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

2017

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. For the 2017 calendar year, or tax year beginning , 2017, and ending . 20 B Check if applicable C Name of organization D Employer identification number Address change 14-1855234 The Financial Education and Economic Transformation Center Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 12474 East Wesley Avenue (303) 903-4356 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Aurora, CO 80014-1992 Number ▶ Application pending G Accounting Method:

Cash Accrual Other (specify) ▶ H Check ► 🗵 if the organization is not I Website: ▶ www.feetcenter.org required to attach Schedule B J Tax-exempt status (check only one) — X 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or 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 (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 150,680. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . 150,680. 2 Program service revenue including government fees and contracts 3 Investment income 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 150,680. 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 200. 14 6,500. 15 15 600. 16 16 143,150. 150,450. 17 17 230. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 12,002. 19 Net 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 12,232. Net assets or fund balances at end of year. Combine lines 18 through 20 [21 Form 990-EZ (2017) For Paperwork Reduction Act Notice, see the separate instructions. RAA 1/18 PRO

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Par	•	,				
	Check if the organization used Schedule	O to respond to an				
22	Cook basings and to extend		<u> </u>	A) Beginning of year) End of year
22 23	Cash, savings, and investments		· · · · - _		2	12,232.
23 24	Land and buildings				3	
25	Total assets				5	12,232.
26	Total liabilities (describe in Schedule O)				6	12,232
27	Net assets or fund balances (line 27 of column				7	12,232
Part						12,232
	Check if the organization used Schedule	•		<i>'</i>		Expenses
What	is the organization's primary exempt purpose?					red for section 3) and 501(c)(4)
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for ease attachment	anner, describe the och program title.	services provided,	ogram services, the number of		ations; optional for
	Financial Education and Asset Deve	elopment Progr	am			
29	(Grants \$ 118,815.) If this amount				28a	143,150.
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	29a	
30						
				1	l	
	(Grants \$) If this amount				30a	
31	Other program services (describe in Schedule O)					
			nts, check here .		31a	
	Total program service expenses (add lines 28a t				32	143,150
Part	,,	• • •	-			
	Check if the organization used Schedule	<u> </u>	(c) Reportable	(d) Health benefits,	. -	<u> L</u>
	(a) Name and title	(b) Average hours per week devoted to position		contributions to employe		stimated amount oner compensation
Dav	id L McConico					
	cutive Director	30.00	12,000.	0.	↓_	0
	lie E McConico			_		
_	asurer	2.00	0.	0.		0
	roll A Watkins Ali, Ph.D					
Dir	ector	1	_			•
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		1.00	0.	0.		0



33	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	17	
33				
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	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)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
С	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			
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		×
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	200		
39	Section 501(c)(7) organizations. Enter:			
a 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 4915 ▶			
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 ▶ CO			
42a	The organization's books are in care of ▶ David L. McConico Telephone no. ▶ (30			56
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	14-1	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	* 1/*	×
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		×
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			▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	-/	Yes	
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	77	×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		×
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	×
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		×

