

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

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

Open to Public Inspection

		or the Treasury Index Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information in the latest in	tion.		mopeotien
		2017 calendar year, or tax year beginning , 2017, and ending		, 20	
B c	neck if ap	pplicable C Name of organization [6]	D Emp	loyer id	entification number
	ddress c	change Highway Foundation INC	120	<i>- 4</i>	58 8139
	lame cha		E Telep	ohone n	
l ₁	ntıal retu	500 E Ridge Rd	12	19	765-8671
=		City or town, state or province, country, and ZIP or foreign postal code	F Gro		mption
=	mended	on pending Gary FN 46409		nber 🕨	
		نبر المستورات والمراكب المراكب المستورات والمراجع والمراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع			f the organization is not
	ebsite	· ·			ach Schedule B
		mpt status (check only one) — \$\overline{\mu}\$ 501(c)(3) \$\overline{\overline{\mu}}\$ 501(c) () \$\neq\$ (insert no.) \$\overline{\overline{\mu}}\$ 4947(a)(1) or \$\overline{\overline{\mu}}\$ 527	•		D-EZ, or 990-PF).
		forganization: Corporation Trust Association Other			
Ι. Δ.	dd line	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
		lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ .	
	ırt I		inetru	ctions	for Part IV [6]
	il C	Check if the organization used Schedule O to respond to any question in this Part			ioiraiti) 🔟
150	4	Contributions, gifts, grants, and similar amounts received	<u>'</u>	11	500.00
[24] [27]	1		• •		200.00
(A)	2	Program service revenue including government fees and contracts	• •	3	<u>~</u>
<u>a</u>	3	Membership dues and assessments		- +	<u>X</u> _
3	4	Investment income	• •	4	
	5a	Gross amount from sale of assets other than inventory		1 1	
	b	Less: cost or other basis and sales expenses		ایا	
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	<u>U</u>
	6	Gaming and fundraising events		1 1	
	а	Gross income from gaming (attach Schedule G if greater than			
Revenue		\$15,000)		1	
Š	ь	Gross income from fundraising events frot including \$ for contribution	ns	1 1	
8	}	from fundraising events reported on line 1) attach Schedule G if the		1	
		sum of such gross income and contributions exceeds \$15,000)		1	
	С	Less: direct expenses from gaming and fundraising events . / . 6c		1 1	
	ď	Net income or (loss) from gaming and fundralsing events (additines 6a and 6b and si	ubtract	1	ð
		line 6c)		6d	<u> </u>
•	7a	Gross sales of inventory, less returns and allowances		1 1	
	Ь	Less: cost of goods sold		, ,	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	•	7c_	<u>U</u>
;	8	Other revenue (describe in Schedule O)		8	<u>O</u>
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	9	<u> 500.00</u>
	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
8	12	Salaries, other compensation, and employee benefits 🖺		12	<i>D</i>
SE.	13	Professional fees and other payments to independent contractors 🔞 . '		13	0
Expense	14	Occupancy, rent, utilities, and maintenance		14	300.00
ω̈́.	15	Printing, publications, postage, and shipping		15	Q
	16	Other expenses (describe in Schedule O) 🖾		16	0
	17	Total expenses. Add lines 10 through 16	. 🕨	17	500.00
Ø	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	0
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree			
Net Assets	}	end-of-year figure reported on prior year's return)		19	50000
ě	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	50000

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2017)

Cat. No 106421



	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the			
-		instructions for Part V.) Check if the organization used Schedule O to respond to any question in th	is Part	Yes	No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	
Ā	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)			
	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)?			
	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		Z
	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			/6
	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 tay year covered by this return?	37b		4
	b 39 a b 40a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
	b c	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 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,			<u>/</u> ©
	· d	4955, and 4958	40e		:/
	41	List the states with which a copy of this return is filed >	406		<u></u>
	42a	The organization's books are in care of ▶ Telephone no. ▶			
		logsted at N			
	' b		42b	Yes	No
	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		
	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	▶ □
	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	res	No V
	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		1
	d d	Did the organization receive any payments for Indoor tanning services during the year?	44c		1
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
		Form 990-EZ (see instructions)	45b		V

