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∠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)

2017

OMB No 1545-1150

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public
Inspection

Inter	mal Hever	the Service Go to www.iis.gov/ro/iiis9022 for instructions and the latest information.		
AI	For the	2017 calendar year, or tax year beginning , 2017, and ending		, 20
В	Check if ap	plicable C Name of organization D I	Employer i	dentification number
☑	Address c	Danies and ranging of the Oraci of Mala Beritar and Medicar Office of SE Mi		47-2493707
===	Name cha	. , ,	Telephone i	number
==	Initial retur	7 31698 Southview St.	2	48-506-5149
==	Amended	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption
==	Applicatio		Number	▶
G	Account	ing Method. ☐ Cash ☐ Accrual Other (specify) ☐ H Che	ck ▶ 🗆	If the organization is not
1.3	Website			tach Schedule B
JT	Tax-exen	npt status (check only one) —	m 990, 99	0-EZ, or 990-PF).
		organization: 🗹 Corporation 🔲 Trust 🔲 Association 🔲 Other		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	
(Pa	art II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. •	64,513
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	
		Check if the organization used Schedule O to respond to any question in this Part I.		🛮
	1	Contributions, gifts, grants, and similar amounts received		54,260
	2	Program service revenue including government fees and contracts	. 2	
	3	Membership dues and assessments	. 3	
	4	Investment income	. 4	
මු	5a	Gross amount from sale of assets other than inventory 5a		
2019	b	Less: cost or other basis and sales expenses	_	
ക	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
\bowtie	6	Gaming and fundraising events		
U	a	Gross income from gaming (attach Schedule G if greater than	ĺ	
₽ n		\$15,000)	ŀ	
SCANNED AUG Revenue	Ь	Gross income from fundraising events (not including \$ of contributions		
		from fundralsing events reported on line 1) (attach Schedule G if the		1
室 "	` 	sum of such gross income and contributions exceeds \$15,000) 6b		
<u> </u>	C	Less: direct expenses from gaming and fundraising events 6c	\neg	İ
Ö	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct	
Ø		line 6c)	· 6d	
	7a	Gross sales of inventory, less returns and allowances		
	Ь	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	[]
	8	Other revenue (describe in Schedule O)	. 8	1
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	54,260
	10	Create and similar amounts paid (lest in Schodula O)	. 10	
	11	Benefits paid to or for members	. 11	T
S	12	Salaries, other compensation, and employee benefits	. 12	
Expenses	13	Professional fees and other payments to independent contractors OGDEN, UT	. 13	12,425
ē	14	Occupancy, rent, utilities, and maintenance	. 14	6,406
ŭ	15	Printing, publications, postage, and shipping	. 15	1,236
	16	Other expenses (describe in Schedule O)		32,407
	17	Total expenses. Add lines 10 through 16		51,363
	40	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	2,897
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree wi		
SS	š	end-of-year figure reported on prior year's return)		61,366
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		1
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		64,263
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)

•	•					
Form	990-EZ (2017)					Page 2
Pa	Balance Sheets (see the instructions f	or Part II)	 			
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	<u></u>	🗹
				(A) Beginning of year	L,	(B) End of year
22	Cash, savings, and investments		[47,712	+	55,247
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			13,654		9,267
25 26	Total liabilities (describe in Schedule O)			61,366	25	64,513
27	Net assets or fund balances (line 27 of column	/R) must saree with	line 21)	61,366		250
Par					[21]	64,263
	Check if the organization used Schedule	•		•		Expenses
Wha		Deliver medical and				quired for section
Desc	ribe the organization's program service accompliseasured by expenses. In a clear and concise m	shments for each of	f its three largest p	rogram services,		(c)(3) and 501(c)(4) anizations, optional for ers.)
pers	ons benefited, and other relevant information for ea	ich program title.	s services provided	z, the number of		·· ,
28	Dental services	 			 	
						-
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	28a	44,131
29	Medical and pharmacy services					
					ĺ	ĺ
						1
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	7,231
30						İ
						ł
	(Grants \$) If this amount	includes foreign gra	ints chack here		30a	
31	<u> </u>				1002	<u> </u>
•		ıncludes foreign gra			31a	,
32	Total program service expenses (add lines 28a t				32	
Par	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated-see the i	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	(a)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC) benefit plans, and		other compensation
		dovotod to position	(if not paid, enter -0-)	deferred compensation	<u>- </u>	
Gera	rd Peplowski				Ì	
	rma n	3			0	0
	ard Jelonek, DO					
	ctor and Medical Director	4		<u> </u>	0	0
	nas Larabell utive Director and Treasurer	16			0	0
Exec	Ulive Director and Treasurer	10			4	
	·····					
					\neg	
		1				
				<u> </u>		
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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	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO
	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)			
35a	Change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 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 0			
200 D	Did the organization file Form 1120-POL for this year?	37b		✓
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		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	304		√
39	Section 501(c)(7) organizations. Enter:	1		'
а	Initiation fees and capital contributions included on line 9			
b 400	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ▶ o ; section 4912 ▶ o ; section 4955 ▶ o			:
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		[:]
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 during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► Michigan			
42a		48) 50 48025		
b	Located at ► 31698 Southview St., Beverly Hills, MI At any time during the calendar year, did the organization have an interest in or a signature or other authority over	40023	Yes	
		42b		√
	If "Yes," enter the name of the foreign country: ▶			1
	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		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		.)	
	and enter the amount of tax-exempt interest received or accrued during the tax year	—	V1	Al-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		√
b	completed instead of Form 990-EZ	44b		1
G	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 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			,
	Form 990-EZ (see instructions)	45b		_✓_