46	Did the d	organization engage, directly or indates for public office? If "Yes," o	directly, in political complete Schedule C,	ampaign activities on Part I	behalf of or	in opposit	ion		×
Part V	_ All	ction 501(c)(3) organizations section 501(c)(3) organization and 51.		stions 47-49b and	52, and co	mplete the	e tables f	or lin	es
		eck if the organization used Scl	nedule O to respond	to any question in the	nis Part VI		<u>.</u> <u>.</u>		
		organization engage in lobbying		section 501(h) electio	n in effect (during the	tax	Yes	No
		"Yes," complete Schedule C, Par					- 47 - 48	<u> </u>	×
		ganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E organization make any transfers to an exempt non-charitable related organization?							
		was the related organization a se					. 49a	+	×
50	Complet	te this table for the organization's ees) who each received more than	five highest compens	sated employees (oth	er than offic	ers, directe	ors, truste	es, ar	
	<u> </u>	me and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	benefits, to employee and deferred	(e) Estimate other cor	ed amo	unt of
None					<u> </u>				
		· · · · · · · · · · · · · · · · · · ·			 				
	·-···				<u> </u>				
51	Comple	imber of other employees paid ov te this table for the organization to of compensation from the orga	's five highest comp	ensated independent	contractors	s who eacl	n received	i mor	e than
	(a) Na	me and business address of each independ	dent contractor	(b) Type of serv	vice	(c) Compensa	tion	
None				-					
				<u> </u>					
				1					
			· ··· · · · · · · · · · · · · · · · ·	<u> </u>					
							· ·····		
				4					
						-			
				†					
d	Total nu	ımber of other independent contr	actors each receiving	over \$100,000	>				
	comple		· · · · · · ·	<u> </u>	<u> </u>	· · · · ·	.►⊠ Ye		No
Under pe true, com	enalties of rect, and c	perjury, I declare that I have examined this complete. Declaration of preparer (other that	return, including accompar n officer) is based on all inf	nying schedules and statem ormation of which preparer	ents, and to th has any knowl	e best of my k edge.	nowledge al	nd belle	f, it is
		1) round s. m	Mc Concer			5-1	4-1	8	
Sign	_ '	· 6ignature of officer			Da	te "			
Here		David L McConico, Exe	ecutive Directo	or					
		יייין יי ייק יי ייק יי				T			
n_:		Print/Type preparer's name	Preparer's signature	Da	IT O	Chock	rf PTIN		
Paid		Print/Type preparer's name	Preparer's signature	Da	<u></u>	Check Self-employ	ıf	•	
Pre	d parer	Print/Type preparer's name Firm's name ▶	Preparer's signature	Da			ıf	•	
Pre Use	parer Only				Firm	self-employ	ıf	- N	

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(E)

▶ Attach to Form 990 or Form 990-EZ.

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

Name	of the organization					Employer identification	number
<u> The</u>	Financial Education and					14-1855234	
	Reason for Public Char						าร
The o	organization is not a private founda		•		-	•	
1	A church, convention of church						
2	A school described in section		· · · · · · · · · · · · · · · · · · ·			• •	<i>"</i>
3	A hospital or a cooperative hos						
4	A medical research organizatio		njunction with a hosp	ital descr	ibed in s	ection 170(b)(1)(A)(i	ii). Enter the
_	hospital's name, city, and state						1 24 1 2 2 2 2 2 2
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp.	olete Part II.)			•		al unit described in
6 7	☐ A federal, state, or local govern ☒ An organization that normally described in section 170(b)(1)	receives a subst	antial part of its supp				the general public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	An agricultural research organi or university or a non-land-grai university:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and unr	nctions—subject to ce elated business taxal	ertain exc de incom	eptions, a e (less se	and (2) no more than ection 511 tax) from I	1 33 ¹ /3% of its
11	☐ An organization organized and	operated exclus	sively to test for public	safety. S	ee secti	on 509(a)(4).	
12	☐ An organization organized and						
	of one or more publicly suppo						
	Check the box in lines 12a thro	•			-	·	
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a maj			
b	_ ``	•			with its s	upported organization	on(s), by having
	control or management of to organization(s). You must o	the supporting o	rganization vested in	the same			
c	Type III functionally integrits supported organization(s						lly integrated with,
d	Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orgai	nization generally mus	st satisfy	a distribu	tion requirement and	
е		ization received	a written determination	n from th	e IRS tha	at it is a Type I, Type	II, Type III
f							
g							
	(i) Name 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)
			, , , , , ,			ŕ	,
				Yes	No		
(A)						-	
(B)							
(C)							
(D)							,