			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Did the organization engage, directly or in to candidates for public office? If "Yes," c					46	163	/
irt V	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			ete the tal	oles fo	or line	es
	Did the organization engage in lobbying	activities or have a		n ın effect durin	g the tax		Yes	No
	year? If "Yes," complete Schedule C, Part Is the organization a school as described in					47		V
а	Did the organization make any transfers to	o an exempt non-cha	ritable related organiz	ration?		49a		V
	If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more than	five highest compen	sated employees (oth	er than officers,	directors, t			d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beneficontributions to embenefit plans, and documensation	ployee (e) E leferred oth	stimate ner com		
}	Complete this table for the organization' \$100,000 of compensation from the orga	s five highest componization. If there is no	ensated independent one, enter "None."	contractors who	each rec	eived	more	thai
	(a) Name and business address of each independ	tent contractor	(b) Type of serv	rice	(c) Com	pensatio	Oħ	
		tent contractor	(b) Type of serv	псе	(c) Comp	pensatio	on	
		dent contractor	(b) Type of serv	rice	(c) Com	pensatio	on	
		ient contractor	(b) Type of serv	псе	(c) Com	pensatio	on	
		dent contractor	(b) Type of serv	nce	(c) Com	pensatio	on	
				nice	(c) Comp	pensatio	oh	
d	(a) Name and business address of each independ	uctors each receiving	over \$100,000	nizations must	attach a	pensation of the second of the		40
d	(a) Name and business address of each independent Total number of other independent contra Did the organization complete Schedu	uctors each receiving ale A? Note: All se	over \$100,000	nizations must	attach a] Yes		
d er pee	Total number of other independent contra Did the organization complete Schedu completed Schedule A nalties of perjury, I declare that I have examined this ect, and complete. Peclaration of preparer (other than	uctors each receiving ale A? Note: All se	over \$100,000	nizations must	attach a] Yes		
d er per corr	Total number of other independent contra Did the organization complete Schedu	ictors each receiving ale A? Note: All section, including accompany officer) is based on all info	over \$100,000	nizations must ents, and to the best has any knowledge. Date 5	attach a To my knowled] Yes		
d er pe corr	Total number of other independent contra Did the organization complete Schedu complete Sc	uctors each receiving ale A? Note: All se	over \$100,000	nizations must interpolation of the best has any knowledge. Date 5	attach a To my knowled] Yes		
d er pe corr	Total number of other independent contra Did the organization complete Schedu completed Schedule A nalties of perjury, I declare that I have examined this ect, and complete. Peclaration of preparer (other than Signature of office) Type or print name and fitle	ictors each receiving ale A? Note: All section, including accompany officer) is based on all info	over \$100,000	nizations must interpolation of the best has any knowledge. Date 5	attach a] Yes		

Form **990-EZ** (2017)

SCHÈDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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	of the organization	~ L ~	INC			Employer identification	number
	9h Way Founda		<u> </u>	comple	te this n	art) See instruction	81.37
Par	organization is not a private founda						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	A church, convention of church	hes, or associati	on of churches descri	bed in se	ection 17	O(b)(1)(A)(i).	$\sim C^{1}$
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	9:					
₁5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6 7	☐ A federal, state, or local goven ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup	in sectio port from	on 170(b) a gover	(1)(A)(v). nmental unit or fron	n the general public
8	A community trust described in	n section 170 (b))(1)(A)(vi). (Complete l	Part II.)			
	An agricultural research organi or university or a non-land-gra university:	nt college of agi	riculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fut t income and un	nctions—subject to correlated business taxal	ertain exc ole incom	eptions, e (less s	and (2) no more tha ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and						
12	An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fi	unctions of, or to ca	
I	of one or more publicly support of the box in lines 12a thro						
; . a	Type I. A supporting organ	-		_			_
:	the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	 Type II. A supporting organization(s). You must 	the supporting o	organization vested in	the same			
C	Type III functionally integ its supported organization(rated. A suppor	ting organization oper	ated in c			ally integrated with,
ď	Type III non-functionally in that is not functionally integrity requirement (see instructionally instructionally instructionally instructionally instructionally instructionally instructionally instructionally instruction	grated. The orga	inization generally mu	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or						e II, Type III
f	Enter the number of supported or Provide the following information						[
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organization	(ii) Civ	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
		<u> </u>	.	Yes	No	<u> </u>	
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	1		1				