Vest No No No No No No No N	Form 98	90-EZ (2	017)						Р	age 4
Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Vas. No All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Vas. No Vas. Vas	46	Did ti	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in oppositi	ion 👸	Yes	No
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI I to the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II I to the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II I to the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule E I to the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule E I to the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule E I to the organization engage in lobbying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule a section 521 (n) election in effect during the tax year. If year year, and year year. If year was year year. If year year, and year year. If year year, and year year. If year year, and year year. If year year, and year year. If year year, and year year. If year year, year year, year year. If year year, year year, year year. If year year, year year, year year,					, Part I		<u></u>	46		1
So and 51. Check if the organization used Schedule O to respond to any question in this Part VI The Art Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II The Art Check if the organization as school as described in section 170(h)(1)(A)(iii)? If "Yes," complete Schedule E The Art Check if the organization in section 52? organization? The Art Check if the organization in the application in the organization of the organization in section 52? organization? The Art Check is table for the organization in the organization in section 52? organization? The Art Check is table for the organization in the organization in the organization. If there is none, enter "None." The Art Check is table for the organization in the organization in the organization organization. If there is none, enter "None." The Art Check is table for the organization's five highest compensated independent contractors who each received more than 5100,000 of compensation from the organization. If there is none, enter "None." The Art Check is table for the organization's five highest compensated independent contractors who each received more than 5100,000 of compensation from the organization. If there is none, enter "None." Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Total number of other independent contractors who each received more than 5100,000 of compensation from the organization. If there is none, enter "None." Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiv	Part									
Check if the organization used Schedule O to respond to any question in this Part VI Vest No Ve				s must answer que	stions 47–49b ar	nd 52, and	I complete the	tables f	or line	es
Vest No Ves										
Did the organization engage in (obbying activities or have a section 501(h) election in effect during the tax year? If "Yes" complete Schedule C Part II 47 √ 489 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 √ 489 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 √ 489 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 √ 480 Mail to the organization as extend 527 organization? If there is extend or form the organization, if there is none, enter "None." (a) Name and title of each employee (b) Average none year even devoted to possion (c) Reportable compensation (c)			Check if the organization used Sch	edule O to respond	to any question	in this Part	<u>VI</u>	<u></u>	<u> </u>	<u> </u>
Vear? If "Yes," complete Schedule C, Part II									Yes	No
Supplementation with a supplementation of the organization of the organization of the organization of the organization of section 527 organization? 49a	47									1
Supplementation with a supplementation of the organization of the organization of the organization of the organization of section 527 organization? 49a	48	is the	e organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	ete Schedul	eE	. 48		1
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per veek devoted to position (c) Reportable compensation (compensation from the organization of the compensation of compensation of the compensation	49a		•					. 49a		
Complete this table for the organization's five highest compensated employees (other than officers, directors, furstees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (e) Name and title of each employee (b) Average (c) Reportable (c) Reportable (c) Reportable (compensation from the organization of the remployee (devoted to position from the Organization) (c) Reportable (compensation from the Organization from the Organi	ь									
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(a) Name and tritle of each employee										
A Note: A Note: All section Source				(h) Average	(a) Reportable	(d) H	ealth benefits,			
f Total number of other employees paid over \$100,000 ▶ Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Lorder perallels of perply. Ideator that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Displaration of prepare gither than office) is based on all information of which preparer has any knowledge. Sign Here Thomas V. Larabelt, Executive Director and Treeasurer Type or print name and table Print's per preparer's name Preparer's signature Date Check ☐ if set lim ▶ Firm's name ▶ Firm's name ▶ Firm's name ▶ Firm's name ▶ Proone no.		(a)	Name and title of each employee	hours per week	compensation	SC) benefit pl	lans, and deferred			
f Total number of other employees paid over \$100,000 ▶ Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Lorder perallels of perply. Ideator that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Displaration of prepare gither than office) is based on all information of which preparer has any knowledge. Sign Here Thomas V. Larabelt, Executive Director and Treeasurer Type or print name and table Print's per preparer's name Preparer's signature Date Check ☐ if set lim ▶ Firm's name ▶ Firm's name ▶ Firm's name ▶ Firm's name ▶ Proone no.	None				-					
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, deplaration of preparer joiner than officer is based on all information of which preparer has any knowledge. Sign Prim's Elm Self-employed Prim's address ► Firm's address ► Phone no.										
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, deplaration of preparer joiner than officer is based on all information of which preparer has any knowledge. Sign Prim's Elm Self-employed Prim's address ► Firm's address ► Phone no.										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deplaration of preparer jother than officer is based on all information of which preparer has any knowledge. Sign Prim's Elm > Prim's address > Phone no.		Tota	I number of other employees paid over	or \$100,000	<u> </u>					
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ✓ Yes No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print/Type or print name and title Paid Preparer Use Only Firm's address ▶ Phone no.			• •			ont contrac	— store who each	rocoived	moro	than
(a) Name and business address of each independent contractor None d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ☑ Yes □ No Under penalites of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Paid Print/Type or service (c) Compensation Proparer Signature of officer Date Check □ if PTIN self-employed Prim's name ▶ Firm's address ▶ Phone no.	51						tors will each	received	111016	tilali
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				·	1					
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a	Name and business address of each independent	ent contractor	(b) Type of	service	(c)	Compensati	on	
d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	None				 					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	110110.				1		}			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					 					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					1					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					†		}			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					 					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					1		}			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					 		- †			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					1		}			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		Total	number of other independent contra	ctors each receiving	over \$100 000	<u> </u>				
Completed Schedule A				-		· ·	e must attach	<u> </u>		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Thomas V. Larabell, Executive Director and Treeasurer Type or print name and title Preparer Use Only Firm's name Firm's name Firm's address Phone no.	32					-		- —		Nο
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Thomas V. Larabell, Executive Director and Treeasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's name Firm's address Phone no.	Under									
Sign Here Thomas V. Larabell, Executive Director and Treeasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Firm's name Firm's EIN Firm's address Phone no.								omouge and	. Donei,	. 13
Sign Here Signature of officer Date			Many The A	000			4/20/20	, 0		
Thomas V. Larabell, Executive Director and Treeasurer Type or print name and title Paid Preparer Use Only Thomas V. Larabell, Executive Director and Treeasurer Preparer's signature Date Check ☐ if self-employed Firm's name ► Firm's address ► Phone no.	Sian			-ux						
Type or print name and title Paid Preparer Use Only Type or print name and title Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's name ► Firm's address ► Phone no.	_			ctor and Treescurer			•			
Paid Preparer Use Only Firm's name Preparer's signature Preparer's signature Date Check ☐ if self-employed Firm's name Firm's address ▶ Phone no.				COL AND TICEASULEI						
Paid Preparer Use Only Firm's name ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ► Firm's address ►				Preparer's signature		Date		, PTIN		
Preparer Use Only Firm's name ► Firm's address ► Phone no.			i i iii i yypo piepaiei s name					ıf		
Firm's address > Phone no.			[! —		<u> </u>		
	Use	Only								
	May t	he IRS		shown above? See	instructions		FILORIE IIO.	Yes		No.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Dames and Knights of the Order of Malta Dental and Medical Clinic of SE MI 47-2493707 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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). 6 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not iriclude any "unusual grants.") . . . 64,025 39,652 54,260 152,890 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 64,025 39,627 54,260 152,890 The portion of total contributions by 5 each person (other than a governmental unit

