SCANNED APR 1 8 2019

Form **990-EZ** 

## **Short Form**

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No 1545-1150 2018

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

Open to Public

Internal Revenue Service Solution    Go to www.irs.gov/Form990EZ for instructions and the latest information.							
A F	or the	2018 calenda	ptember 30	, 20 18			
Bc	heck if ap	plicable	oloyer identification r	umber ?			
Address change			Society of St. Vincent de Paul, St.Fransis of Assisi, Yuma Conference	800609649			
$\overline{}$	Name cha	-	Number and street (or P O box, if mail is not delivered to street address)  Room/suite  E Tele	phone number			
=	nitial retur	m n/terminated	1815 S. 8th Avenue	928-271-5546			
_	Amended :		I	oup Exemption			
=		n pending	Yuma,AZ, USA 85364 95 Nu	mber ▶ 🔁			
G A	ccount	ing Method	☐ Cash ☐ Accrual Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	▶ ☐ If the organiz	zation is <b>not</b>		
	Vebsite			d to attach Schedu			
				990, 990-EZ, or 990	)-PF)		
			☐ Corporation ☐ Trust ☐ Association ☐ Other	•			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets				
_			3500,000 or more, file Form 990 instead of Form 990-EZ	etions for Port	\ 3		
-	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru				
	<u> </u>		the organization used Schedule O to respond to any question in this Part I	<del></del>			
?	1 2		ons, gifts, grants, and similar amounts received	2	86,668		
?1 ?1	2   3	_	ervice revenue including government fee:	3			
?i	4	Investment		4			
	5a		ount from sale of assets other than invent .   5a	-			
	b		or other basis and sales expenses	1			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6		d fundraising events:				
	a	_	ome from gaming (attach Schedule G if greater than	1 1			
ē	"	\$15,000) .		6			
Revenue	Ь	Gross inco	me from fundraising events (not including \$ of contributions	1 1			
è			aising events reported on line 1) (attach Schedule G if the	1			
_		sum of suc	th gross income and contributions exceeds \$15,000)   6b				
	С	Less: direc	t expenses from gaming and fundraising events 6c	]			
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c) .		6d	2176		
	7a	Gross sale	s of inventory, less returns and allowances	<u> </u>			
	b		of goods sold				
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8		nue (describe in Schedule O)	8			
<b>\</b>	9			9	88,844		
1	10		r similar amounts paid (list in schedule O)	10	87,982		
, ·	11	•	aid to or for members	11	<del></del>		
ses	12			12			
ë	13		al-fees and other payments to independent contractors and DEN 117	14			
Expenses	14		y, rent, utilities, and maintenance	15			
	15		enses (describe in Schedule O)	16			
	16 17	<del>-</del>	enses (describe in Schedule O) a	17	87,982		
_	18		(deficit) for the year (Subtract line 17 from line 9)	18	862		
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with	· · · · · · · · · · · · · · · · · · ·			
SS			ar figure reported on prior year's return)	19	326		
¥ A	20	•	nges in net assets or fund balances (explain in Schedule O)	20			
ž	21		or fund balances at end of year. Combine lines 18 through 20	21	1188		
	_		ion Act Notice, see the senarate instructions Cat No. 10642		)-EZ (2018)		

