# 50m 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)

2016

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasur

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

		nue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov	/form99	Ю.	·
AF	or the		, 20			
B	Theck if ap	oplicable:	Employer identification number			
	Address c	hange	Highway Toundation Inc	-   -	20-1	H588139
	Name cha	ın <del>ge</del>	Number and street (or P.D. box, if mail is not delivered to street address) Room/suit	te E 1	Telephone nu	imber
=	initiai retur		500 En Ridge Rd	1 2	219-	765-8671
₹.	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		Group Exe	
=	Application		GARU IN 46409	- } :	Number >	•
G /	Account	ting Method:	Cash ☐ Accrual Other (specify) ►	H Che	ck ▶ 🗆 i	f the organization is not
1. 4	Vebsite	: <b>▶</b>				ach Schedule B
J T	ax-exen	npt status (chi	eck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(For	m 990, 990	)-EZ, or 990-PF).
KI	orm of	organization	: Corporation Trust Association Other	·		
L A	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total ass	ets	
(Pa	rt II, coli	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. > \$	0
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the ins	tructions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Pa	arti.		
	1	Contribution	ons, gifts, grants, and similar amounts received		. 1	500,00
	2	Program s	ervice revenue including government fees and contracts		. 2	0
CA.	3	Membersh	nip dues and assessments		. 3	O
ڔڰ	4	Investmen	tincome		. 4	ð
a-	5a	Gross amo	ount from sale of assets other than inventory 5a			
· / ·	Ь		or other basis and sales expenses		_	а
1 + 1	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		. 5c	<u> </u>
1 ,	6	_	nd fundraising events		1 1	
	а		come from gaming (attach Schedule G if greater than			
Revenue	b	from fundr	ome from fundraising events (not including \$ of contributions events reported on line 1) (attach Schedule G if the	rtions		
2	}		ch gross income and contributions exceeds \$15,000) 6b			
7017	C		ct expenses from gaming and fundraising events			
		line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and	· ·	- 6d	0
	7a		s of inventory, less returns and allowances	<del></del>		
	b		of goods sold		_	તે.
	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c	<u>U</u>
	8		nue (describe in Schedule O)		8	
	9		mue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	500.00
	10		d similar amounts paid (list in Schedule O)	3	10	<u> </u>
m	11 12	Seleries Pa	aid to or for members		. 11	<u> </u>
Expenses	13	Drofession	al fees and other payments to independent contractors	•	12	
퉏	14					E 00 00
ă	15		y, rent, utilities, and maintenance	- · ·	. 14	500.00 0
_	16		enses (describe in Schedule O)		. 16	<del></del>
	17		enses. Add lines 10 through 16			5.00.00
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	<u></u>	. 18	<del>5</del> 00.00
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must a			
8	1	end-of-yea	ar figure reported on prior year's return)	9.00 111	. 19	500.00
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			<del></del>
ž	21		or fund balances at end of year. Combine lines 18 through 20			\$10.00
For			tion Act Notice, see the separate instructions.	<del></del>		Form 990-F7 (2016)

