## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

Open to Public Inspection

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

A For the 2016 calendar year, or tax year beginning Januar V 2016, and ending December **B** Check if applicable C Name of organization ? D Employer identification number 68-067-4244 lel ana Address change Name change Number and street (of P.O. box, if mail is not delivered to street address) Room/suite Initial return 1043 Heurthstone Drive Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return incinnati Number ▶ ? Application pending G Accounting Method: . Accrual Other (specify) H Check ▶ ☐ if the organization is not I Website: ▶ Www. hymminc, cou required to attach Schedule B J Tax-exempt status (check only one) - 1 1 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). ) ◀ (insert no.) ☐ 4947(a)(1) or K Form of organization: Corporation ☐ Trust Association Other Incorporation L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received . . . . 900.00 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments . . . . . . . . . . . . 3 ? 4 Gross amount from sale of assets other than inventory . . . . Less: cost or other basis and sales expenses . . . . . . , O Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 0 b Gross income from fundraising events (not including \$ 1,350,00 of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) . . Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 9 00.00 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . 9 10 Grants and similar amounts paid (list in Schedule O) . . . . . 11 12 12 13 13 14 14 15 15 00 16 Other expenses (describe in Schedule O) 2 . . . . . 16 17 Total expenses. Add lines 10 through 16 . . . 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net assets or fund balances at beginning of year (from line 27, column (1)) Willist agree with 19 end-of-year figure reported on prior year's return) . . . 19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2016)

Cat. No. 10642i

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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		×
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u>X</u> -
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a ⊅	ļ		×
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  .	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 6	1	}	
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9		ŀ	
b	Gross receipts, included on line 9, for public use of club facilities	1	<u> </u>	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; 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			X.
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	L	
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			
đ	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		X
41	List the states with which a copy of this return is filed \ Cincinnati, 0 460			
42a	The organization's books are in care of ▶ Venitor C. Dell Telephone no. ▶ 5	13.	93	1-404
b	Located at ► 1043 Heavy Strue David ZIP + 4 ► 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	523 42b	Yes	No X
	If "Yes," enter the name of the foreign country:	420	<del> </del>	
	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		X
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		•	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+	K
	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	1	Y

			· · · · · · · · · · · · · · · · · · ·			Yes	No
46	Did the organization engage, directly or in	directly, in political o	ampaign activities on	behalf of or in oppos	tion	4	
	to candidates for public office? If "Yes," of		, Part I		· 46	L	<u>  X</u>
Part				50 d d-t 4b			
	All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–490 and :	o∠, and complete tr	ie tables i	or IIn	es
	Check if the organization used Sci	hedule O to respond	to any question in the	nis Part VI			
					·····	Yes	No
47	Did the organization engage in lobbying		section 501(h) electio	n in effect during the	tax	1	
	year? If "Yes," complete Schedule C, Par				. 47	<u> </u>	X
18 <u> </u>	Is the organization a school as described in					<u> </u>	X
9a	Did the organization make any transfers to				<del> </del>	ļ	1 .
b 50	If "Yes," was the related organization a se Complete this table for the organization's	ection 527 organization	on?	or than officers direct	. 49b		X
	employees) who each received more than	\$100.000 of compen	nsation from the organ	nization. If there is nor	iors, irusi <del>o</del> ne. enter "N	lone."	iu kej
		(b) Average	(c) Reportable	(d) Health benefits,	T	-	
	(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred			
		devoted to position	(Forms W-2/1099-MISC)	compensation		,	
	NONE						
	TOOKE						
		<del></del>					-
				ļ			
	Takal avanta avanta alka avanta a	<b>A</b> 400.000	1		•		
' 1	Total number of other employees paid ov Complete this table for the organization				h		. 46
•	\$100,000 of compensation from the organization	nization. If there is n	ensated independent one, enter "None."	contractors who eac	n received	more	e thar
	(a) Name and business address of each independ	lent contractor	(b) Type of serv	ioo /	) Compensat		
	(4) (121) 213 113 113 113 113 113 113 113 113 113		(b) Type of serv	(1	, Compensat		
			_				
	NUNE						
	· · · · · · · · · · · · · · · · · · ·						
		****					
•							
	Total number of other and and and		4400 000		<del></del>		
u	Total number of other independent contra				h. –		
	Did the organization complete Schedu		ection 501(c)(3) orga		na .Þ⊠`Yes	. 🗀	No
	completed Schedule A						
der p	enalties of perjury, I declare that I have examined this	return, including accompar	iving schedules and stateme	ints, and to the best of my l			
52 nder p	<del></del>	return, including accompar	iving schedules and stateme	ents, and to the best of my knas any knowledge.			

## SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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OMB No. 1545-0047

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Par	t I	Reason	for Public	Chari	ity Status (All			complet	e this pa	art.) See instruction	ns.	_
The c	rganiz	zation is no	ot a private fo	undat	tion because it i	is: (For lines 1 th	rough	12, checi	only on	e box.)		
1						ion of churches						
2	HA	school des	scribed in <b>sec</b>	tion '	170(b)(1)(A)(ii).	(Attach Schedul	0 E (F0	om 990 c	r 990-EZ	().) MANGEO		
	HA	nospitai oi	a cooperativ	e nos	pital service or	ganization descr	boen	secuon	i /(a)vii	ection 170(b)(1)(A)(i	ii) Enter the	
4			me, city, and			origunication with a	a nosp	ital Gesci	ibed iii si		ny. Lintor the	
5						college or unive	ersity o	wned or	operate	d by a governmenta	l unit described	in
•			(b)(1)(A)(iv). (			<b>-</b>	,					
6	ПΑ	federal, st	ate, or local o	ovem	ment or govern	nmental unit des	cribed	in sectio	n 170(b)(	(1)(A)(v).		
7							s supp	ort from	a govern	nmental unit or from	the general publ	ic
					(A)(vi). (Comple							
8			-		-	)(1)(A)(vi). (Com						
9	LJ Ar	n agricultui	ral research o	rganiz	zation describe	d in section 170	(b)(1)(	A)(ix) ope	rated in	conjunction with a la	ind-grant college	
		university:	or a non-land	a-grar	nt college of ag	nculture (see ins	tructio	ns). Enter	the nam	e, city, and state of	ine conege of	
10	ПА	organiza	tion that norm	nally re	eceives: (1) mo	re than 331/3% o	f its su	pport fro	m contrib	outions, membership	fees, and gross	
	re	ceints from	n activities re	lated :	to its exempt fi	ınctions—subied	ct to ce	ertain exc	eptions. :	and (2) no more than ection 511 tax) from	1 331/3% of its	
	ac	cquired by	the organizat	tion af	income and di iter June 30, 19	75. See <b>section</b>	509(a	)(2). (Con	plete Pa	rt III.)	Duoi (63363	
11	☐ Aı	n organiza	tion organized	d and	operated exclu	sively to test for	public	safety. S	See s <b>ec</b> ti	on 509(a)(4).		
12	[X] Ar	n organizat	tion organized	d and	operated exclu	sively for the ber	nefit of	, to perfo	rm the fu	inctions of, or to can	ry out the purpos	es
	of	one or m	ore publicly s	suppo	rted organization	ons described in	section	on 509(a)	(1) or se	ection 509(a)(2). See	section 509(a)(3	3).
					-					on and complete line		
а		the supr	A supporting of	organ	ızatıon operate (s) the nower to	a, supervisea, oi regulady appoi	nt or e	lect a ma	is suppoi	rted organization(s), he directors or truste	es of the	,
						lete Part IV, Sec			, ,			
b	X								with its s	supported organization	on(s), by having	
		control o	or manageme	nt of t	the supporting	organization ves	ted in	the same	persons	that control or mana	age the supported	Ł
						IV, Sections A				10 10 10 10		_
C		Type III	functionally	integ	rated. A suppo	rting organizatio	n oper	ated in co lete Part	onnectioi IV Secti	n with, and functions ions A, D, and E.	lily integrated with	٦,
d	_		•		, ,	•	-			ection with its suppo	orted organization	/e\
u	<u> </u>	that is n	ot functionally	v intec	grated. The org	apporting organ anization genera	ilv mu:	st satisfy	a distribu	ution requirement an	d an attentivenes	s
		requiren	nent (see insti	ructio	ns). You must	complete Part I	V, Sec	tions A a	ind D, ar	nd Part V.		
е		Check ti	nis box if the	organ	ization received	d a written deten	minatio	on from th	ne IRS th	at it is a Type I, Type	ıl, Type III	
		function	ally integrated	d, or T	Type III non-fun	ctionally integrat	ted sup	porting o	organizat	ion.		
f											• • [	
g				natior		ported organiza		1	rganization	(v) Amount of monetary	(vi) Amount of	—
	(I) Na	me or suppor	ted organization		(ii) EIN	(lii) Type of organ (described on line	s 1–10	listed in you	ır governing	support (see	other support (see	
						above (see instru	ctions))	qocui	ment?	instructions)	instructions)	
								Yes	No	<u> </u>		
(A)												
			<u></u>		1	<u> </u>		<b></b>	 			
(B)				1								
<del></del>	·	<del></del>	· · · · · · · · · · · · · · · · · · ·			<del> </del>	<u>-</u>	<del> </del>				
(C)												
(D)									l 			
		<u></u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		+		-				
(E)									ļ			
Tota	1				I	1		1 .	ι.	1	L	

