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)

OMB No 1545-1150 20**17** 

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. Inspection ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2017 calendar year, or tax year beginning 20 , 2017, and ending B Check if applicable C Name of organization D Employer identification number Address change SAN\_ANTONIO ALTERNATIVE HOUSING CORP #24 73-1628105 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number initial return 1215 S. TRINITY ST. (210) 224 - 2349 Final return/terminate City or town, state or province, country, and ZIP or foreign postal code Group Exemption Amended return SAN ANTONIO, TX 78207-6143 Number ▶ Application pending Cash X Accrual Other (specify) ▶ G Accounting Method: H Check ► X if the organization is not I Website: ► required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF) ◄ (insert no ) ☐ 4947(a)(1) or ☐ Trust Other Association 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 . . . . 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments . . . 3 4 Investment income . . . 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . . . 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 \$15,000) . . . . . . . . . . . . . Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 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 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b-from-line-7a) -8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O)

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		benefits paid to or for members		
S	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors	13	
g	14	Occupancy, rent, utilities, and maintenance	14	
ω	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
Net	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0.
For	Paper	work Reduction Act Notice, see the separate instructions. BAA REV 02/14/18	PRO	Form <b>990-EZ</b> (201

22						
a a	Tt II Balance Sheets (see the instructions f					_
	Check if the organization used Schedule	O to respond to an				
				A) Beginning of year		(B) End of year
22	Cash, savings, and investments			0.	22	0.
23	Land and buildings		<i>.</i> . [	0.	23	0.
24	Other assets (describe in Schedule O)		[	0.	24	0.
25	Total assets			0.	25	<b>X</b> 0.
26	Total liabilities (describe in Schedule O)			0.	26	0.
27	Net assets or fund balances (line 27 of column		line 21)		27	0.
Par					=:-	
	Check if the organization used Schedule	•		•		Expenses
What	t is the organization's primary exempt purpose?					uired for section
						(c)(3) and 501(c)(4)
	ribe the organization's program service accomplis				orga	inizations; optional for
	neasured by expenses. In a clear and concise m		services provided,	the number of	Othic	
	ons benefited, and other relevant information for ea	ich program title.				<del></del>
28	None. Inactive at this time.				ŀ	
	(Grants \$ 0.) If this amount	includes foreign gra	nts, check here .	▶ 📙	28a	0.
29						
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ □	29a	<u> </u>
30						
	(Grants \$ ) If this amount	includes foreign gra	nts. check here .	▶ □	30a	ı
31	Other program services (describe in Schedule O)					
•		includes foreign gra			318	, l
32	Total program service expenses (add lines 28a	through 31a)	into, oncor nore	<b>.</b>	32	
Par						
	Check if the organization used Schedule	O to respond to ar	one event in the tomp	Part IV		
	Officer if the organization used Schedule		(c) Reportable	(d) Health benefits,	<del></del>	<u> </u>
	(a) Name and Adda	(b) Average			1	
			compensation	contributions to employ	ree (e	Estimated amount of
DIC	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	contributions to employ benefit plans, and		Estimated amount of other compensation
RIC		hours per week		contributions to employ		Estimated amount of other compensation
	HARD TOBIN	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	other compensation
SEC	HARD TOBIN RETARY/TREASURER	hours per week	(Forms W-2/1099-MISC)	contributions to employ benefit plans, and	n	Estimated amount of other compensation
SEC	CHARD TOBIN CRETARY/TREASURER D RADLE	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	n	other compensation  0.
SEC ROL CHA	CHARD TOBIN CRETARY/TREASURER D RADLE LIRPERSON	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n	other compensation
ROE ROE	CHARD TOBIN CRETARY/TREASURER O RADLE LIRPERSON SERT MORENO PHD	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n .	0.
ROE ROE	CHARD TOBIN CRETARY/TREASURER D RADLE LIRPERSON	hours per week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	n .	other compensation  0.
ROD CHA ROD VIC	CHARD TOBIN CRETARY/TREASURER O RADLE LIRPERSON SERT MORENO PHD	hours per week devoted to position  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER O RADLE LIRPERSON BERT MORENO PHD CE CHAIRPERSON	hours per week devoted to position  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.
ROE VIC	CHARD TOBIN CRETARY/TREASURER CONTROLL	hours per week devoted to position  0.00  0.00	(Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	contributions to employ benefit plans, and deferred compensatio	n .	0.