1495 people were ministered to during our fiscal year.  23 (Grants \$ ) If this amount includes foreign grants, check here ▶ □ 28a 87,982							
22   Cash, savings, and investments   326   22   1188     23   Land and buildings   0   23   0     24   Other assets (describe in Schedule O)   0   24   0     25   Total liabilities (describe in Schedule O)   0   26   0     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   326   27   1188     28   Part III   Statement of Program Service Accomplishments (see the instructions for Part III)   Check if the organization used Schedule O to respond to any question in this Part III   Check if the organization's primary exempt purpose?   Charity which assists the poor.   Charity which		Check if the organization used Schedule	to respond to al	ny question in this		<del></del>	
23	22	Cook source and investments		+	<del></del> -	22	
Other assets (describe in Schedule O)				· · · · · /			
Total lassets		•					<del>`</del>
Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of column (B) must agree with line 21)  Statement of Program Service Accomplishments (see the instructions for Part III)  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization's primary exempt purpose?  Charify which assists the poor.  Serpenses  Charify which assists the poor.  Serpenses of the organization's primary exempt purpose?  Charify which assists the poor.  Charify which assists the poor.  Serpenses of the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of errons benefited, and other relevant information for each program title.  See We assisted the needy with rent, utilities, food or other expenses as needed to keep them in their homes, 1495 people were ministered to during our fiscal year.  (Grants \$ ) If this amount includes foreign grants, check here		·		· · · · · /			
Net assets or fund balances (line 27 of column (B) must agree with line 21)   326   27							
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's program services accomplishments for each of its three largest program services, so measured by expenses. In a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title.  28 We assisted the needy with rent, utilities, food or other expenses as needed to keep them in their homes, 1495 people were ministered to during our fiscal year.  29 (Grants \$ ) If this amount includes foreign grants, check here   28a   87,982   (Grants \$ ) If this amount includes foreign grants, check here   29a    30 (Grants \$ ) If this amount includes foreign grants, check here   30a    31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here   31a    32 Total program service expenses (add lines 28a through 31a)   32   87,982    Part IV		·		<b>-</b>		-	<u></u>
Check if the organization used Schedule O to respond to any question in this Part III						27	1188
What is the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization's primary exempt purpose? Charity which assists the poor.  Obscribe the organization in the organization under the organization in the poor.  Obscribe the organization in the organization used Schedule O to respond to any question in this Part IV  Obscribe the organization in the poor.  Obscribe the organization is primary exempt purpose? Charity which assists the poor.  Obscribe the organization in the organization used Schedule O to respond to any question in this Part IV  Obscribe the organization in the poor.  Obscribe the organization in the poor.  Obscribe the organization of section of the compensation of the compens	Par						Evnences
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someasured by expenses. In a clear and concise manner, describe the services provided, the number of others.)    Section	Wha	t is the organization's primary exempt purpose?	Charity which assist	s the poor.			
1495 people were ministered to during our fiscal year.   28a   87,982	as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the ach program title.	e services provided	d, the number of		· •
Grants \$ ) If this amount includes foreign grants, check here   29a	28			ed to keep them in t	heir homes,		
Grants \$ ) If this amount includes foreign grants, check here .		1495 people were ministered to during our fiscal year	Nr.				
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(Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 29a  30  (Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 30a  31 Other program services (describe in Schedule O)	?1	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🗌	28a	87,982
Grants \$ ) If this amount includes foreign grants, check here	29						
Grants \$ ) If this amount includes foreign grants, check here							
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Grants \$   If this amount includes foreign grants, check here   30a		(Grants \$ ) If this amount	includes foreign gra	ants, check here .	🕨 🗌	298	3
(Grants \$ ) If this amount includes foreign grants, check here	30						
Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here						ŀ	
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Grants \$   If this amount includes foreign grants, check here   31a	31						
Total program service expenses (add lines 28a through 31a)	-	· • · · · · · · · · · · · · · · · · · ·	includes foreign gra	ants, check here .	▶ 🗇	312	a
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV  (b) Average hours per week devoted to position  (c) Reportable compensation (G) Health benefits, contributions to employee benefit plans, and deferred compensation  Susan Shifflet, President  18  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	32	Total program service expenses (add lines 28a	through 21a				<del></del>
Check if the organization used Schedule O to respond to any question in this Part IV			umough sia)		🕨	1 32	01,302
(b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Estimated amount of other compensation  (forms W-2/1099-MISC) (if not paid, enter -0-)  (forms W-2/1099-MISC) (if not paid, enter -0-)  (g) Estimated amount of other compensation  (h) Average compensation  (h) Average compensation  (Forms W-2/1099-MISC) (if not paid, enter -0-)  (g) Estimated amount of other compensation  (h) Forms W-2/1099-MISC (if not paid, enter -0-)  (g) Estimated amount of other compensation  (h) Forms W-2/1099-MISC (if not paid, enter -0-)  (h) Forms W	Par						
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18	Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each e O to respond to an (b) Average	n one even if not coming question in this  (c) Reportable ?1	pensated—see the in Part IV	nstru ee (e	ictions for Part IV)
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Foni Kalchbrenner, Vice President  4 0 0 0 0 0 Ellen Okada, Secretary 6 0 0 0 0 Susan Green, Treasurer 12		List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable 2: compensation (Forms W-2/1099-MISC	pensated—see the ii Part IV  (d) Health benefits, contributions to employ benefit plans, and	nstru ee (e	ictions for Part IV)
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Ellen Okada, Secretary  6 0 0 0 0 Susan Green, Treasurer 12	Susa	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule  (a) Name and title  an Shifflet, President	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable 2: compensation (Forms W-2/1099-MISC	pensated—see the ii Part IV  (d) Health benefits, contributions to employ benefit plans, and	nstru ee (e)	ections for Part IV)
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Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		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	Yes	NO V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓ I
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  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?	37b 38a	100 miles	
ъ 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
a b 40a	Initiation fees and capital contributions included on line 9			
b	section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
С	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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,	40b		
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	Achar (-	<b>~</b>
41	List the states with which a copy of this return is filed >	200 27	1 554	
42a	The organization's books are in care of ► Susan Hoyos Green  Located at ► 1815 S. 8th Ave., Yuma, AZ  ZIP + 4 ►	928-27 951	1-5541 364	
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 🗸
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	10001175	<u> </u>
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		. Yes	No O
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		
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	25° 1	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	- Santa Co	· 12.60
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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	45a 45b		