Part	Support Schedule for Organiza (Complete only if you checked th	itions Descri	bed in Section	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	) alify under	
	Part III. If the organization fails to	e box on line aualify unde	r the tests lis	ted below. p	lease comple	ite Part III.)	any under	
Secti	on A. Public Support	quanty and		, <u>F</u>		are may	<del></del>	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2) 20 12						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3				<b></b>		<del> </del>	
5	The portion of total contributions by each person (other than a governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sect	on B. Total Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total	
7	Amounts from line 4				ļ			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10					7 .		
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere		d, third, fourtl	h, or fifth tax y	rear as a section		
	ion C. Computation of Public Suppo					1221		
14	Public support percentage for 2016 (line		•			14	<u>%</u>	
15 16a	Public support percentage from 2015 Schedule A, Part II, line 14							
b	331/3% support test—2015. If the organithis box and stop here. The organization	ization did not	check a box o	on line 13 or 1	6a, and line 15			
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organize Explain in Part VI how the organization supported organization	ation meets the "fac	he "facts-and- cts-and-circum	circumstance: stances" test.	s" test, check . The organiza	this box and tion qualifies as	stop here. s a publicly	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		ļ			900.00	900.00
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise					9001	900
2	sold or services performed, or facilities				1		
	furnished in any activity that is related to the						
_ 3	organization's tax-exempt purpose				<del></del>		
J	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		Ì		!		
	organization without charge						(// (2) + 6.5
6	<b>Total.</b> Add lines 1 through 5						900.00
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			j			906.6
j_	•	<b> </b>			<del> </del>		100
Ь	Amounts included on lines 2 and 3 received from other than disqualified	}	1	1			
	persons that exceed the greater of \$5,000		ļ	)	)		$\circ$
	or 1% of the amount on line 13 for the year				ļ		, ,
C	Add lines 7a and 7b	<del></del>					900.60
8	Public support. (Subtract line 7c from						0.
	line 6.)		<u> </u>	<u> </u>			400
	on B. Total Support		<b></b>	T	т		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	<b></b>	<u> </u>	<b> </b>		1	
10a	Gross income from interest, dividends, payments received on securities loans, rents,		1			}	
	royalties and income from similar sources .		Ì		1	İ	
ь	Unrelated business taxable income (less		<del> </del>	<del> </del>			<del>                                     </del>
_	section 511 taxes) from businesses				1		0
	acquired after June 30, 1975						
C	Add lines 10a and 10b						$\cup$
11	Net income from unrelated business					1	
	activities not included in line 10b, whether		Ì	1	1		
	or not the business is regularly carried on		<del> </del>			<b></b>	<del>                                     </del>
12	Other income. Do not include gain or	1	}			j	0
	loss from the sale of capital assets (Explain in Part VI.)		1	1	1	1	
13	Total support. (Add lines 9, 10c, 11,	<del></del>	+	<del> </del>	<del> </del>	<b></b>	<del>                                     </del>
	and 12.)	]	1		j		
14	First five years, If the Form 990 is for t	he organizatio	n's first, seco	nd, third, fourt	h, or fifth tax y	ear as a secti	on 501(c)(3)
	organization, check this box and stop he	ere	<u></u>	<u> </u>	<u> </u>	<u> </u>	· · · ▶ <u>\$</u>
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2016 (line	• •	-				<u>%</u>
16	Public support percentage from 2015 Sc			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In				(6)		
17	Investment income percentage for 2016		• • •	-			<u>%</u>
18	Investment income percentage from 201					18	% and line
19a	331/3% support tests—2016. If the organity is not more than 331/3%, check this box						
ь	331/s% support tests—2015. If the organi						
Q	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization of	•	•				
		3,1001/ 6		.,			