	governmental unit of publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						30,230
6	Public support. Subtract line 5 from line 4						132,425
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4			64,025	39,652	54,260	152,890
8	Gross income from interest, dividends,						
	payments received on securities loans,		ļ			:	
	rents, royalties, and income from						
	similar sources				0	o	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on				0	_ 0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)				0	0	0
11	Total support. Add lines 7 through 10						152,890
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the	ne organizatıor	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectioi	1 501(c)(3)
	organization, check this box and stop he	re	<u>.</u>	<u> </u>			> 🗸
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2017 (line	6, column (f) d	vided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2016 Scl	nedule A, Part	II, line 14 .			15	<u>%</u>
16a	331/3% support test-2017. If the organi	ization did not	check the box	x on line 13, ar	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua						
b	331/3% support test-2016. If the organi	zation did not	check a box of	on line 13 or 16	ia, and line 15	ıs 331/3% or mo	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizati	on		▶ 🗀
17a	10%-facts-and-circumstances test -2	017. If the org	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	l line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circ	umstances" te	est. The organi	zation qualifies	s as a publicly	supported
	organization						▶ 🗆
b	10%-facts-and-circumstances test—2	016. If the ora	anızatıon did r	not check a bo	x on line 13. 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-	circumstances'	" test, check	this box and s	top here.
	Explain in Part VI how the organization r	neets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	see
	instructions						
	111011110110110111111111111111111111111						