Р	age	4
	-	_

	D: 14	<u> </u>	discould be the t	****				Yes	No
46 (		he organization engage, dırectly or ın ndidates for public office? If "Yes," c							-/
Part		Section 501(c)(3) Organizations				<del></del>	.   40	1	
		All section 501(c)(3) organizations		stions 47-49b an	d 52, and	complete th	e tables	for lin	es
		50 and 51.	·		-	•			
		Check if the organization used Sch	nedule O to respond	to any question in	n this Part	VI	<u> </u>		. 🗆
							_	Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part							
40	-	•						→	7
48 49a		e organization a school as described in the organization make any transfers to		•				+	7
b		es," was the related organization a se					. 49t	· —	<b>  •</b>
50		plete this table for the organization's							id key
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganization.	If there is non	e, enter "	None.'	,
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, lons to employee ans, and deferred npensation	(e) Estima other co		
51	Com	number of other employees paid over plete this table for the organization, ,000 of compensation from the orga	s five highest compe	ensated independe	ent contrac	tors who eacl	n received	d more	than
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service	(c	) Compensa	tion	
		•				ŀ			
				· · · · · · · · · · · · · · · · · · ·					
				{					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶				
52	Did :	the organization complete Schedu	_				na . <b>⊳</b>	• 🗆	No.
Under o		of perjury, I declare that I have examined this r	etum, including accompany			**.			
true, cor	тесt, an	d complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any kn	owledge			
		Susan Hoyor B	traen			マースな	-19		
Sign Here		Signature of officer  Susan Hoyos Green, Treasurer	_	Date <b>2-38</b> -1			<b>1</b> 8-19		
	?:	Type or print name and title							
Paid	<u>-</u>	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			
Preparents		Firm's name ▶				Firm's EIN ▶			
	•	Firm's address ▶				Phone no			
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions			► ∐ Ye	s ∐∣	No

