	043	Yes	No
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	
	If "Yes," enter the name of the foreign country: ▶			Ť
	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		✓
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	· 	. 1	▶ [
44-	Did the appropriate majertain any depay advised friends during the years if "Van" 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		7
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	igsqcup	. ✓
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	$\vdash \vdash$	H.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	$\vdash \vdash$	⊬
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		-

Page	4
ı ayı	

		ne organization engage, directly or in ndidates for public office? If "Yes," o			behalf of o	r ın opposi	tion 46		√
Part V	0	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b and		omplete th		for lines	s _
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	· · ·	<u> </u>	Yes	 No
•	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	tll				. 47	res	√
49a b 50	Did th If "Ye: Comp	organization a school as described in the organization make any transfers the s," was the related organization a se tolete this table for the organization's toletes) who each received more than	o an exempt non-cha ection 527 organizatio five highest compens	ritable related organiz in?	zation? er than offic	cers, direct	. 49a . 49b ors, truste	es, and	✓ ✓ key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans	n benefits, s to employee , and deferred nsation	(e) Estimate other cor	ed amoun	
								_	****
51	Comp	number of other employees paid ov plete this table for the organization 000 of compensation from the orga	's five highest compe	ensated independent one, enter "None."	contractor	s who each	received	l more	than
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c	Compensat	ion	
									_
52	Did t	number of other independent control he organization complete Schedi leted Schedule A	ule A? Note: All se	ection 501(c)(3) orga		<u></u>	. <mark>▶ □ Ye</mark>		
Under pe true, corr	nalties ect, and	of perjury, I declare that I have examined this domplete. Declaration of preparer (other that	return, including accompan n officer) is based on all info	ying schedules and statemi ormation of which preparer l	ents, and to the has any knowle	e best of my ki edge	nowledge an	d belief, it	IS
Sign Here		Signature of officer Warha Type or print name and title	Johnsto	n	Da	te 06-2	0/8		
Paid Prepa	rer	Print/Type preparer's name	Preparer's signature	Da	ate	Check self-emplo	oyed PTIN		
Use C		Firm's name				m's EIN ▶			
May the	e IRS	Firm's address ► discuss this return with the prepare	r shown above? See	instructions	Ph	one no	► □ Yes	s 🗆 N	0

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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.

2017
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	Lead							06863
Pai	t I _	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons
The o	_	zation is not a private founda		•		-	•	
1	□ A	church, convention of churc	hes, or associati	on of churches descri	ibed in s e	ection 17	O(b)(1)(A)(i).	17
2		school described in section						
3		hospital or a cooperative hos						V
4	_ ho	medical research organizationspital's name, city, and state	e:					
5		n organization operated for rection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ Aı	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	\square A	community trust described in	n section 170(b	(1)(A)(vi). (Complete l	Part II.)			
9	or ur	n agricultural research organi runiversity or a non-land-gra niversity:	nt college of agr	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re Su	n organization that normally riceipts from activities related upport from gross investment coursed by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12		n organization organized and						
		one or more publicly support						
		heck the box in lines 12a thro	•	• • • • •		•	·	_
а	$ \overline{\checkmark} $	Type I. A supporting organ						
		the supported organization					ne directors or trust	ees of the
	_	supporting organization. Yo	•					(-)
b	لسا	Type II. A supporting organ control or management of organization(s). You must	the supporting o	organization vested in	the same			
С		Type III functionally integ its supported organization(rated. A suppor	tıng organization opei	ated in c			ally integrated with,
d	П	Type III non-functionally i						orted organization(s
		that is not functionally integree requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an	
е		Check this box if the organ functionally integrated, or l						e II, Type III
f		er the number of supported o						
g	Pro	vide the following information	n about the supr	T	1		т	
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A) _F	inance	Authority of Maine	01-0392006	6	1		0	
(B)	_							
(C)								
(D)								
(E)								
Tota					-			

