Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. " ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

-	AF	or the	2016 calend	l ar year, or tax year beginning JULY 1, , 2016, and er	ndina	JUNE 30	, 20	17
0	_	heck if ap		C Name of organization			entification num!	
- -	_	Address c	•	RECONSTRUCTION INCORPORATED	"		32644453	
Oi		Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room	√suite E Tele	ephone nu		
	\neg	Initial retur	•	P O BOX 7691		•	5-227-6977	
A	ı [_	Final retur	n/terminated		A E C.	oup Exer		
7 2	=	Amended		PHILADELPHIA, PA 19101	\sim	oup Exer Imber ▶	•	
	<u> </u>		n pending ting Method:					
, .	•		_	☑ Cash ☐ Accrual Other (specify)			the organizations	
) V	Vebsite			- _ ·		ich Schedule B -EZ, or 990-PF	
[6					527 (Form		PEZ, 01 930-PT	<i>)</i> ·
				✓ Corporation ☐ Trust ☐ Association ☐ Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	or if total accet			
				v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		• • •		11158
ľ				e, Expenses, and Changes in Net Assets or Fund Balances (se		stions.	for Port I\	11136
ı		art I						
-				the organization used Schedule O to respond to any question in this		11	· · · · · ·	11158
		1		ons, gifts, grants, and similar amounts received				11136
		2		ervice revenue including government fees and contracts		3		
		3		ip dues and assessments		4		
		4 5-	Investment			+		
		5a		unt from sale of assets other than inventory 5a sor other basis and sales expenses		-		
		b		or other basis and sales expenses	A			
		C		ss) from sale of assets other than inventory (Subtract line 35 from line 3a) d fundraising events	,	5c		
		6	-	ome from gaming (attach Schedule G if greater than		1 1		
	<u>ə</u>	a	\$15,000) .					
	Revenue	_	•	<u></u>	ributions	-		
	ev	ם		aising events reported on line 1) (attach Schedule G if the	indutions			
	Œ	ŀ		h gross income and contributions exceeds \$15,000) 6b				
				t expenses from gaming and fundraising events 6c	 	-		
		d		e or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtract	1		
		"	line 6c) .			6d		
		7a	•	s of inventory, less returns and allowances		100		
		b		of goods sold		1		
		c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
		8	-	nue (describe in Schedule O)	VED	8		
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	VLD	9	* *	11158
-		10				10		
		11		similar amounts paid (list in Schedule O)	2018: 8	111		
	စ္တ	12	Salaries, ot	her compensation, and employee benefits		12		
	Expenses	13	Professiona	al fees and other payments to independent contractors . OGDEN	IIT .	13	3	3,100.00
	be	14	Occupancy	rent, utilities, and maintenance	<u>, U!</u>	14	7	,431.00
_	ΔĬ	15		iblications, postage, and shipping		15	1	,591.81
2		16		nses (describe in Schedule O)		16		3,603 59
CANNED DE		17		nses. Add lines 10 through 16		17		726 40
Z T	_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18		-9568
Z.	ěţ	19		or fund balances at beginning of year (from line 27, column (A)) (musi				
끰	8			r figure reported on prior year's return)	_	19		37226
<u> </u>	Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)		20	·	
Ħ:	ž	21		or fund balances at end of year. Combine lines 18 through 20		21		27658
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;				on Act Notice see the senarate instructions Cat No. 106		 -	Form 990-E	

							_
	990-EZ (2		D-4 III				Page 2
Pa		Balance Sheets (see the instructions if		nu augotion in this	Dort II		
		Check if the organization used Schedule	O to respond to a	ny question in triis	(A) Beginning of year	i -	(B) End of year
22	Cach	, savings, and investments			VV Dogmining or your	22	(b) Lite of year
23		and buildings			·	23	
24		r assets (describe in Schedule O)				24	
25		assets			37226		27658
26		liabilities (describe in Schedule 0)				26	
27		issets or fund balances (line 27 of column	(B) must agree wit	h line 21)	37226		27658
Par		Statement of Program Service Accom				†= <u>-</u> -	L
		Check if the organization used Schedule					Expenses
Wha		organization's primary exempt purpose?					equired for section 1(c)(3) and 501(c)(4)
as n	neasured ons ben	organization's program service accomplised by expenses. In a clear and concise mefited, and other relevant information for ea	anner, describe the			org	janizations; optional for jers)
28	COMM	JNITY EDUCATION FOR TIOGA NICETOWN				1	
		***************************************				}	
	(Grants	A Mathin amount	ıncludes foreign gra	nto chock horo	• П	28	a 3526
29	Grants) ir this amount	includes foreign gra	ints, check here .	· · · · · · ·	20	3520
23							
						ĺ	
	(Grants	\$) If this amount	ıncludes foreign gra	ents, check here	▶ □	29	a
30	100000	, in the second					

