Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2017

Department of the Treasury

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

▶ Go to www.irs.dov/Form990EZ for instructions and the latest information

Open to Public Inspection

		illos Gervice			one one are to		J. 1.			
A	For the	2017 calenda	ar year, or tax year beginning	January 1	, 2017,	and ending	Dece	embe	r 31 , 2	0 17
В	Check if a	pplicable	C Name of organization	<u> </u>			D Empk	yer ic	lentification num	iber
	Address o	change	Building Bridges for Business			1		E	61-1640204	
닏	Name cha	ange '	Number and street (or P.O. box, if mail is no	t delivered to street ad	dress)	Room/suite	E Teleph			
닑	Initial retu	9	1526 Rhine Street					(A ⁻	12) 337-3430	
爿		m/terminated	City or town, state or province, country, and	ZIP or foreign postal of	ode	2 0	F Grou			
片	Armended Application		Pittsburgh, PA 15212			63	Numi			
G		ting Method	✓ Cash	eifv) ►		Tu (_	if the organizati	on ic not
	Website	_	E coon E yourday cance (open						tach Schedule f	
			ck only one) - 501(c)(3) 501(c) () ◀ (insert no.)	7 4947(a)(1) or		•		0-EZ, or 990-PI	
_		organization.		Association	Other					
		U	7b to line 9 to determine gross receipts.			nore, or if total	assets			
			/) are \$500,000 or more, file Form 990 ii				1	▶ ∢	<u>.</u>	144150
_	arti		e, Expenses, and Changes in				nstruc	tions	s for Part I)	144130
_			the organization used Schedule (
	11		ns, gifts, grants, and similar amoun					•		144,150
	2		ervice revenue including governmer				}	2		144,150
	3		p dues and assessments				1	3	<u></u>	
	4	Investment					}	4		
à	5a		unt from sale of assets other than it		1 5-1		ト	-		
	1 -			•	. 5a					
	b		or other basis and sales expenses s) from sale of assets other than in			C-\		F-		
_	6	•	d fundraising events	veritory (Subtract	line 3D from II	ne sa)	F	5c		
÷	_	_	ome from gaming (attach Sched	lulo C if areator	than					
	a		· · · · · · · · · · · · ·	_					CEIVE	1
Revenue		•			· · <u>[6a</u>		┵╾	• \	-OFIAET)
٠ <u>۵</u>	Ь		me from fundraising events (not inc			contributions	100	-	. /	10
æ			aising events reported on line 1) (a h gross income and contributions e		1 1		3038	JU	V 0 2018	161
17	1						***	~ .	2010	RS-OSC
	5		t expenses from gaming and fundra		[6c]		-	-	DEN. UT	-1K
	d		e or (loss) from gaming and fundra	aising events (add	ines ba and	bo and sub	raci	9	DEN. UT	r Y
	_	line 6c) .					ト	6d		
	7a		of inventory, less returns and allow	vances						
	b		of goods sold	• • • • • •	. 7b					
	C		t or (loss) from sales of inventory (S				· ·	7c		
	8		ue (describe in Schedule 0)					8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,			· · · ·		9		144,150
	10		similar amounts paid (list in Schedi				· ·	10	·	
	11		id to or for members				· ·	11	=	
8	12		her compensation, and employee b				L	12		
Š	13		al fees and other payments to indep	endent contracto	rs		∟	13		92,255
Expenses	14	_	, rent, utilities, and maintenance		· · · · · · · · · · · · · · · · · · ·		· • L	14		
ú	15	Printing, pul	blications, postage, and shipping		SEN/FI) 	L	15		
	16		nses (describe in Schedule O) 🕠 .	·······································	CEIN-	721.	L	16		14,261
	17		nses. Add lines 10 through 16			. <u>181 .</u>	. ▶ 「	17		106,516
10	18		deficit) for the year (Subtract line 17		108 1.1.4:	. 1471		18		37,636
set	19	Net assets	or fund balances at beginning of	year (from tine 27	column (A))	(must agree	with [
Asi	ļ	end-of-year	figure reported on prior year's retu	ırn) . [III]	2001	JT		19		9,434
Net Assets	20	Other chang	ges in net assets or fund balances i	(explain iဨ် Scheြေ)	BOIE L		[20		16,060
Z	21	Net assets	or fund balances at end of year. Co	mbine lines 18 thi	ough 20 .	. <u></u>	. ▶ 「	21		31,010
For	Paperv	vork Reduction	on Act Notice, see the separate instr	actions.	Cat.	No. 106421			Form 990-E	