Part	Support Schedule for Organiz	ations Desc	ribed in Sect	ion 509(a)(2)	· · · · · · · · · · · · · · · · · · ·		
	(Complete only if you checked t						nder Part IJ!
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	,				<u></u>	
	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.")						Y
2	Gross receipts from admissions, merchandise	ļ			 	 	
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose			İ			
3	Gross receipts from activities that are not an		-	-		/	
	unrelated trade or business under section 513				١,	<i>Y</i>	
4	Tax revenues levied for the						
	organization's benefit and either paid to	}		}		1	
	or expended on its behalf						
5	The value of services or facilities	Į		ŧ		Į.	1
	furnished by a governmental unit to the organization without charge				<i>Y</i>		
•	Total. Add lines 1 through 5			 /		ļ	
6 7a	Amounts included on lines 1, 2, and 3						
, u	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	1	/	1			
	or 1% of the amount on line 13 for the year	<u> </u>				ļ	
	Add lines 7a and 7b			-			
8	line 6.)	1				1	
Secti	on B. Total Support	L	' / 	I		L	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				1		
	royalties, and income from similar sources .	<u> </u>	<u> </u>		<u> </u>		
þ	Unrelated business taxable income (less		ļ	ļ	ļ		ļ
	section 511 taxes) from businesses acquired after June 30, 1975				ļ		
c	Add lines 10a and 10b /	/	 	 	 -	 	
11	Net income from unrelated business				 		
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on		1.				
12	Other income. Do not include gain or				-		
	loss from the sale of capital assets						
10	(Explain in Part VI.)		 		 		
13	and 12.)						
14	First five years. If the Form 990 is for t	he organizatio	n's fırst. secon	d. third. fourth	n. or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2017 (line						%
16	Public support percentage from 2016 Sc			<u></u>		16	%
	on D. Computation of Investment In				(0)	147	
17 18	Investment income percentage for 2017 Investment income percentage from 201			-			<u>%</u> %
19a	331/3% support tests—2017. If the organ						
.04	17 is not/more than 331/3%, check this box						
b	331/3%/support tests-2016. If the organic	zation did not o	check a box on	line 14 or line	19a, and line 16	6 is more than	33¹/3%, and
	line 18/is not more than 331/3%, check this		-			•	
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🗌

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.)

Section A. All	Supporting	Organizations
----------------	------------	---------------

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Tes	INO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		-
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	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		
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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.)

	B A (6 m) 600 C (600 C) 20 m			raye J
Part	Supporting Organizations (continued)			T .:
	Hen the expenientian appearance of a wife or control with a form of the following of the following		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	1		
			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		1
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	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	-	1 -
Secti	ion C. Type II Supporting 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 the supported organization(s).			
Soot	ion D. All Type III Supporting Organizations	1		
Sect	ion b. All Type in 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			1
-	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			l
	supported organizations played in this regard.	3	ļ	
Sect	ion E. Type III Functionally Integrated Supporting Organizations	1 -	J	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
	The organization satisfied the Activities Test. Complete line 2 below.			-,.
a b	☐ The organization satisfied the Activities rest. 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 ın	struct	tions).
		•		
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		ļ	
	that these activities constituted substantially all of its activities.	2a		1
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Ĭ	
_	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	ļ	↓
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а		<u></u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	\vdash	┼
b		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JUD		Ь

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
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):	l				
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 Di scount claimed for blockage or other					
factors (explain in detail in Part VI):	1				
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 Mu Itiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Mirnimum 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 Mirnimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Inc ome tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 a b From 2013	Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 a b From 2013	
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2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 a	(iii) Distributable Amount for 2017
(reasonable cause required—explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 a b From 2013	
a b From 2013	
b From 2013	
5 0044	
c From 2014	
d From 2015	
e From 2016	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2017 distributable amount	
i Carryover from 2012 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
4 Distributions for 2017 from Section D, line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2017 distributable amount	
c Remainder. Subtract lines 4a and 4b from 4.	
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	
7 Excess distributions carryover to 2018. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2013	
b Excess from 2014	
c Excess from 2015	
d Excess from 2016	
e Excess from 2017	

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

SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Dames and Knights of the Order of Malta Dental and Medical Clinic of SE MI 47-2493707 \$ 8,545 Dental lab fees Dental supplies 7,224 Oral surgery 1,399 Medical supplies 4,387 Depreciation Insurance 8,579 Total \$ 32,407 Line 24 - Other assets Dental equipment net of accumulated depreciation \$ 9,267 Line 26 - Other liabilities

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number

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