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

**Public Charity Status and Public Support** 

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

		it Vincent de Paul, St Francis (	of Assisi. Yuma C	Conference			80-06		
	d I	Reason for Public Char			comple	te this p			-
		ation is not a private founda						_	
1 2 3 4	As A	church, convention of church school described in section nospital or a cooperative hos medical research organization spital's name, city, and state	hes, or association 170(b)(1)(A)(ii). (spital service orgon operated in coest	on of churches descri (Attach Schedule E (F ganization described in onjunction with a hosp	bed in section	ection 17 or 990-Ea 170(b)(1 ribed in s	0(b)(1)(A)(ī). Z).) I)(A)(īii). section 170(b)(1)(A)(		
5		organization operated for to ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	1
6 7	✓ An	federal, state, or local govern organization that normally scribed in section 170(b)(1)	receives a subst	tantial part of its sup				n the general public	2
8 9	☐ An or	community trust described in agricultural research organi university or a non-land-gra iversity:	zation described	in section 170(b)(1)	( <b>A</b> )(ix) op				
10	☐ An red su	organization that normally recepts from activities related pport from gross investment quired by the organization a	to its exempt fui t income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, ie (less se	and (2) no more that ection 511 tax) from	n 331/3% of its	•
11	☐ An	organization organized and	operated exclus	sively to test for public	safety. S	See <b>sect</b> i	ion 509(a)(4).		
12	of	organization organized and one or more publicly suppo eck the box in lines 12a thro	orted organization	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). See	e section 509(a)(3)	١.
а		<b>Type I.</b> A supporting organithe supported organization supporting organization. <b>Yes</b>	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	• 🗆	<b>Type II.</b> A supporting organicontrol or management of organization(s). <b>You must</b>	the supporting o	rganization vested in	the same				
C		Type III functionally integ	• •					ally integrated with,	
d		Type III non-functionally i that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	tion requirement an		)
е		Check this box if the organ functionally integrated, or 1						e II, Type III	
f		r the number of supported of	_						_
9		ride the following information			r		1 1		-
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
	_				Yes	No			
A)	_								-
B)									_
C)									
D)									
E)									
'ota	1		zation received	indicated received	10.1金金金	C. FIST	1		

Part	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(vi	)
	(Complete only if you checked t				_	•	alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				_		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		ļ				
	include any "unusual grants.")	48043	62358	70731	85880	88844	355856
2	Tax revenues levied for the					1	
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	
3	The value of services or facilities						
	furnished by a governmental unit to the		_	_	_	ا	_
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	48043	62358	70731	85880	88844	355856
5	The portion of total contributions by						
	each person (other than a	CARRESTON AND CONTROL OF THE CONTROL OF T					
	governmental unit or publicly		NOT IN SERV	o:15:170(c)+1	WANGE CALL	TERM NUMBER	
	supported organization) included on line 1 that exceeds 2% of the amount			Paritor Itus			
	shown on line 11, column (f)	ini alivi ed	- Hariete ik	teo below c		A Part IIA	•
6	Public support. Subtract line 5 from line 4	1527-7-5212434155 1527-9-103-7-5212434155					355856
	on B. Total Support	CALL SANEL SANEL SANEL SANELS OF THE PERSON OF	Crankram Annah Mariyanin Nija	>- Ravityant meneral schools and	Tributton sando in traction fold	SPEN EMPRES STATES EXECUTE	333630
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	48043	62358	70731	85880	88844	355856
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		ł				
9	Net income from unrelated business						
	activities, whether or not the business				•		
	is regularly carried on		l •				
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		12000 Hillian Brachash Yourson Medication	Links a second		Singap (Singap	355856
12	Gross receipts from related activities, etc					12	355856
13	First five years: If the Form 990 is for the	=					
Casti	organization, check this box and stop he			<del></del>			· · • [
	on C. Computation of Public Suppo			1 nolumn (f)		14	100 %
14 15	Public support percentage for 2018 (line Public support percentage from 2017 Sc		-			15	100 %
16a	331/3% support test—2018. If the organ						
	box and <b>stop here.</b> The organization qua						▶ 🗹
ь	331/3% support test-2017. If the organ	•		-			
_	this box and <b>stop here.</b> The organization	n qualifies as a	publicly suppo	rted organizati	ion		🕨 🗆
17a	10%-facts-and-circumstances test-2	<b>018.</b> If the org	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	line 14 is
	10% or more, and if the organization m	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop nere.	Explain in
	Part VI how the organization meets the			,	zation qualifies	s as a publicly	supported
	9						· · • 🗀
b	10%-facts-and-circumstances test-2	<b>017.</b> If the org	anızatıon did r	not check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization	ation meets th	ie "tacts-and-d	circumstances	test, check t	ms box and s	a publich
	Explain in Part VI how the organization is				rne organizati	on qualines as	a publicly
18	supported organization	 id not check a			or 17b chec	k this box and	
10	TITALE INGINEAUVIII II IIIE VIYAIIIZAIIVII U	in the chieck a	SOV SILILIE IO	,	_, , 01160	Don and	