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Part	,			ℯ
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	rant	V 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	162	×
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		×
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		×
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, 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		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		<u>×</u> _
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶			,
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			1
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 ▶ J. Keith Newcomb  Telephone no. ▶ (210)	))224	1-23	49
		7-6		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	
	If "Yes," enter the name of the foreign country: ▶	720		<u>×</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ı L
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	• •	, I	<b>▶</b> □
440	Did the example maintain and domain advised fined divides the condition to the first condition to the		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
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		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 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		×
		100	L	ــــــــــــــــــــــــــــــــــــــ

					<del>-</del>		-	Yes	No
46	Did	the organization engage, directly or in andidates for public office? If "Yes," of andidates for public office?	ndirectly, in political c	ampaign activities or	behalf of or	ın opposi	tion		
Part		Section 501(c)(3) organizations		<u> </u>	<del></del>	<u>· · · · · · · · · · · · · · · · · · · </u>	· 4	<u> </u>	×
		All section 501(c)(3) organization	_	stions 47–49b and	52, and co	mplete th	e tables	for lin	nes
		50 and 51.	<b></b>		, <b></b>				
		Check if the organization used Sc	hedule O to respond	to any question in t	this Part VI				. 🗆
-			- <del></del>					Yes	No
47		the organization engage in lobbying		• •		during the	tax		
_	-	r? If "Yes," complete Schedule C, Par					· 4	$\overline{}$	×
48		ne organization a school as described in					4		×
49a		the organization make any transfers t					_		<u>  ×</u>
50		'es," was the related organization a sen plete this table for the organization's							od kov
30		ployees) who each received more than							
		siegoso, who each received more than	<del> </del>		(d) Health		C, Critor		
	(6	a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions		(e) Estim	ated amo	
			devoted to position	(Forms W-2/1099-MISC)	benefit plans, comper		other	ompense	1000
None	-				·				
					<u>L</u> .				
						·		_	
					١,				
		<del></del>			<del>                                     </del>				
	<b></b>								
f	Tota	al number of other employees paid ov	er \$100 000	<u> </u>			<u> </u>		
51		nplete this table for the organization			contractors	who eacl	h receive	ed mor	e than
	\$10	0,000 of compensation from the orga	anization. If there is no	one, enter "None "					
	-	a) Name and business address of each independ	tent contractor	(b) Type of ser	vice	(c	) Compens	ation	
				(2) 1) po o o o o					
None									
				-					
		<del>-</del>	<del></del>			<u> </u>			
		<del></del>	<del></del>	<del>                                     </del>					
				1					
			<del></del>	<del> </del>					
				<u></u>					
d	Tota	al number of other independent contra	actors each receiving	over \$100,000 .	. •				
52	Dıd	the organization complete Schedi	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	anizations n	nust attac	ha_		
	con	npleted Schedule A	<u> </u>	<u></u>	<u> </u>	<u>.</u>	.▶⊠ Y	es 🗌	No
		es of perjury, I declare that I have examined this and complete Declaration of preparer (other tha					nowledge	and belie	f, it is
	11001,	and complete Decidiation of preparer (other tha	in unicery is pased on all line	, and the manual preparer	nas any knowle				
Sign		Signature of officer	V CAVI	<del></del>	Da	ip .			
Here		J. Keith Newcomb, Exe	cutive Directo	ir	Ja	4/2	5/1		
		Type or print name and title				111			
		Print/Type preparer's name	Preparer's signature		ate	Charle C	7 . PTI	N	-
Paid						Check L self-empl	_		
Prep		)	LTERNATIVE HSIN	NG	Fin	n's ElN ▶			
Use		Firm's address ▶ 1215 S TRINIT					210)22	4-234	9
May t	he IR	S discuss this return with the prepare	r shown above? See	instructions			► × Y	es 🗌	No

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

Employer identification number

					JSING CORP		<del></del>		73-1628105		
Par									art.) See instructio	ns.	
						s: (For lines 1 throug				_	<b>6</b> .
1 2						on of churches desc				$\bigcirc$	q
3						(Attach Schedule E ( janization described				· ·	V
4										iii) Ente	r tha
7	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:										
5											
6											
7	= de compara de c										
8						(1)(A)(vi). (Complete	Part II.)				
9								erated in	conjunction with a la	and-grai	nt college
	or	r univ	ersity or a n	on-land-gra	nt college of agr	iculture (see instruct	ions). Ente	r the nan	ne, city, and state of	the coll	ege or
10	⊠ A₁	n org	anization tha	at normally r	eceives: (1) more	e than 331/3% of its	support fro	m contri	outions, membership	fees, a	nd gross
	re sı	ceipt	s from activ	ities related : investment	to its exempt fui	nctions—subject to delated business tax	certain exc	ceptions, le fless se	and (2) no more that ection 511 tax) from	n 331/3% husines	of its
	ac	cquire	ed by the or	janization a	fter June 30, 197	75. See <b>section 509</b>	(a)(2). (Cor	nplete Pa	art III.)	500,1100	000
11						sively to test for publ					
12									inctions of, or to car		
									ection 509(a)(2). Secon and complete line		
а									rted organization(s),		
						regularly appoint or ete Part IV, Sections			he directors or trust	ees of th	ie
b		Тур	<b>pe II.</b> A supp	orting organ	nization supervis	ed or controlled in c	onnection	with its s	upported organizati	on(s), by	having
								persons	that control or man	age the	supported
		org	anızatıon(s).	You must	complete Part I	V, Sections A and C	<b>)</b> .				
C									n with, and functions	ally integ	rated with,
				-		ns). <b>You must com</b>					
d	Ц								ection with its suppo		
						nization generally mi <b>omplete Part IV, S</b> e			ition requirement an	a an att	entiveness
_					•	-		-			
е	ليا					a written determinat tionally integrated si			at it is a Type I, Type	il, Type	e III
f	Ente		•	•	organizations .	· · · · · · · · ·	., .	Jigariizat	ion.	Г	
g						orted organization(s					
			supported organ		(ii) EIN	(iii) Type of organization	<del></del>	organization	(v) Amount of monetary	(vi) A	Amount of
						(described on lines 1–10 above (see instructions)		ur governing ment?	support (see instructions)		support (see ructions)
						above (see instructions),	` L		instructions,	11131	addions)
							Yes	No			
(A)											
(B)											
(C)						····	1				
(D)			<del></del> _			<del></del>					
(E)							1				