	(Grants	\$) If this amount	includes foreign gra	ints, check here .	▶ 🛘	30	a
31		program services (describe in Schedule O)					
	(Grants		includes foreign gra		▶ 🗆	31	a
32	Total p	rogram service expenses (add lines 28a t				32	
Par	t IV	List of Officers, Directors, Trustees, and Key	Employees (list eacl	n one even if not com	pensated-see the i	netn	ctions for Part IV)
		Check if the organization used Schedule	O to respond to a	ny question in this	Part IV	•	<u> </u>
		(a) Name and trile	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		l') Estimated amount of other compensation
WILL	IAM GOL	DSBY					
PRE	SIDENT				0	0	0
	IM ALI						
	RETARY				0	0	0
	NDA HU					1	
TRE	ASURER	<u></u>			0	0	0
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			. 🗆
			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		1
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			١.
	change on Schedule O (see instructions)	34	ļ	1
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		1
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		1
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		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			1
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	 -		ļ!
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	✓
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	-		ļ. <u>. , </u>
		38a	<u> </u>	1
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1	[
a a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
)a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	[
_	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	40b		1
C	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		1
11	List the states with which a copy of this return is filed ▶			
2a	The organization's books are in care of ▶ WILLIAM GOLDSBY Telephone no. ▶	21522	76977	7
	Located at ▶ P O BOX 7691 PHILADELPHIA PA ZIP + 4 ▶	19	101	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_
	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).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		1
3	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	1
4	Did the accomination maintain any dense advised funds during the uses if "Van" form 000 must be		Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
þ	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
_	Did the organization receive any payments for indoor tanning services during the year?	44c	 	1
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1.70		<u> </u>
~	explanation in Schedule O	44d		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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		√

Form 99	90-EZ (201	6)						P	age 4
								Yes	No
46		organization engage, directly or in							
	to cand	lidates for public office? If "Yes," of	complete Schedule C	, Partl			46		1
Part	VI S	ection 501(c)(3) organizations	sonly						
	A	ll section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and comple	ete the tal	bles fo	r line	es
		0 and 51.	•		•				
		heck if the organization used Scl	hedule O to respond	to any question in t	his Part VI .				П
							T	Yes	No
47	Did the	organization engage in lobbying	activities or have a	section 501(h) electio	n in effect durin	a the tax			
	vear? If	"Yes," complete Schedule C, Par	t II				47		1
48	•	rganization a school as described in					48		7
49a		organization make any transfers to		-			49a	-	7
+3a b		" was the related organization a se	•	_			49b		_
50		was the related organization a se ete this table for the organization's						6 20	d kov
30		ees) who each received more than							
	Chiploy	ces) who each received more than		T	(d) Health benef				
	(a) Na	rme and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to em	ployee (e) E	stimated	i amou	ınt of
	(4) 140	and and title of each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and de compensation		her com	pensat	IOU
NONE		·			Compensation	' 			
NONE						1			
									
			•						
	·								
				}	1				
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					1	İ			
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		· - · · · · · · · · · · · · · · · · · ·			<u> </u>				
f		imber of other employees paid over							
51		te this table for the organization'			contractors who	each rec	eived I	more	than
	\$100,00	00 of compensation from the orga	nization. If there is no	ine, enter None.					
	(a) Na	me and business address of each independ	lent contractor	(b) Type of serv	nce	(c) Com	pensatio	n	
NONE		· · · · · · · · · · · · · · · · · · ·							
NONE									
		·	·		···				
									