Part		ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi) - 1:6
	(Complete only if you checked the Part III. If the organization fails to	ne box on line Saualify unde	er the tests lis	ted below in	e organizatioi lease comple	n falled to qua	ality under
Secti	on A. Public Support	y quality direct	, the tests lie	ted below, p	icase comple	te i ait iii.j	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			(-,	(,	(0, =0 1.	(1) 10111
	membership fees received. (Do not						
	include any "unusual grants.")	78,371.	24,862.	57,000.	22,705.	144,680.	327,618.
2	Tax revenues levied for the	_					
	organization's benefit and either paid		1				
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the]					
	organization without charge	12,000.		142,855.		5,770.	339,690.
4	Total. Add lines 1 through 3	90,371.	32,632.	199,855.	194,000.	150,450.	667,308.
5	The portion of total contributions by			1			
	each person (other than a	237			King Hilli		
	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		Maria (1995) Maria (1995) Maria (1996) Maria (1995)		THE PARTY OF THE P		667,308.
	on B. Total Support	10.72			· · · · · · · · · · · · · · · · · · ·	West and the second second second	007,300.
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	90,371.	32,632.	199,855.	194,000.	150,450.	667,308.
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						
11	(Explain in Part VI.)			100 TO THE RESERVE OF THE PARTY	there was the supplied that the supplied of th	ANGELER STANDARD SERVER METATALIA.	667 200
12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc					10	667,308.
13	First five years. If the Form 990 is for the			 d third fourth	or fifth tay w	12	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						•••
14	Public support percentage for 2017 (line			1. column (fl)		14	100 %
15	Public support percentage from 2016 Sch					15	100 %
16a	331/3% support test-2017. If the organi					31/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			🕨 🛚
b	331/3% support test-2016. If the organi						
	this box and stop here. The organization	qualifies as a p	publicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—26						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	•	•		supported
	organization						🏲 🗀
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization of						
	Explain in Part VI how the organization r supported organization						
18	Private foundation. If the organization di						
10	instructions						

20

Part					.!	14	· · ·
	(Complete only if you checked th						nder/Part II.
Secti	If the organization fails to qualify on A. Public Support	under the te	ests listed belo	ow, piease co	mpiete Part I	II.)	
	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	(4) 2010	(B) 2014	(6) 2010	(4) 2010	(6) 2011	(i) Total
	received. (Do not include any "unusual grants.")			'		<i>!</i>	j .
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					ji J	
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		j		/	J	
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				1		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				1		
Ь	Amounts included on lines 2 and 3					1	-
	received from other than disqualified persons that exceed the greater of \$5,000		,	,	<i>y</i>		
	or 1% of the amount on line 13 for the year]		1	į
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			E Table Tracks			<u> </u>
	line 6.)			N.L.			
Secti	on B. Total Support			//			
	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 		<u> </u>		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.			;			1
b	Unrelated business taxable income (less	-	 				
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						_
C	Add lines 10a and 10b		//				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
10	or not the business is regularly carried on		 			 	
12	Other income, Do not include gain or loss from the sale of capital assets				1		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		/				
	and 12.)		<u> </u>	<u> </u>	l	<u> </u>	504()(0)
14	First five years. If the Form 990 is for the	- "			-		
Sont	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>		· · · · · ·	· · · ·
15	on C. Computation of Public Suppor Public support percentage for 2017 (line 8			13 column (fl)		. 15	%
16	Public support percentage for 2017 (line of Public support percentage from 2016 Sch	,,	_				
	on D. Computation of Investment In			<u> </u>		·	<u></u>
17	Investment income percentage for 2017 (by line 13, colu	mn (f))	. 17	%
18	Investment income percentage from 2016	3 Schedule A,	Part III, line 17	·		. 18	%
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 organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

S	ection	A. All	Supp	orting	Organ	izations

ecti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	165	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	- radhor	المار الأهر المار المارة
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		## 3 5 /5 /2
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	122	
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	12,300	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	24	
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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		150	H.A
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 Part VI .	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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	14 / J		
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	<i>32.</i> 2	
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		7
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	1,11	2.2
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		7.4.254 5.124.0

