<sub>50m</sub> 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

Department of the Treasury

▶ 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

Open to Public Inspection

	emal Rever		► Information about Form 990-E2 and its in	Structions is at www.iis.gov/10/	111330.					
<b>∖</b> A	For the	2016 calenda	ar year, or tax year beginning January	, 2016, and ending	Decero	MOLL 31,2016				
_	Check if ap	1	C Name of organization		D Employ	er identification number				
	Address c	hange	Month of 160e 27-0228453							
, Ē	Name cha	ınge	Humber and street (or P.O. box, if mall is not delivered to street address) Room/suite E Telephone number							
	Initial retu	m	1100 W. Paletson & 219-343-6185							
	Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign po	stal code		Exemption				
Ļ	Amended			())		• =				
\ <u>\</u>	Applicatio				Numbe	<del></del>				
		ing Method.	☐ Cash ☐ Accrual Other (specify) ►	H		If the organization is not				
	Website		W. mothels - of - hope org	·····	•	attach Schedule B				
				no) 4947(a)(1) or 527	(Form 990	, 990-EZ, or 990-PF)				
			☐ Corporation ☐ Trust ☐ Associate	·						
			7b to line 9 to determine gross receipts. If gross receip-		l assets	:20117				
(P	art II, col	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form	990-EZ	. •	s(00,11L				
	Part I	Revenu	e, Expenses, and Changes in Net Assets	or Fund Balances (see the	instructi	ons for Part I)				
		Check if	the organization used Schedule O to respond	to any question in this Part I		<b>&gt;</b> 1				
_	1		ons, gifts, grants, and similar amounts received			1 135.724				
2	2		ervice revenue including government fees and co	ntracts	.	2				
ム	3	_	up dues and assessments		<b>├</b>	3				
ノ	4	Investment				4				
7_	5a		ount from sale of assets other than inventory	5a   C	·  -	<del></del>				
フ			or other basis and sales expenses.	5b		_				
	b		·		——·	- 80				
	C		ss) from sale of assets other than inventory (Subtr nd fundraising events	act line 50 from line 5a) .	· [:	ic 0				
	6	_	•							
	a	\$15,000)	ome from gaming (attach Schedule G if gre	1 1	[					
الموسول الموسول	<b>]</b>   .	•		<u>6a</u>						
(C)	<b>b</b>		ome from fundraising events (not including \$	of contribution	s					
هٔ ﴿ ﴾	Ē		aising events reported on line 1) (attach Schedu	200 1 12 (28C)	1					
	-		ch gross income and contributions exceeds \$15,0							
-	C		ct expenses from gaming and fundraising events	6c 1,489						
	q		e or (loss) from gaming and fundraising events	(add lines 6a and 6b and sub	otract	1200				
		line 6c) .			· · <u>] (</u>	5d 15,97				
	7a	Gross sale	s of inventory, less returns and allowances	7a		1				
_	Ь	Less: cost	of goods sold	. 7b						
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7)	o from line 7a) .	. 77	7c				
ز 	8	Other reve	nue (describe in Schedule O)	<u> </u>	<u> </u>	8				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .	I BECENIED		9 136,623				
· _	10	Grants and	d similar amounts paid (list in Schedule O)	LULULIALD		10				
	11	Benefits pa	aid to or for members	150 NOV 9 8 2017	3.0SC	11				
	12	Salaries, o	ther compensation, and employee benefits	NOV 28 2017 .		12				
	13	Profession	al fees and other payments to independent contri	actions		13 76 663				
,	14		y, rent, utilities, and maintenance		19E    -	14 7435				
	15		ublications, postage, and shipping	_OGDEN_UT	1 h	15 8 45				
•	16		enses (describe in Schedule O)	BANK TA THE PARTY OF THE PARTY	#	16 55 9 99				
	17	-			· -	17 148 153				
i -	40		(deficit) for the year (Subtract line 17 from line 9)	<del></del>		18 /1 603				
1	19		s or fund balances at beginning of year (from lin	e 27 column (Al) (must sarse		12 KH 200				
			ar figure reported on prior year's return)	c 21, column (A)) (must agree		10/11/05				
T D'O T	20	-		hadula (A)	_	19 14 682				
3 2	20		nges in net assets or fund balances (explain in Sci		· ·	20   3   5				
IJ	21		or fund balances at end of year. Combine lines 1		. 🏲 🖯	21 3/65				
Fe	or Paper	work Reduct	tion Act Notice, see the separate instructions.	Cat. No 10642I		Form <b>990-EZ</b> (2016)				