Form	990-EZ (2017)					Page 2
Pa	rt II Balance Sheets (see the instructions	for Part II)				<u> </u>
``.	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
		<u></u>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[9,434	22	37,636
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		<i>.</i> [24	
25	Total assets		[25	37,636
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)		27	37,636
Par	t III Statement of Program Service Accom					37,000
	Check if the organization used Schedule	•				Expenses
Wha	t is the organization's primary exempt purpose?		<u>, , , , , , , , , , , , , , , , , , , </u>			ured for section
	_ , , , , , , , , , , , , , , , , , , ,		£ 14 = 41 1 4			c)(3) and 501(c)(4) nizations, optional for
Desi	cribe the organization's program service accomplinessured by expenses. In a clear and concise m	soments for each of	or its three largest p	the number of	other	
pers	ons benefited, and other relevant information for ea	ach program title.	e services provided	a, the number of		
28	Building Bridges provides career education for 6th-1		onefiting thousands	of students		<u> </u>
20	Building Bridges provides career education for Buil-1					
	(Granta \$) If the amount	inalisadas favoras au		······································	200	70.500
00	(Grants \$) If this amount				28a	70,500
29						
	/O					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	· · · P 🔲	29a	
30						
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)				_	
		includes foreign gra			31a	
_	Total program service expenses (add lines 28a				32	L
Par	List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule	O to respond to a				<u> </u>
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	e (a) (Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	ot	her compensation
		advoice to position	(if not paid, enter -0-)	deferred compensation	1_	
Rene	e DeMichiei Farrow		0		<u> </u>	0
(1/4 l y	Board Mtgs)	1	1			
Sue l	Malone		0	(<u> </u>	0
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Ed G	ainey		0			0
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Shav	n Butler				T	
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Tom	Kubilius		l	1	ol .	0
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Sue F	Rescigno		0	(ار	0
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	30-EŽ (2017)		′	Dama 3
Part		s in t	ne.	Page 3
``	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pari	٠V	. 🗆
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	Yes	No
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	33		
	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)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
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			
ь 38а	Did the organization file Form 1120-POL for this year?	37b		✓
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		1
39	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on line 9	 		
b 40a	Gross receipts, included on line 9, for public use of club facilities	4		
400	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, 4955, and 4958	100		
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 ▶			
42a	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	•••••	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		✓
	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 filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44-	Did the appearation maintain and decay advised 6. do down the Co. 10. 10. 10. 10.		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44.3	į	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		✓
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			