	ie A (Form 990 of 990-E2) 2017			-3
Part	IV Supporting Organizations (continued)	Т	V1	N'-
		2	Yes	No
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)	440	<u></u>	
	below, the governing body of a supported organization?	11a		
Ь	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		
Secu	on B. Type I Supporting Organizations		Yes	No
4	Did the dispeters trustees as membership of one or more supported argenizations have the power to	[: 	103	<u></u>
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	<u> </u>		* ** *********************************
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		, e	, ",
	controlled the organization's activities. If the organization had more than one supported organization,			7.2
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			- n
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		لتكششنا
2	Did the executivation apparets for the bonefit of any supported executivation other than the supported	12-1-	1,1°	Take
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	± = 5	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			47.7
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
Ject	ion of Type it 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	44°	MES.	No.
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		# 9####
Soot	ion D. All Type III Supporting Organizations	<u> </u>	<u> </u>	<u></u>
Sect	ion D. All Type III Supporting Organizations		Yes	No
4	Did the experiencian provide to each of its supported experientians, by the last day of the fifth month of the	****	163	
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?	1		A STATE AND ASSESSED ASSESSED
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	54. /3	100	742 7 7
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1. Ch. 7. 706.5	The southern
3	By reason of the relationship described in (2), did the organization's supported organizations have a		克里 托	7.39
Ū	significant voice in the organization's investment policies and in directing the use of the organization's	7494	7.74	17
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	Tal.C.E.	2 2 2 2 2 2 2 2 2
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
		inctru		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	ii isti u	Cuoi	
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.	/ !		.4/1
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	ISTFUC	นบทร).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1747		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	250		17
	those supported organizations and explain how these activities directly furthered their exempt purposes,	14.3	4.2	Her
	how the organization was responsive to those supported organizations, and how the organization determined	7	5	
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			14
	reasons for the organization's position that its supported organization(s) would have engaged in these	2 P 2 U		1
	activities but for the organization's involvement.	2b		The same of the sa
9	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		4 250	
3	military and the state of the state of the affiness discretes or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		100000
			25:	₹ <i>⊞</i> /
b		3b		,
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u> </u>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income	ıızat	(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		(optional)
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	Ť		
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	1 -	(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		
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	#		外海水流发生自
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	A CONTRACTOR OF THE STATE OF TH	
2 Enter 85% of line 1.	2	海南州西部 美国全部73879704-1789	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE REPORT OF SHIPE WAR	
4 Enter greater of line 2 or line 3.	4	用题的图像 图像多少。 在时间	
5 Income tax imposed in prior year	5	一种的一种 的一种,但是一种的一种。	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	A State of the sta	1
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

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 e	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 (pnor IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
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) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	職業は、私が、日本職的	aligned of the	
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	LANGE AND THE AND	是自己的工作的	的小型式主流分割確認權益
а	English to the house of the control	新疆的 江州 为		が、
b	From 2013	77. W. T. W. T. 207. W. T. 217.	Town the state of the state of	7. 多点的第三人称单三人
С	From 2014	的第三人称形式 医皮肤管	The state of the s	Charles of the State of the Sta
d	From 2015	275-327-22-4-23-4-23-4-23-4-23-4-23-4-23-4-		UNICHTED EN
е	From 2016		The world of the subsection of	The Tolk Line of the Parties with
f	Total of lines 3a through e		对不能言:是"为什么""自然发生"。	Color of the state
g	Applied to underdistributions of prior years	美国的第三人称单数		"1920周星"中国第二届第二
h	Applied to 2017 distributable amount	至位外,为。在企业积益	这样理解证明 如外籍。15	
i	Carryover from 2012 not applied (see instructions)	MANAGE STORY	THE PARTY OF THE P	《京都海州等等基础》
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		A STATE OF THE STA	
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years	PART PARTY		A Company of the second of the
b	Applied to 2017 distributable amount	AND THE WAR AND AND ADDRESS OF THE PARTY OF	The state of the state of the	
С	Remainder. Subtract lines 4a and 4b from 4.		The many of the state of the st	"和"的"自然"的"自然"的"自然"的"自然"的"自然"的"自然"的"自然"的"自然
5				
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	The state of the s		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		The second of the second	
8	Breakdown of line 7:	11 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	""一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
а	Excess from 2013	1 2 1 2 1 1 1 1 1 1 1 1 1	The sale of	· 学们是这些一种的一个
b	Excess from 2014	The transmission of the state o	双星 五三江北京产港及五年	
С	Excess from 2015	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	是这一个一个	是 · 计 · · · · · · · · · · · · · · · · ·
d	Excess from 2016	一种一种一种	"哲学生是一是生物"等。他	And the state of t
	Excess from 2017	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990 or 990-EZ) 2017

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