Part II Balance Sheets (see the instructions for Part II)							
	Çheck ıf	the organization used Schedul	e O to respond to a	ny question in this	Part II		<u> </u>
1	1				(A) Beginning of year		(B) End of year
22	Cash, savings	and investments			14685	22	3/65
23	Land and build	lings			7 - 7	23	
24	Other assets (	lescribe in Schedule O) .				24	
25	Total assets .				14685	25	3155
26	Total liabilitie	s (describe in Schedule O)				26	
27	Net assets or	fund balances (line 27 of colum	n (B) must agree wit	n line 21)	14,685	27	3,755
Part	III Stateme	nt of Program Service Accor	n <b>plishments</b> (see th	e instructions for F	Part III)		
	Check if	the organization used Schedul	e O to respond to a	ny question in this	Part III . 🔲		Expenses
What	is the organizati	on's primary exempt purpose?	blassouts or	application to	055/54		uired for section c)(3) and 501(c)(4)
Dest	ribe the organiza	United to MONGAUP &	ishments for each of	its three largest o	rogram services	,	nizations, optional for
as m	easured by exp	enses. In a clear and concise r	nanner, describe the	e services provided	I, the number of	othe	rs)
		d other relevant information for e			/		\
28	111 moto Fe	MILL PELVION -SIGNATU	would trave on	Ting bot como	number / 350	0+	1
	me works to	Och 1 DO SERVICES )	into mosture	A the M	260	ר' '	1
	LL COTTO =C	reening Johladose	Puces home	New that DOW	4400		25,215
,	(Grants \$ 75 f		t includes foreign gra	ints, check here	7 7 . ▶ □	28a	, ,
29	DIVET -3	evends to supp 1000		a lixth heal	Had was oft a O		
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\$	Super day	clab coselod abus	e loft ind	walka o			19101
,	(Grants \$ 12:		t includes foreign gra		<b>▶</b> □	29a	10000
30 4	Stade I had	<del></del>	4 Commence	10,000, 1260,0	r.C.		<del>  -    </del>
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	(Grants \$	If this ambut	t includes foreign gra			ر 30a	118 6228
	<del></del>	ervices (describe in Schedule O)		into, briebit from .	<u> </u>	008	I VOO
	(Grants \$ 1050	. •	t includes foreign gra	ants check here		31a	10174
		service expenses (add lines 28a		ins, check here .		32	1.0.444
Part		ficers, Directors, Trustees, and Ke		n one even if not com	nensated—see the in		ctions for Part IVI
		the organization used Schedul					
			(b) Average	(c) Reportable	(d) Health benefits,	Ť	
	(	a) Name and title	hours per week	compensation	contributions to employe		
		_	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
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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 this			П		
	(100 desired for 1 dit 1) ender it and digunization deed contedute of to respond to any question in this	, alt	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		Y		
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		X		
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,	35a 35b		<b>₹</b>		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		χ		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	36				
b	Did the organization file Form 1120-POL for this year?	37Ь	]	M		
38a	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?	38a		X		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	304	$\vdash$	1-2		
39	Section 501(c)(7) organizations. Enter:	1	ļi			
а	Initiation fees and capital contributions included on line 9	4				
b	Gross receipts, included on line 9, for public use of club facilities	-{	[	[		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶					
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					
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
е	All organizations. At any time dunng the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T					
41	List the states with which a copy of this return is filed \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<del>~ ~</del>			
42a	The organization's books are in care of ▶ TRACY Downson Telephone no. ▶ 20 Located at ▶ 6444 Torrington Rd Ukdanazazmy ZIP+4 ▶ 4	1-33 980		L13		
b	At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No		
	If "Yes," enter the name of the foreign country:	420	<del>                                     </del>	<del> ~</del> -		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	<u></u>	V		
43	Section 4947(a)(1) nonexempt chantable 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	• •	ا .	► □		
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	Yes	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		صر		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		X		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a				
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		م		
		720				