Form	990-EZ (2016)					Page 2
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule		nv question in this	Part II		🗆
			<del></del>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			0	22	0
23	Land and buildings			Ð	23	0
24	Other assets (describe in Schedule O)			0	24	7)
25	Total assets			Ō	25	<del>6</del>
26	Total liabilities (describe in Schedule O)			<del></del>	26	<u></u>
27	Net assets or fund balances (line 27 of column		h line 21)		27	500, N
	Statement of Program Service Accom					
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?		2.4			uired for section
	cribe the organization's program service accompli	shments for each o	of its three largest o	roaram services		c)(3) and 501(c)(4) nizations; optional for
as n	neasured by expenses. In a clear and concise m	nanner, describe th	e services provided	the number of	othe	
pers	ons benefited, and other relevant information for ea	ach program title.	•	,		
28						
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🛚	28a	$\theta$
29						
	***************************************					0
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<b>▶</b> 🖸	29a	
30	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			,		
			ants, check here .	▶ 🗆	30a	1
31	Other program services (describe in Schedule O)					2
	Other program services (describe in Schedule O) (Grants \$ ) If this amount	includes foreign gra	ants, check here	 ▶ □	31a	0
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a)	includes foreign grathrough 31a)	ants, check here		31a 32	0
32	Other program services (describe in Schedule O)  (Grants \$ ) If this amount  Total program service expenses (add lines 28a till List of Officers, Directors, Trustees, and Key	includes foreign grathrough 31a) y Employees (list eac	ants, check here	▶ □ ▶ bensated—see the in	31a 32	0
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
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		V
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		U
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	<del> </del>	10
	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		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<u></u>		
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		2
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	308	<del> </del>	+
39	Section 501(c)(7) organizations. Enter:	1	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	1		}
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			V
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	├	┼
С	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		V
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		<u> </u>	T
D	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:	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	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	<u> </u>	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.	<b>▶</b> [
44-	Did the organization maintain any depart addited founds during the color of the state of the sta		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V
	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		U
	Did the organization receive any payments for indoor tanning services during the year?	44c	-	0
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	<del> </del>	0
	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		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Form 99	0-EZ (20	D16)							ege 4
46		ne organization engage, directly or in				of or in oppositi	on [	Yes	No
		ndidates for public office? If "Yes," or		Part I	<u> </u>		46	<u> </u>	0
Part		Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.		stions 47-49b an	d 52, and	complete the	tables f	or lin	es
		Check if the organization used Sch	nedule O to respond	to any question in	n this Part	<u>VI</u>	· · · · ·		<u></u>
								Yes	No
47		he organization engage in lobbying  If "Yes," complete Schedule C, Part		section 501(h) elec	tion in eff	ect during the t	47		V
48	is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Scheduk	eE	. 48		V
49a		ne organization make any transfers to	•		inization?		. 49a	<u> </u>	1
p		es," was the related organization a se					. 49b		
50		plete this table for the organization's oyees) who each received more than							
	·	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MiS	(d) H contribut benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other con	ed amo	unt of
			,						
	<del></del>	,							
			<del></del>						
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				ļ			
51	\$100	plete this table for the organization's, ,000 of compensation from the organ Name and business address of each independ	nization. If there is no	ensated independe one, enter "None." (b) Type of a			received  Compensat		than
					<del></del>				
	<del></del>						····		<del></del>
							<del></del>		
							<del></del>		
	Tekel	number of other independent contra		0.000 000					
52	Did 1	the organization complete Schedu	_	ction 501(c)(3) or	-		a .►Ø¥es	. 0	 No
Under p	enalties	of perjury, I declare that I have examined this not complete, Declaration of preparer (other than	eturn, including accompan	ying schedules and state	ements, and t	o the best of my kn			
		Midwel Butte	Community of Grand Oct de MIC		w nos sily fill	UNIOUNG.	-1-1		
Sign Here		Signature of officer Michael Butla	r CEO	<del></del>		Date	<del>~ !  </del>	<del></del>	
		Type or print name and title	·					<del></del> .	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check Self-employ			
Prep Use						Firm's EIN ▶			
		Firm's address ► />				Phone no.			
May t	ne iHS	discuss this return with the preparer	впоут вроует 500	ristructions			Yes		No

Form **990-EZ** (2016)

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

## **Public Charity Status and Public Support**

**20** 

20**16** 

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Hahway toun dation INC 20-400 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (I) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)							
Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ó	500	500	500	500	2000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	<i>D</i>	0	0	0	D
3	The value of services or facilities furnished by a governmental unit to the organization without charge	6	D	D	0	0	O
4	Total. Add lines 1 through 3	Đ	0	ð	Ð	0	2000
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	Ø	500	500	500	500	2000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	Ο'	0	0	O	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	O	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	ට	<u></u>	U	ပ	<i>ව</i>
11	Total support. Add lines 7 through 10						2000
12	Gross receipts from related activities, etc.					12	2000
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he		· · · · ·	<u> </u>	<u></u>	<u> </u>	· · · ▶ 🗗
Secti	on C. Computation of Public Suppor	t Percentage	9				
14	Public support percentage for 2016 (line 6					14	<u>%</u>
15	Public support percentage from 2015 Sch					15	%
16a	331/x% support test—2016. If the organi						
_	box and stop here. The organization qua						
þ	331/2% support test - 2015. If the organization						
17a	this box and stop here. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	Mon meets the neets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test. 1	test, check the organization	this box and a on qualifies as	stop here. s a publicly
18	Private foundation. If the organization di instructions						