Form 99	0-EZ (2	017)						Р	age 4
`46	Did t	ne organization engage, directly or i	ndirectly, in political o	ampaign activities	on behalf of o	r in opposition		Yes	No
,		ndidates for public office? If "Yes," of					46		✓
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s must answer que			mplete the ta	bles f	or line	es m
		Check if the organization does co	neddio o to respond	to any quostion i	TUTO T GIT VI	<u> </u>		Yes	No
47	year?	he organization engage in lobbying I If "Yes," complete Schedule C, Par	tll			during the tax	47		✓
48 49a		organization a school as described in ne organization make any transfers t					48 49a		√
ь 50	If "Ye	es," was the related organization a so colete this table for the organization's coyees) who each received more than	ection 527 organization five highest compens	on?	ther than offic	ers, directors,	49b truste		√ d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans, comper	to employee (e) i and deferred of	stimate her com		
N/A									
							_		
f 51	Comp	number of other employees paid ovolete this table for the organization,000 of compensation from the orga	's five highest compe	ensated independe	nt contractors				than
	(a)	Name and business address of each independ	dent contractor	(b) Type of s	ervice	(c) Car	pensati	on	
N/A									
									· · · · · ·
d		number of other independent contra			.▶				
52		the organization complete Scheduleted Schedule A	ule A? Note: All se	ection 501(c)(3) org			∕] Yes		10
Under p true, cor	enalties rect, an	of perjury, I declare that I have examined this d complete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and state ormation of which prepare	ments, and to the er has any knowle	best of my knowle dge.	dge and	belief,	it is
Sico		Signature of officer	Ц		Date	0/22/	20)		
Sign Here		Linda Handley Founder 5.22.2018 Type or print name and title				5/22/2	0/2	<u>2</u>	 -
Paid		Print/Type pre-parer's name	Preparer's signature		Date	Check if	PTIN		
Prep.		Firm's name			Firm	n's EIN ▶			
	_	Firm's address ► discuss this return with the prepare	r shown above? See i	instructions	Pho	ne no. ▶ [7 Yes		lo.

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

	ding Bridges for Business						540204		
	Reason for Public Cha						ons.		
	organization is not a private found								
1	A church, convention of church						47		
2									
3 4	A medical research organizati						Sil Cutantha		
4	hospital's name, city, and state		onjunction with a nos	pital desi	indea in s	section 170(b)(1)(A)	(III). Enter the		
5									
6	☐ A federal, state, or local gover	•	mental unit described	lın secti	on 170/b	\/1\/ A \/\/.			
7	An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup				n the general public		
8	☐ A community trust described	n section 170(b)(1)(A)(vi). (Complete	Part II.)					
9	An agricultural research organ				erated in	conjunction with a	land-grant college		
	or university or a non-land-gra university:	ant college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	f the college or		
10	An organization that normally receipts from activities related support from gross investmen	l to its exempt fu	inctions—subject to c	ertain ex	ceptions.	and (2) no more tha	ກ 33¹/₃% of its		
	acquired by the organization a	after June 30, 19	75. See section 509 (a	a)(2). (Co	mplete Pa	art III.)	00311163363		
	An organization organized and	-	•	•					
12	An organization organized and								
	of one or more publicly supp								
	Check the box in lines 12a thro								
а	Type I. A supporting organ the supported organization								
_	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B	•				
b	<u> </u>								
	control or management of organization(s). You must	complete Part I	V, Sections A and C		•				
C	its supported organization	(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.			
d	Type III non-functionally that is not functionally inte								
	requirement (see ınstructio	ns) . You must c	omplete Part IV, Sec	tions A	and D, ar	nd Part V.			
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determinationally integrated sup	on from toporting	ne IRS th organizat	at it is a Type I, Type ion.	e II, Type III		
f		•					[
<u>g</u>	Provide the following information								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)					,				
(B)									
(C)									
(D)			· <u>-</u>						
(E)									
Total	 		<u> </u>						