Part	7.7	_		A	izations
	1 N V AN			r irasr	IITATIANA
		JUDD	JI WIN	VIUGII	IZZUUIS

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		Vani	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		Yes	No
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 <b>Part VI</b> how the organization determined that the supported			D-1-1-1-1-1
3a	organization was described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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		
<b>5</b> a	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 <b>Part VI</b> , 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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI.</b>	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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	-7 - 7	ر کر شد. ر کر شد	F
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	2'	2. ¥.C	2
_	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	-	
	on B. Type I Supporting Organizations	1116		
	on printed and organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	E 131	₹ . 7	F 12 4
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			8
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- 4	المراقع الخوا	L
	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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-7
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	استنسال		
2	Did the organization operate for the benefit of any supported organization other than the supported	a bi	100 (YA)	ASC.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1,2	در پڑت بازد در	14 4
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	EIPH.		132
<u>C1</u>	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations			
		2 F F4	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	~ X.		1
	or management of the supporting organization was vested in the same persons that controlled or managed	民程制		4
	the supported organization(s)	اخت ا		£
Section	on D. All Type III Supporting Organizations	1	<u> </u>	·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	2 6 2	l" ye	V. 7/ 6
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	, a,	ات ترحق	1000 C
	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 h j		4 CT .
_		1 277974		Ewh . Y
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	( J. C.		F-, -
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		12.00
3	By reason of the relationship described in (2), did the organization's supported organizations have a	7. 3	4 4 5 T	j. 1
•	significant voice in the organization's investment policies and in directing the use of the organization's	灣		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	المائرين	,	(年。) (年、 39
	supported organizations played in this regard	3	سبت. س	<u> </u>
Section	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	ınstru	ction	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	see in:	struct	ions)
2	Activities Test Answer (a) and (b) below		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	74 - TE	و <del>ه</del> اک خرا	** <
•	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part Vi identify</b>	100 mg	ر ادر د را در د	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	those supported organizations and explain how these activities directly furthered their exempt purposes,	E	الم يندسوا	1 2
	how the organization was responsive to those supported organizations, and how the organization determined	1 2 m	, e	, ,
	that these activities constituted substantially all of its activities	<b>2</b> a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	77. 	12 97	3
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1.89		
	reasons for the organization's position that its supported organization(s) would have engaged in these	ق. در المدسده	1	المستعاضة
	activities but for the organization's involvement	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.	State Character		م مرجود مع کیمر درا
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			- 12 24 - 14 24
	trustees of each of the supported organizations? Provide details in Part VI.	3a	,91 -	100
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	12.		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b	ı	ı

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Section	
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	Π		-
instructions for short tax year or assets held for part of year):	<u>L</u>		
a Average monthly value of securities	1a		
<b>b</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,	Г		
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)	1	, :	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	. '-	
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	organization (see
inetructions)			

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions			Current Year				
_1_	Amounts paid to supported organizations to accomplish e							
2	Amounts paid to perform activity that directly furthers exe							
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<del></del>				
4	Amounts paid to acquire exempt-use assets		<del></del>					
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.		·					
	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 2016 from Section C, line 6		<del></del>					
10	Line 8 amount divided by Line 9 amount	<u></u>		<del> </del>				
S:	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.	-						
3	Excess distributions carryover, if any, to 2016:							
a	,							
<u> </u>			-					
C	From 2013	`						
<u>d</u>	From 2014							
е	From 2015							
f	Total of lines 3a through e			· ,				
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2016 distributable amount							
i	Carryover from 2011 not applied (see instructions)	,						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D, line 7: \$	_ >						
<u>a</u>	Applied to underdistributions of prior years	-	······					
b	Applied to 2016 distributable amount		`,					
c	Remainder. Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·					
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	·						
7	Excess distributions carryover to 2017. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а								
b	Excess from 2013							
С	Excess from 2014							
d	Excess from 2015							
е	Excess from 2016			·				