									
					J				
		·····		·					

	Total -	Important at the independent	otom ocah ra	Over \$100,000					
		imber of other independent contra	•						
52		e organization complete Schedu	ile A? Note: All se	,			7 ٧~~		
		ted Schedule A	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Yes		
Under p	enalties of	perjury, I declare that I have examined this r omplete Declaration of preparer jother than	etum, including accompany a officed is based on all info	ying schedules and stateme rmation of which orenarer h	ents, and to the best o	if my knowled	ige and	belief,	rt is
	700, 41.00		- Contract of the first	- Property	1 //	1.10			
Cian		Signature of officer			Date	4-18			
Sign	_ *	Signature of officer	Land a	100 lany	Date				
Here		THE THE	WAKE JY	CHARLE !					
		Type or print hame and title	IDmonorado electrica	· .	<u> </u>	 _	DTINI		
Paid		nnt/Type preparer's name	Preparer's signature	. Da	_ / _ / _ Che	eck 🗹 nf	PTIN		
Prepa	arer 🔼	KEEM SIMS	URlem &	imb 11	10/10	-employed	P018	84132	
Use (rm's name 🕨			Firm's EIN	<u> </u>			
NA - **		rm's address ▶	-6		Phone no.		7 24		
May th	ie IHS di	scuss this return with the preparer	snown above? See I	nstructions		<u> ▶ L</u>	<u> Yes</u>	<u> </u>	<u> </u>

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.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

REC	RECONSTRUCTION INCORPORATED 232644453								
Pa	rt I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.		
The	organization is not a private foundate	tion because it i	is: (For lines 1 through	12, che	ck only o	ne box.)			
1	A church, convention of church	nes, or associati	on of churches descr	ibed ın s e	ection 17	'O(b)(1)(A)(i).	$\sim \alpha$		
2	A school described in section						01		
3	A hospital or a cooperative hos						- ,		
4	A medical research organizatio	•	onjunction with a hosp	pital desc	inbed in s	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.)								
6 7	 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.) 								
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research organizer or university or a non-land-granuniversity:	nt college of agr	iculture (see instruction	ons). Ente	er 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 af	to its exempt fui income and uni	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ne (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								
	of one or more publicly support Check the box in lines 12a throu			•			, , , ,		
_		_	• • • • • •		-	•			
а	the supported organization(supporting organization. Yo	s) the power to	regularly appoint or e	lect a ma	jority of t	• , , ,	,, , , o o		
b	☐ Type II. A supporting organ	ization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having		
	control or management of the organization(s). You must o		•		persons	that control or man	age the supported		
C	: Type III functionally integr its supported organization(s						ally intograted with,		
d	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribu	ition roquirement an			
e	Check this box if the organi functionally integrated, or Ty						e II, Type III		
f	Enter the number of supported of								
9	Provide the following information	about the supp	orted organization(s).			,			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
A)									
B)									
C)									
D)									
E)									

Total

Page	2
PROB	4

Pari	(Complete only if you checked the	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sact	Part III. If the organization fails to ion A. Public Support	quality unde	er the tests iis	sted below, p	lease comple	ete Part III.)	/
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(8) 2012	(8) 2010	(0) 2014	(0) 2010	(0) 2010	/ / / /
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					/	
3	The value of services or facilities furnished by a governmental unit to the organization without charge					-/	
4	Total. Add lines 1 through 3						
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		<u> </u>	L	L/	L	<u></u>
	on B. Total Support	4) 2040	T	4) 0044	1 0045	1 4-1 0040	(0 T.)
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				/		
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 (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	•	•			12	- F01(a)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop here			/	-		
Secti	on C. Computation of Public Support			7	· · · · ·	· · · · ·	▶ 🗀
14	Public support percentage for 2016 (line 6,			1 column (fl)		14	%
15	Public support percentage from 2015 Sche	• • • • • • • • • • • • • • • • • • • •				15	%
16a	331/3% support test—2016. If the organiz box and stop here. The organization qualit	ation did not fies as a publ	check the poolicly supported	organization			check this
b	331/2% support test—2015. If the organization of this box and stop here. The organization of					is 331/a% or m	iore, check
17a	10%-facts-and-circumstances test—20' 10% or more, and if the organization meet Part VI how the organization meets the "fa organization	ets the "facts	-and ₇ circumsta	ances" test, ch	eck this box a	and stop here	. Explain in
b	10%-facts-and-circumstances test—20° 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	ion meets th	e "facts-and-c	ircumstances'	' test, check '	this box and	stop here.
18	Private foundation. If the organization did	not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see ▶ □