r aı	Support Scriedule for Organiza	anous nesc	upea in Seci	tions 1/0(0)(1)(A)(IV) and 1	70(b)(1)(A)(v	7)
•	(Complete only if you checked the	10 box on lin	e 5, 7, or 8 o	f Part I or if the	e organizatioi	n failed to qu	alify under
Soot	Part III. If the organization fails to	o quality und	er the tests ii	sted below, pl	ease comple	te Part III.)	
	ion A. Public Support		1				·
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not include any "unusual grants.")	ĺ		1	[
_	_		ļ	88351.27	81799.00	144150	314300
2	Tax revenues levied for the		ł	1			
	organization's benefit and either paid					;	
_	to or expended on its behalf		ļ				
3	The value of services or facilities		i				
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3			88351.27	81799	144150	314300
5	The portion of total contributions by		•	1	1		
	each person (other than a			j			
	governmental unit or publicly						
	supported organization) included on	ļ	Į.				
	line 1 that exceeds 2% of the amount	İ				i	
	shown on line 11, column (f)	l					
6	Public support. Subtract line 5 from line 4						クロン
	on B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		L	88351.27	81799	144150	314300
8	Gross income from interest, dividends,						
	payments received on securities loans,]	i	i	j	
	rents, royalties, and income from						
	similar sources [
9	Net income from unrelated business						
	activities, whether or not the business				i		
	is regularly carried on						
10	Other income. Do not include gain or				1		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						314300
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	e organization	n's first, secon	d, third, fourth,	or fifth tax yes	ar as a section	n 501(c)(3)
	organization, check this box and stop her	е	<u>.</u>		<u>.</u> .		▶ 🗆
Secti	on C. Computation of Public Support						
14	Public support percentage for 2017 (line 6					14	%
15	Public support percentage from 2016 Sch					15	%
16a	331/3% support test-2017. If the organiz						
	box and stop here. The organization quali		-	-			
b	331/3% support test-2016. If the organiz						ore, check
	this box and stop here. The organization of	qualifies as a p	publicly suppo	rted organızatıo	n		▶ 🗆
17a	10%-facts-and-circumstances test-20	17. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	l line 14 is
	10% or more, and if the organization med						
	Part VI how the organization meets the "fa	acts-and-circ	umstances" te	st. The organiza	ation qualifies	as a publicly	supported
	organization						▶ 🛚
ь	10%-facts-and-circumstances test-20	16. If the ora	anization did n	ot check a box	on line 13, 16	ia, 16b. or 17a	a, and line
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m						
	supported organization						
18	Private foundation. If the organization did	l not check a l	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and	see
	inetructions						- -

Sched	uìe A (Form 990 or 990-EZ) 2017						Page
Part		tions Desci	ibed in Sect	ion 509(a)(2)	-		/
•	 (Complete only if you checked the 	ne box on lin	e 10 of Part I	or if the orga	anızatıon faile	d to qualify ui	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please c	omplete Part	11.)	
	ion A. Public Support					معو	
Cale	ndar 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.")					4	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.				,		
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		/				
C	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from		/				
	line 6.)		/			.	
Secti	on B. Total Support		/				
Caler	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, royalties, and income from similar sources.		/				
b	Unrelated business taxable income (less section 511 taxes) from businesses						

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 carried on	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	
13 Total support. (Add lines 9, 10c, 11, and 12.)	

• •	organization, check this box and stop here		
Sect	on C. Computation of Public Support Percentage		
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%
Sect	on D. Computation of Investment Income Percentage		
17	Investment income percentage for/2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a	331/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is mo 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly suppo		
b	331/2% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly su		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box a	nd se	e instructions 🕨 🔲

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
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			Tes	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
ь	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		
С	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	3с		
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		
C	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 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		
ь	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		
l0a	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	IV Supporting Organizations (continued)			rage C
<u> </u>			Yes	No
11,	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
Ь	A family member of a person described in (a) above?	11b		\vdash
	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	t	
Sect	ion B. Type I Supporting Organizations		<u></u>	
			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	<u> </u>	<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
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	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s).
a b c	☐ 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 in:	structi	ions).
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
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 that these activities constituted substantially all of its activities.	2a		
ь	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.	2ь		
3 a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . 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 placed by the organization in this regard	3a 3h		

Schedule A	/	200 200	~ ~~~~~

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	g tru nızat	ist on Nov. 20, 1970 (exp tions must complete Sec	laın ın Part VI). See tions 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		***************************************
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	-	
6 Multiply line 5 by .035.	6		
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)	T		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)			
4 Enter greater of line 2 or line 3.			
5 Income tax imposed in prior year			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
 7 Check here if the current year is the organization's first as a non-functionall instructions). 		egrated Type III support	ng organization (see

Part		3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions	Current Year		
	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	h the organization is res	ponsive	
	(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			<u> </u>
S	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.			
3	Excess distributions carryover, if any, to 2017			
а				
Ь	From 2013			
С	From 2014			
<u>d</u>	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount		·	
i	Carryover from 2012 not applied (see instructions)			
i_	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			
<u>b</u> _	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				
_ с	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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