Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2017

Open to Public

Inspection

➤ Do not enter social security numbers on this form as it may be made public. Department of the Treasury

nto	mei Kever	iue Service	P do to www.ns.gov/romssocz for histochous and the latest line	A11(010)11	1116	
V	For the	2017 calenda	er year, or tax year beginning , 2017, and end	ing		, 20
3 (Check If ap	plicable	C Name of organization	Di	Employer ide	ntification number
]	Address cl	nange	National Center for Entrepreneurship and Innovation		46	-1134634
4	Name cha	•	Number and street (or P O box, if mail is not delivered to street address) Room/si	uite E	Telephone nu	mber
=	iniliai retur		4512 Windom Pi NW	ŀ	202	-378-6438
7	Finat return Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F	Group Exen	ption
=	Application		Washington, DC 20016		Number ▶	
•	Account	ing Method	Cash ✓ Accrual Other (specify) ►	H Che	ck ▶ 🔲 ıf	the organization is not
	Nebsite	•	ncel us			ch Schedule B
, 1	ax-exem		ack only one) - ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 52	7 (For	rm 990, 990	-EZ, or 990-PF)
		organization				
		-	7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or	f total ass	ets	· · · · · · · · · · · · · · · · · · ·
Pa	rt II, colu	ımn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► s	100,000
Б	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	the ins	tructions	for Part I)
•			the organization used Schedule O to respond to any question in this f			
	1		ons, gifts, grants, and similar amounts received		11	100,000
	2		ervice revenue including government fees and contracts		2	100,000
	3	_	ip dues and assessments		3	
	4	Investment	•		4	·
	5a		ount from sale of assets other than inventory 5a			-
	Ь		or other basis and sales expenses 5b			
	1		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	•	nd fundraising events		30	
	-	•	ome from garning (attach Schedule G if greater than			
Φ	a	\$15,000)				
Revenue	.	•	6a			
š	6		ome from fundraising events (not including \$ of contrib	outions		
Œ			aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000)			
	d		t expenses from gaming and fundraising events	d aubbes		
	"	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b an	a subtra	CANAL CANAL	
	 _		and incompany the surface and allowers		6d	· · · · · · · · · · · · · · · · · · ·
	I .		s of inventory, less returns and allowances 7a			
	b	Cuses cost	of goods sold it or (loss) from sales of inventory (Subtract line 7b for the tay VED	$\overline{}$		
	1			7.5	7c	
	8		nue (describe in Schedule O)	SS	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 S MAY 2 0 2020	·-	9	100,000
	10			씵	10	
_	11	•	aid to or for members	1=1	11	
1868	12		ther compensation, and employee benefitsOGDEN, UT		12	11,000
Ē	13		al fees and other payments to independent contractors		13	
Expe	14		y, rent, utilities, and maintenance		14	
ш	15		ublications, postage, and shipping		15	
	16		enses (describe in Schedule O)		16	2,662
_	17		enses. Add lines 10 through 16		▶ 17	13,662
2	18		(deficit) for the year (Subtract line 17 from line 9)		18	86,378
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must	agree wi	Section 1	
Ĩ		-	r figure reported on pnor year's return)		19	8,036
ĕ	20		iges in net assets or fund balances (explain in Schedule O)		20	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		▶ 21	94,414

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2017)

om 9	90-EZ (2017)					Page 2
Pai	· ·					<u></u>
	Check if the organization used Schedule	O to respond to ar			•	<u> </u>
			<u></u>	(A) Beginning of year	Щ,	(B) End of year
22	Cash, savings, and investments	· · · · · · ·		8,036		93,896
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			5,554		518
25	Total assets		-	13,590	$-\tau$	94,414
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			13,590	27	94,414
Par		•		•		Expenses
	Check if the organization used Schedule is the organization's primary exempt purpose?				(Re	quired for section
						(c)(3) and 501(c)(4)
)esc	ribe the organization's program service accompli	ishments for each of	fits three largest pr	ogram services,		anizations; optional for ers.)
is m	easured by expenses. In a clear and concise nones benefited, and other relevant information for each	nanner, describe the ach program title	services provided,	, the number of		J. U.,
	Launching the Gov21 initiative to support governme					T
ZU	Launcining the Gov21 initiative to support governme	air minovators	***************************************			
	(Grants \$) If this amount	t includes foreign gra	nts, check here .	▶ □	28	11,000
29	Building awareness and initiating planning related to					11,000
	mic officed carees, appointing to race (rozo.co).					
	(Grants \$) If this amount	t includes foreign gra	nts, check here .	<i>.</i> ▶ □	29	2,662
30						
	(Grants \$) If this amount	t includes foreign gra	nts, check here .	▶ 🗆	30a	a
	Other program services (describe in Schedule O)					
	, •	t includes foreign gra			318	a
32	Total program service expenses (add lines 28a				32	13,662
Pari	IV List of Officers, Directors, Trustees, and Ke	y Employees (list each	one even if not comp	ensated-see the in	nstru	
	Check if the organization used Schedule					🗀
-		(b) Average	(c) Reportable	(d) Health benefits,	Τ.	\ \(\tau_{\text{-1}} \)
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		
hilip	E. Auerswald					
)lrec	or, President	6	0		0	0
ame	s H. Turner					
)lrec	or, Treasurer	2	. 0		0	0
onn	a Harris	_			Ì	
<u> Irec</u>	or, Secretary	2	0		0	0
		_]				
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
	The state of the s		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		✓
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		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)?			
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لبِــا
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		L- - -,
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:		1	
a	Initiation fees and capital contributions included on line 9	÷ = 0		
b 40a	Gross receipts, included on line 9, for public use of club facilities	┪		
4va	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		→
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,		0	
	4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
C	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		7
41	List the states with which a copy of this return is filed ▶			
42a	3	202) 37	8-643	8
	Located at ► 4512 Windom Pl NW, Washington, DC ZIP + 4 ►	20016		
Þ	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: ▶	720		_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 – Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
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		7
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		V
C	Did the organization receive any payments for indoor tanning services during the year?	44c		✓,
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			و ۾
	explanation in Schedule O	44d		
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	AEL		
	Form 990-EZ (see instructions)	45b	<u> </u>	