						_		Yes	No
46	Did the organization enga								
, Dod	to candidates for public o			Рапт	· · · ·	· · ·	46	<u> </u>	LX/_
Part				stions 47-49b and	52, and cor	nplete th	e tables f	or lin	es
		zation used Sch	nedule O to respond	to any question in t	his Part VI				. $\Box$
	<u> </u>						· · · · · ·	Yes	No
47	Did the organization engage year? If "Yes," complete \$			section 501(h) election		uring the	tax . 47		γ
48	Is the organization a school	•		12 If "Yes " complete:	Schedule F		. 48	<del> </del>	<del> {}</del>
49a	Did the organization make							<del>                                     </del>	<b>I</b> ❖
b	If "Yes," was the related of								<del>                                     </del>
50	Complete this table for the	e organization's	five highest compens	sated employees (oth	er than office	ers, direct	ors, truste	es, an	id key
	employees) who each rec	eived more than	\$100,000 of comper	sation from the organ	nization. If th	ere is non	e, enter "N	lone.'	,
9	(a) Name and title of each em	nployee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	o employee nd deferred	(e) Estimate other con		
	DUL								
	·				<del>                                     </del>		<del></del> .		
					<del> </del>				
	<del></del>				<del> </del>				
f	Total number of other em	ployees paid ove	er \$100,000	. ▶					
51	Complete this table for the				contractors	who each	received	more	e than
	\$100,000 of compensation	on from the orga	nization. If there is no	one, enter "None."					
	(a) Name and business addre	ess of each independ	lent contractor	(b) Type of sen	rice	(c) Compensation			
	L								
_/\	Une								
			<del></del>						
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	<del></del>		· · ·		+				
			<u>-</u>						
d	Total number of other ind	ependent contra	ctors each receiving	over \$100,000	<b>▶</b>				
52	Did the organization co	mplete Schedu	ile A? <b>Note:</b> All se	ction 501(c)(3) orga	nizations mi	ust attacl	n <b>v</b> a_		
	completed Schedule A	<u></u>	<u> </u>	· · · · · · ·	<u> </u>	<u> </u>	.►W Yes	: 🖸	No
	penalties of perjury, I declare that I prect, and complete. Declaration o						nowledge and	d belief	, rt is
	1 rold	MIKIL							
Sign Here	Signature of officer	DANDE	n TRPO	sulek.	Date	11/2	5/1	7	
	Type or print name a	nd title				<u> </u>	<del></del>		
Paid	Print/Type preparer's na	me	Preparer's signature	Da	ite	Check	rf PTIN		
Prep	I		1			self-emplo			
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Ment	Firm's address ▶	with the arrange	chaum abour 2 C		Phor	ne no	<del></del>		<u></u>
iviay t	he IRS discuss this return v	with the prepare	snown above? See	nstructions	· · · ·		Yes Yes	ليا :	No

Form 990-EZ (2016)

Page 4

#### 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.

OMB No 1545-0047 20**16** 

Open to Public Inspection

Employer identification number

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.

Reason for Public Charity Status (All organitations 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ 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: 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: ☑ An organization that normally receives: (1) more than 33% 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 331/2% 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.) 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 b 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. d 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 I, Type II, Type III

9	g Provide the following information about the supported organization(s).									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)	,		1							
(B)										
(C)										
(D)										
(E)										
Tota	1									

functionally integrated, or Type III non-functionally integrated supporting organization.