Part	II Support Schedule for Organiza						
,	(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				,		
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.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						V
	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					<u> </u>	
5	The portion of total contributions by			,	<i>.</i>		
	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)	•		<i> </i>			
6	Public support. Subtract line 5 from line 4				. n		
6 Secti	on B. Total Support	l	<u> </u>		<u> </u>	L	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(a) 2010	(6) 2014	7 (0) 2010	(4) 2010	(6) 2017	(i) Total
8	Gross income from interest, dividends,					-	
0	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	Total support. Add lines 7 through 10	/					
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	<u> </u>		▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line		•			14	<u>%</u>
15	Public support percentage from 2016 Sci	hedule A, Part	II, line 14 .			15	<u>%</u>
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test – 2016. If the organithis box and stop here. The organization					1S 33 73% OF IT	
	. /	•		_			_
17a	10%-facts-and-circumstances test – 2	017. If the org	anization did r	ot check a bo	ox on line 13, 1	6a, or 16b, an	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the 'organization	iacis-and-circ	umstances te	sat. The Organ	zation qualifie	as a publicly	▶ □
_	,	040 (51)					_
b	10%-facts-and-circumstances test – 2 15 is 10% or more, and if the organization	U16. If the org	anization did r	TOT CHECK a bo	ox on line 13,	this boy and	a, and line
	Explain in Part VI how the organization r	auon meets tr meets the "fac	ts-and-circum	circuitistatices stances" test	The organizati	ion qualifies as	s a publicly
	supported organization						> 🗀
18	Private foundation. If the organization d				a or 17b chec	k this box and	_
.0	instructions						> 🗆

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you obsolved the boy on line 10 of Part I or if the organ

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013_	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				/		
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities			/			
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
6 7a	Amounts included on lines 1, 2, and 3			/			
·a	received from disqualified persons .						
b	Amounts included on lines 2 and 3					-	
U	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						
8	Public support. (Subtract line 7c from						
	line 6.)			t pro- sets			
	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		ļ				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
_	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						-
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.)				<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he				· · · · ·	• • • •	· · • 📙
	on C. Computation of Public Suppor Public support percentage for 2017 (line to			3 column (6)		15	%
15 16	Public support percentage for 2017 (line of Public support percentage from 2016 Sch						
16 Secti	on D. Computation of Investment In			<u> </u>	<u> </u>	1101	
17	Investment income percentage for 2017 (v line 13. colui	mn (f))	17	%
18	Investment income percentage from 2016						
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organiz						
-	line 18 is not more than 331/3%, check this						
20 _	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	Δ	ΔΙΙ	Sun	porting	Ora	anizations
3 0 011011	м.	MII	Jup	porung	UIS	ailizations

			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).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		_	Ţ
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 , 4а	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 Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
b	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 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.	4a 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.			
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).	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	_	نـــا
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		· ·
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 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		
0a	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			لِّــا
b	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a 10b		✓

Part	W. Supposition Oppositations (continued)			
rarı	Supporting Organizations (continued)		Yes	No
	Lies the expensesion eccented a gift or contribution from any of the following persons?		162	140
11	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)	11a		<u> </u>
	below, the governing body of a supported organization?			✓
	A family member of a person described in (a) above?	11b		✓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_ ✓
secti	on B. Type I Supporting Organizations		Yes	No
	D. 14		res	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			
	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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
0		2		
Secti	on C. Type II Supporting Organizations		Vaa	Na
			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)			لــــــ
0 = 1.		1		<u> </u>
secti	on D. All Type III Supporting Organizations		V	Ne
	District the state of the second state of the state of the state of the second state o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?	<u> </u>		
_		1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ŀ		
-	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).	<u> </u>		
_		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	ļ		
	supported organizations played in this regard.			
<u> </u>		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 in	nstru	ctions	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			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	struct	ions).
_	Actuition Tool. Annuar (a) and (b) holou:		Yes	No
2	Activities Test. Answer (a) and (b) below.		162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.		—	ـــا
	•	2a	<u></u>	<u> </u>
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			لـــــا
	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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b	l	Ī

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>anı</u>	zations				
, 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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	<u> </u>				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b	<u> </u>				
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		1	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-functionall instructions).	y int	tegrated Type III support	ing organization (see			

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		_	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice	ponsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	-		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.		·	
3	Excess distributions carryover, if any, to 2017		33	· · · · · · · · · · · · · · · · · · ·
а				
b	From 2013 .		,	
С	From 2014		4 4	
d	From 2015		· .	
e	From 2016		: 1	,
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount		. معنوساؤ بلاء	
i	Carryover from 2012 not applied (see instructions)	1	95 E	
_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		• अंग रक्षण है.	, **
4	Distributions for 2017 from Section D, line 7: \$	1	7.	
a	Applied to underdistributions of prior years			
<u></u>	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.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d				
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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