Form 99	0-EZ (2	017)						Р	age 4
								Yes	No
46		he organization engage, directly or ir ndidates for public office? If "Yes," o					n		
Part '	_	Section 501(c)(3) organizations			<u> </u>		140	LJ	
rait	_	All section 501(c)(3) organization		stions 47–49b an	d 52. and	complete the	tables f	or line	es
		50 and 51.			,				
		Check if the organization used Scl	nedule O to respond	to any question ir	this Part	VI			
								Yes	No
47		he organization engage in lobbying		section 501(h) elec	tion in effe	ect during the ta	×		
	•	If "Yes," complete Schedule C, Par					47		
48		organization a school as described in					48	ļ	√
49a		ne organization make any transfers to					49a	 	-
ь 50		es," was the related organization a se plete this table for the organization's					49b		d key
30		oyees) who each received more than							u noy
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Average	(c) Reportable	(d) H	ealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	hanofit ni	tions to employee (elans, and deferred	e) Estimate other con		
			devoted to position	(Forms W-2/1099-MIS		mpensation			
				<u></u>					_
								·	
				ĺ					
f		number of other employees paid over				_			
51		plete this table for the organization' ,000 of compensation from the orga			nt contrac	tors who each r	eceived	more	than
		······································		I		<u> </u>	···········		
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c) C	ompensati	on	
						· · · · · · · · · · · · · · · · · · ·			
				<u> </u>					
			 			_			
				1					
							~		
				1					
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. >				
52	Did 1	the organization complete Schedu	ile A? Note: All se	ction 501(c)(3) org	ganizations			_	
		pleted Schedule A	<u> </u>	<u> </u>			Yes		
Under po	enalties	of perjury, I declare that I have examined this is discomplete. Declaration of preparer (other than	return, including accompant	ying schedules and state	ments, and t	o the best of my know owledge	vledge and	belief,	rt ıs
	1001, 211	d complete beclarately of project (out) and	- Contract to based on all land	Thador of Whor proper	7 1100 0019 101	= (= /			
Sign		Signature of officer	/			Date Date	2020		·····
Here		▲ Philip Auerswald, President	ı			,			
-		Type or print name and title	-						
Paid		Print/Type preparer's name	Preparer's signature		Date	Check I if	PTIN		
Prepa	arer		.]			self-employed	1		
Use (Firm's name ▶	<u> </u>			Firm's EIN ▶			
		Firm's address ▶	chown chave? See !	netructions		Phone no	□ Vas		
IVISIV Y		menice micromin with the prepare	SOUDDO SOUDD (200)	CONTRACTOR STATE					40

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2017

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

		nter for Entrepreneurship and						34634
Par	_	Reason for Public Cha						ons.
	•	ation is not a private founda		,		-		
1		church, convention of churc						
2		school described in section		•				
3		nospital or a cooperative hos medical research organization						(iii) Enter the
4	_	spital's name, city, and state		nijuricuon with a nosi	Jilai Uesc	nbea in s	יאון וויטנטאָניון וויטנטאָניון וויטנטאָני	iny. Litter trie
5	[] An	organization operated for ction 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in
6 7	✓ An	ederal, state, or local goven organization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	□ A d	community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	☐ An or un	agricultural research organ university or a non-land-gra iversity:	ization described nt college of agri	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or
10	red su ac	organization that normally organization that normally organization activities related pport from gross investmen quired by the organization a	to its exempt ful t income and uni fter June 30, 197	nctions—subject to c related business taxa 75. See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less so mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11		organization organized and						
12		organization organized and						
		one or more publicly suppo eck the box in lines 12a thro						
а		Type I. A supporting organization supporting organization. Yes	(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	rganization vested in	the same			
c		Type III functionally integ						ally integrated with,
ď		Typo III non-functionally ithat is not functionally interrequirement (see instructionally interreguirement)	intogratod. A su grated. The orga	pporting organization nization generally mu	operated st satisfy	d in conne a distribu	ection with its suppo ition requirement an	
0		Check this box if the organ functionally integrated, or	ization received Type III non-func	a written determination	on from the	ne IRS the	at it is a Type I, Type ion.	e II, Type III
f	Ente	r the number of supported o						
9	Prov	ide the following information	n about the supp	orted organization(s).				
	(i) Nam	e 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)				·			- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 	
(C)								
(D)								
(E)								