	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	500	500	500	500	500	2500
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	o	\bigcirc
3	The value of services or facilities furnished by a governmental unit to the organization without charge	O	0	g O	0	Q	0
4	Total. Add lines 1 through 3	0	0	0	O	\cup	0
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)	0	0	ව	0	0	<u> </u>
-6	Public support. Subtract line 5 from line 4	500	500	500	500	500	2500
	on B. Total Support		r	ı			
1	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	500	500	500	500	500	2500
. 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	Ø	O	0
, 9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	ð	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	д	Ô	0	0	0
11	Total support. Add lines 7 through 10	500	500	500	SOU	500	2500
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
	organization, check this box and stop her	re			· · · · ·	· · · · · ·	· · • •
	on C. Computation of Public Suppor			1		[44]	
14	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch					15	<u>%</u>
15 16a	331/3% support test—2017. If the organi						
	box and stop here. The organization qual						
b	331/2% support test—2016. If the organization	zation did not	check a box o	n line 13 or 16	a, and line 15		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst	ances" test, ch est. The organi	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ation meets th meets the "fac	e "facts-and-o ts-and-circum	circumstances"	test, check t The organizati	this box and son qualifies as	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						7
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		'			, (
2	Gross receipts from admissions, merchandise					/	
	sold or services performed, or facilities furnished in any activity that is related to the				[, '	
	organization's tax-exempt purpose				1	1	
3	Gross receipts from activities that are not an					/	
-	unrelated trade or business under section 513				/		
4	Tax revenues levied for the				/		
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			/		}	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	[1		
b	Amounts included on lines 2 and 3	{		7			
	received from other than disqualified	į		/]		
	persons that exceed the greater of \$5,000		1			İ	
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	ļ	1		l l		
	line 6.)	<u> </u>	/	<u></u>	<u> </u>		
	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	\			ļ	ļ	
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	/					
b	Unrelated business taxable income (less	/			j		
	section 511 taxes) from businesses	/]	J	
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	ł				·	
	activities not included in line 10b, whether				l		
	or not the business is regularly carried on			<u> </u>			
12	Other income. Do not include gain or	{		1			
	loss from the sale of capital assets (Explain in Part VI.)						
42	,				 		
13	Total support. (Add lines 9, 10c, 11, and 12.)	\				Į.	
14	First five years. If the Form 990 is for the	ne organization	's first secon	d third fourth	or fifth tay w	ar as a section	501(0)(2)
14	organization, check this box and stop he						
Conti	on C. Computation of Public Suppo				<u> </u>	<u> </u>	· · • □
	Public support percentage for 2017 (line			3 column (ft)		15	94
15 16	Public support percentage from 2016 Sci	• • •	-			16	<u>%</u>
16 Secti	on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>			<u>%</u>
17	Investment income percentage for 2017 (v line 13. colur	mn (fl)	17	%
18	Investment income percentage from 2010	-				18	
19a	331/2% support tests—2017. If the organ						
190	17 is not more than 3312%, check this box						
ь	331/3% support tests—2016. If the organization			-		-	
U	line 18 is not more than 331/3%, check this						-
20	Private foundation If the omanization di						

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.)

Secti	ion 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		
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		
3а	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 Part VI when and how the organization made the determination.	3ь		
i 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 Part VI what controls the organization put in place to ensure such use.	3c		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
; b	Dld 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		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or Indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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		
ь	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.)

Þ	20		ē
-	au	u	•

	ue A (Form 990 or 990-EZ) 2017			Page 5
Part	Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	} .	ł	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	ì
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b	<u> </u>	<u> </u>
	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	<u> </u>	L
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		i	
	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	1		\
	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		İ
2	Did the organization operate for the benefit of any supported organization other than the supported			
1	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	j		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ļ !	1	
	supervised, or controlled the supporting organization.	2	·	{
Secti	on C. Type II Supporting Organizations			<u> </u>
		-	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	1		
	or management of the supporting organization was vested in the same persons that controlled or managed			
į	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			Ь
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	,		ļ
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			
1	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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]	İ .	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		:	
1	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			L
			-4'	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	Ction	S).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
þ	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
		\Box	103	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	l i		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	[]		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
	•	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1 1		
	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.	2b	L	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			i
	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		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying Instructions. All other Type III non-functionally integrated supporting organ	tru izat	st on Nov. 20, 1970 (explained	ain in Part VI). See
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,
2 Recoveries of prior-year distributions	2		
.3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u></u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	ng organization (see

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

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