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.)

	if the organization fails to qualify	under the tes	is listed beig	w, please co	mpiete Part II	·)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees			1	1	1	
_	received. (Do not include any "unusual grants.")	68570	58953	22412	21587	11158	182680
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					·	
	furnished in any activity that is related to the		Ĭ	1	ì	1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an]		į	ŀ	į	
	unrelated trade or business under section 513		1261	3809	1383		6453
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			[1	
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	68570	58953	22412	21587	11158	189133
7a	Amounts included on lines 1, 2, and 3		l				
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		1		1	1	
	received from other than disqualified		i				
	persons that exceed the greater of \$5,000	l	1		1	1	
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			-			
8	Public support. (Subtract line 7c from line 6.)		İ			1	100122
Coot:							189133
	on B. Total Support	(-) 2010	(h) 0012	(a) 2014 T	(4) 2015	(a) 2016	/A Total
Galen 9	dar year (or fiscal year beginning in)	(a) 2012 68570	(b) 2013 58953	(c) 2014 22412	(d) 2015 21587	(e) 2016 11158	(f) Total 189133
э 10а	Amounts from line 6	00070	36733	22412	21307	11136	107133
IVa	payments received on securities loans, rents,		1				
	royalties and income from similar sources .		ł		1		
b				 +			
	section 511 taxes) from businesses		J	}	J	j	
	acquired after June 30, 1975			i			
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether		1		ĺ	ł	
	or not the business is regularly carned on	1			İ		
12	Other income. Do not include gain or				····		
	loss from the sale of capital assets		}	1	1		
	(Explain in Part VI.)	68570	58953	22412	21587	11158	189133
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	ŀ	J			j	7
14	First five years. If the Form 990 is for th	e organization'	s first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop her	·e					▶ 🗹
Secti	on C. Computation of Public Suppor	t Percentage)		· · · · · · · · · · · · · · · · · · ·		
15	Public support percentage for 2016 (line 8			, column (f))		15	100 %
16	Public support percentage from 2015 Sch	edule A, Part II	I, line 15			16	100 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (I			line 13, colum	n (f))	17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests-2016. If the organi					re than 331/3%	, and line
	17 is not more than 331/3%, check this box a	and stop here. 1	The organizatıo	n qualifies as a	publicly suppor	ted organizatio	n . ▶ 🗆
b	331/3% support tests-2015. If the organization	ation did not ch	eck a box on li	ne 14 or line 19	a, and line 16	s more than 33	¹ /3%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	d not check a b	ox on line 14,	19a, or 19b, ch	eck this box a	nd see instruct	ions 🕨 🗌

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	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.			
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		
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		
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	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 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).			
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	t —	
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).	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	12		
b	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

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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		ļ
	A family member of a person described in (a) above?	11b	<u> </u>	ļ
	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. on B. Type I Supporting Organizations	116	L	Щ
<u>Oecu</u>	on b. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	1
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	1	ĺ
	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,	1		
	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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations	نگ	<u> </u>	L
	on ot typo it capporting organizations		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			
<u></u>	the supported organization(s).	1		L
Secu	on D. All Type III Supporting Organizations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	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		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	131		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i			
1	· · · · · · · · · · · · · · · · · · ·	1160101	CUUII	<i>5).</i>
a b	☐ The organization satisfied the Activities Test, Complete line 2 below. ☐ 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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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			<u> </u>
	activities but for the organization's involvement.	2b		
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			الــــــا
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		1
þ	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		J

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 Type III Non-Functionally Integrated 509(a)(3) Supporting Organical 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 Type III Non-Functionally Integrated 509(a)(3) Supporting Organical 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 Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional rt V Type III Non-Function Part V Type III Non	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		
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):			d
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 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	***	1
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 pnor 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	П		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y int	egrated Type III support	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Current Year				
1_	Amounts paid to supported organizations to accomplish	·			
2					
	organizations, in excess of income from activity				
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations		
4_					
5_					
6_	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.				
9_					
10	Line 8 amount divided by Line 9 amount				
Se	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	1				
b_					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount				
С	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 3 _j and 4c.				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
d	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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