	· · · · · · · · · · · · · · · · · · ·						
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	lease comple	te Part III.)	
	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.")	75,000	4,000	0	45,000	100,000	224,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	73,000	4,550		10,000	100,550	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	75,000	4,000	0	45,000	100,000	224,000
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
6	Public support. Subtract line 5 from line 4						224,000
	on B. Total Support	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calen	dar year (or fiscal year beginning in) Amounts from line 4	75,000	4.000	(0) 2013	45.000	100,000	224,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	73,000	4,000		45,000	100,000	224,000
9	similar sources						
10	is regularly carried on				211.12-17-1		
11	Total support. Add lines 7 through 10						224,000
12	Gross receipts from related activities, etc	. (see instruction	ns)			12	0
13	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · ·			🕨 🗆
Section	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line					14	<u>%</u>
15	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi	nedule A, Part I	l, line 14 .			15 1 more	shook this
16a	box and stop here. The organization qua						
b	331/a% support test—2016. If the organithis box and stop here. The organization	qualifies as a p	oublicly suppor	rted organızati	on		▶ 🛘
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts- facts-and-circu	and-circumsta ımstances" te	ances" test, ch st. The organi	neck this box a zation qualifies	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization.	ation meets the neets the "fact	e "facts-and-c s-and-circums	circumstances' stances" test.	' test, check ' The organizati	this box and a on qualifies as	a publicly
18	supported organization	d not check a l	oox on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	se e

Cabadu	ale A (Form 990 or 990-EZ) 2017						Page 3
Part		tions Descr	ibed in Sect	ion 509(a)(2)			rage
	(Complete only if you checked th	e box on line	10 of Part I	or if the organ			under Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part I	II.)	
	on A. Public Support			1			
	idar 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						1
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
Secti	on B. Total Support	•	·		<u> </u>		<u> </u>
	idar 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, 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						
C	Add lines 10a and 10b					•	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her			d, third, fourth			
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8	, column (f) di	ivided by line 1	13, column (f))		15	%
16	Public support percentage from 2016 Sch			<u> </u>	<u></u>	16	%
	ion D. Computation of Investment Inc						
47	Investment income percentage for 2017 (ine 10c colun	an (f) divided h	w line 13 colu	mn (fl)	171	%

Investment income percentage from 2016 Schedule A, Part III, line 17

19a 33¹⅓% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33¹⅓%, and line 17 is not more than 33¹⅓%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶

18

%

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.	1	=±	<u> </u>
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		
4 a		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 desprte being controlled or supervised by or in connection with its supported organizations.	4b	۰	
С	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	<u> </u>	L.,
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	٠	
þ	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	_	
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 ontity 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		ļ
93	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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)		14	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a	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		<u> </u>
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	on B. Type I Supporting Organizations	110		L
<u> </u>	on Driffe Capporang Cigamanana		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	- -		
•		1		├
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 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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.		Yes	,
a	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		٥	
	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 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	č,	æ (
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 trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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		$\vdash\vdash\vdash$

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	
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	1		-
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):			
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		<u> </u>
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	Ь.,		
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		<u> </u>
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	5.5	
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			1
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supporti	ng organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	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 (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.	9		
3	Excess distributions carryover, it any, to 2017			
a	೨೦ ಶಗಾಯ ಸಿಟ್ ಹ ಗಿ ಇ ಕಿ ೧೦೦೦ ಈ ರಾಜ್ಯಾನ್	ಯ ರಾಜ್ಯ ಬರ್ಗಳ ಬರ	e en rant siste	اين ت تتدبدهنجي و عدده
ь	From 2013		الم اد ا	
C	From 2014			
d	From 2015			
е	From 2016	•		
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount	an annum 6 -a air n	tana dan mengana dan me	
i	Carryover from 2012 not applied (see Instructions)			i
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.		70 g mg - 772	ಕಾ ಸುಯಾದೂ ಕ.ಬ
8	Breakdown of line 7:		11	,
a	Excoss from 2013			
_ b_	Excess from 2014		,	
C	Excess from 2015			,
d	Excess from 2016		2	
9	Excess from 2017			,

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