Part	Support Schedule for Organiza						
	(Complete only if you checked the						ınder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part	1.)	
	on A. Public Support		<b></b>				
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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		ļ	}			1
	organization's tax-exempt purpose			<u> </u>			<u> </u>
3	Gross receipts from activities that are not an			]			
	unrelated trade or business under section 513			}			]
4	Tax revenues levied for the			1			
	organization's benefit and either paid			}			1
	to or expended on its behalf			ĺ	[		
5	The value of services or facilities	<u></u>					
	furnished by a governmental unit to the		ł	}			1
	organization without charge		Í				1
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		}	}			}
b	Amounts included on lines 2 and 3						
_	received from other than disqualified		{	1			}
	persons that exceed the greater of \$5,000		{	1	Į		1
	or 1% of the amount on line 13 for the year		{	į			{
С	Add lines 7a and 7b			ļ			<del> </del>
8	Public support. (Subtract line 7c from		<del></del>			<del></del>	<del> </del>
	line 6.)		[	1			
Secti	on B. Total Support	L	<del></del>	<del></del>	<del></del>	L	<del>-                                    </del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		3-7		(-) = 3 : 3	37-313	10/150=
10a	Gross income from interest, dividends,					<del></del>	<del> </del>
	payments received on securities loans, rents,			}			
	royalties and income from similar sources .		{	<b>{</b>			1
b	Unrelated business taxable income (less	<del></del>		<del> </del>			· <del> </del>
	section 511 taxes) from businesses			i	}		1
	acquired after June 30, 1975		1	<u> </u>			1
C	Add lines 10a and 10b			<del> </del>		<del></del>	<del> </del>
11	Net income from unrelated business		<del> </del>	<del></del>		<del></del>	<del></del>
• •	activities not included in line 10b, whether	,	}	ļ			
	or not the business is regularly carried on		İ	}			
12	Other income. Do not include gain or			<del> </del>		<del></del>	<del> </del>
	loss from the sale of capital assets		{	}			}
	(Explain in Part VI.)		ł	ł			1
13	Total support. (Add lines 9, 10c, 11,			<del></del>			<del> </del>
	and 12.)		ł	}			1
14	First five years. If the Form 990 is for the	e organization	's first, secon	d. third. fourth	or fifth tax ve	ear as a sect	ion 501(c)(3)
	organization, check this box and stop he				-		
Secti	on C. Computation of Public Suppor					<del></del>	كسنسنسك
15	Public support percentage for 2016 (line			3 column (fl)	<del></del>	15	%
16	Public support percentage from 2015 Sci	nedule A. Part	III line 15	10, 00ia/iii (i))		16	<del>//</del>
	on D. Computation of Investment I			<del></del>	<del></del>	1.0	
17	Investment income percentage for 2016 (			v line 13 colu	mn (fl)	17	%
18	Investment income percentage from 2015						<del>70</del> %
19a	331/s% support tests—2016. If the organ						
. 00	17 is not more than 331/3%, check this box						
b	331/a% support tests—2015. If the organiz		_	-		_	
-	line 18 is not more than 331,3%, check this						

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

### 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 A. All Supporting Organiz	izat	ations	3
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	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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with 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 <b>Part VI</b> .	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 <b>Part VI.</b>	9b		
C	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.)

P	age	5

Part	Supporting Organizations (continued)					
			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)					
	below, the governing body of a supported organization?	11a				
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11b				
	on B. Type I Supporting Organizations	110	ــــــــــــــــــــــــــــــــــــــ			
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to					
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	]				
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	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.	2				
Secti	on C. Type II Supporting Organizations		L	L		
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}				
	or management of the supporting organization was vested in the same persons that controlled or managed	{				
	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations					
_			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	1				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			<del></del>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
	the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's	}				
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.					
<u> </u>		3				
Secu	on E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	_				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in:	struct	ions).		
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	}				
	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,	1				
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.					
	·	28		<del></del> -		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}				
	reasons for the organization's position that its supported organization(s) would have engaged in these					
	activities but for the organization's involvement.	2ь				
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>				
a	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				
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				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	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		<del></del>					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	<del> </del>						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	10							
d Total (add lines 1a, 1b, and 1c)	10							
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	· · · · · · · · · · · · · · · · · ·	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	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>						
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	anned Time III ammedi						
7 Check here if the current year is the organization's first as a non-functional instructions.	y int	egrated Type III supporti	ng organization (500					

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish							
2	Amounts paid to perform activity that directly furthers exe							
	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.							
	Total annual distributions. Add lines 1 through 6.	<del></del>						
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive					
	(provide details in Part VI). See instructions.	<del></del>						
9	Distributable amount for 2016 from Section C, line 6	<del></del>	<del></del>					
10	Line 8 amount divided by Line 9 amount	<del></del>		·				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2016:							
a								
b								
C	From 2013							
d	From 2014							
е	From 2015							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2016 distributable amount							
i_	Carryover from 2011 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2016 distributable amount			 				
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а								
b	Excess from 2013							
С	Excess from 2014							
<u>d</u>	Excess from 2015							
е	Excess from 2016							

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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.)
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<del>-</del> -	