Part	II Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
· air	(Complete only if you checked the	e box on line	5 7 or 8 of	Part I or if th	e organizatio	n failed to qua	, alify under
	Part III. If the organization fails to	aualify unde	r the tests lis	ted helow n	lease comple	ete Part III )	21117 011-01
Secti	on A. Public Support	quality unde		Б			
	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	(4) 2012	(5) 2010	(0) 2011	(4) 20.0	1 (0, 20,0	
•	membership fees received. (Do not						_
	include any "unusual grants.")				{	1 1	
2	Tax revenues levied for the			<del></del>		†	
-	organization's benefit and either paid			}	}	·	I
	to or expended on its behalf						Ĺ
3	The value of services or facilities		<del></del>		<del> </del>		
•	furnished by a governmental unit to the				}	for a	
	organization without charge				,		ł
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions by						
3	each person (other than a			ļ			1
	governmental unit or publicly			į			
	supported organization) included on					}	]
	line 1 that exceeds 2% of the amount				ł	}	Ì
	shown on line 11, column (f)			/	<b>{</b>		<u>L</u>
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support			1			
Calen	ndar 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			Ĺ	<u> </u>	<u> </u>	<u> </u>
8	Gross income from interest, dividends,			1	}		1
	payments received on securities loans,	•		}			1
	rents, royalties and income from similar			[	{		
	sources				<u> </u>	<u> </u>	
9	Net income from unrelated business			1	}		1
	activities, whether or not the business	/		}	1	}	1
	is regularly carried on			<b></b>		<u> </u>	
10	Other income. Do not include gain or		1				Į
	loss from the sale of capital assets		}	j	Ì		ļ .
	(Explain in Part VI.)				<u> </u>	<u> </u>	- <b></b>
11	Total support. Add lines 7 through 10	L/	L	<u> </u>	<u></u>	<del> </del>	<u> </u>
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the		n's first, secor	id, third, fourth	n, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop he		<del> </del>	<del></del>	<del></del>	<u> </u>	· · · •
	ion C. Computation of Public Support			<del> </del>		T.21	
14	Public support percentage for 2016 (line					14	
15	Public support percentage from 2015 Sci					15	and and adding
16a	, ,						
	box and stop here. The organization qua		-				
b	331/3% support test - 2015. If the organithis box and stop here. The organization					0 18 33 73 76 OF 1	nore, check
	· / *	•		-			
17a							
	10% or more, and if the organization me						
	Part VI how the organization meets the '	iacis-and-circ	umstances to	cat. The organ	zauvii quaiiile	s as a publici	y supported ►
_	organization						<i>.</i>
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization is	neets the fac			me organiza	don qualines a	is a publicly
10	supported organization	d not chast -	hov on line 19				<b>-</b>
18	instructions						J S <del>CC</del> ▶
	01301MARAES						–

Part								
	(Complete only if you checked the			_		, -	nder Part II.	
Casti	If the organization fails to qualify	under the to	ests listed bel	ow, please co	omplete Part	11.)		
	on A. Public Support	(0) 0010	T (h) 0012	(-) 2014	/d0 2015	(-) 2016	40 Total	
_	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")	37 144	11,350	168985	80041	135.724	33774	
2	Gross receipts from admissions, merchandise		,		1	1		
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	Ø	Ø	8	Q	2888	Z888	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1	1	1	,	\	1	
4	Tax revenues levied for the	<b> </b>	<del>  </del>	1	<del>  </del>	<del>  \                                   </del>	<del></del>	
	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	37.144	16350	18985	80041	138,112	340632	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		7					
b	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of \$5,000			}			1	
	or 1% of the amount on line 13 for the year					_		
	Add lines 7a and 7b	<b>Q</b> _	8	8	0	0	<u> </u>	
8	<b>Public support.</b> (Subtract line 7c from line 6.)	;		1			340637	
Secti	on B. Total Support	I		<del></del>	<del></del>	L	10,002	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total	
9	Amounts from line 6	37.H4	16,350	68,985	80041	138112	340621	
10a	Gross income from interest, dividends,		101	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,,,,,	720	
	payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)	37,144	16350	68985	871741	138,112	340.632	
14	First five years. If the Form 990 is for the		on's first, secon	nd, third, fourth	h, or fifth tax ye	ear as a secti	on 501(c)(3)	
	organization, check this box and stop he		<del></del>		_ <del></del>	· · · ·	<b>▶</b> □	
	on C. Computation of Public Suppo					<del></del>	1.00	
15	Public support percentage for 2016 (line			• • • • •		15	100 %	
16 Sopti	Public support percentage from 2015 Scion D. Computation of Investment In			ostaca	<u> </u>	16	180 %	
17	Investment income percentage for 2016			v line 13 colu	imp (fl)	17	<del>0</del> %	
18	· · · · · · · · · · · · · · · · · · ·					18	<del>0</del> %	
19a		ment income percentage from 2015 Schedule A, Part III, line 17						
	17 is not more than 331/3%, check this box							
b	331/3% support tests-2015. If the organi					-		

line 18 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Malm 06 A d land	Employer identification number
Name of the state	27-0228455
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