Total

Schedu	le A (Form 990 or 990-EZ) 2017						/ Page <b>2</b>
Part	Support Schedule for Organiza	tions Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(v	i)/
	(Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	_
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		[	Į	ł		
	include any "unusual grants.")		ļ		ļ		
2	Tax revenues levied for the		}	ļ	ł		
	organization's benefit and either paid		}	}	}	ď	
	to or expended on its behalf					<b></b> _	
3	The value of services or facilities		)	}	} /		
	furnished by a governmental unit to the organization without charge		)	}	1 /	1	
			<del> </del>	<del> </del>	<del>                                     </del>	<del> </del> -	
4	Total. Add lines 1 through 3		<del></del>	<del></del>	<del>                                     </del>	<del> </del>	
5	The portion of total contributions by			[			1
	each person (other than a governmental unit or publicly			<b>[</b>	/	i	i
	governmental unit or publicly supported organization) included on			·	ſ		
	line 1 that exceeds 2% of the amount				1	1	
	shown on line 11, column (f)		ĺ	1 /	]	l	
_ 6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		<del> </del>	/		<u> </u>	
8	Gross income from interest, dividends,		Ì	<b>/</b>	]	1	
	payments received on securities loans,		1	(		ł	
	rents, royalties, and income from similar sources		/	ţ	ļ	Į.	}
9	Net income from unrelated business	<del></del>	<del> /-</del>	<del></del>	<del> </del>	<del> </del>	
9	activities, whether or not the business		/				
	is regularly carried on			Ì	1	}	
10	Other income. Do not include gain or		<del>                                     </del>	<del> </del>	<del> </del>	<del> </del> -	
	loss from the sale of capital assets			į	ļ	Į	ĺ
	(Explain in Part VI.)		//	i	1	}	
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		n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
<del></del>	organization, check this box and stop he		<del></del>	<u></u>	<u> </u>	<u> </u>	· · · <b>&gt;</b> 🗆
	on C. Computation of Public Suppor			<del></del>		T	
14	Public support percentage for 2017 (line 6					14	<u> </u>
15 16a	Public support percentage from 2016 Sch 33 <sup>1</sup> /3% support test—2017. If the organi						
.00	box and <b>stop here</b> . The organization qua						▶ 🗆
b	331/3% support test—2016. If the organi						
-	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test_2	•		•		16a or 16b. an	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						🟲 🗀
b	10%-facts-and-circumstances test-26	<b>016.</b> If the org	janization did r	not check a bo	ox on line 13,	16a, 16b, or 17	7a, and line
	15 is 10% or more, and if the organiza	ition meets th	ne "facts-and-	circumstances	" test, check	this box and	stop here.
	Explain in Part VI how the organization r	neets the "fac			The organizat	tion qualifies as	s a publicly
	supported organization						▶ 🗆
18	Private foundation. If the organization di						see ▶ □
	instructions	<del>-:</del>	· · · · ·	· · · · ·		hodulo A (Form 9	

# 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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
3	Gross receipts from activities that are not an	<del></del>	<del>-</del> -	<del>_</del>	<del></del>		<del></del>
	unrelated trade or business under section 513	0.	0.	0.	0.	0.	0
4	Tax revenues levied for the	<del> </del>	<u>0</u> .		<del></del>		0.
7	organization's benefit and either paid to						
	or expended on its behalf		_		_	_	
_	•	0.	0.	0.	0.	0.	0.
5	The value of services or facilities	ļļ					
	furnished by a governmental unit to the						
	organization without charge	0.	0.	0.	0.	0.	0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7a	Amounts included on lines 1, 2, and 3	ļ				,	
	received from disqualified persons .	0.	0.	0.	0.	_0.	0.
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1	į			ļ l	
	persons that exceed the greater of \$5,000	[ .	i				
	or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.1	0.	0.	0.	0.
8	Public support. (Subtract line 7c from						
	line 6.)	į į	į		ı		0.
Secti	on B. Total Support	<del></del>			<del></del>		<del>-</del>
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0.	0.	0.	0.	0.	0.
_	Gross income from interest, dividends.						
10a	Gross income from interest, dividends, payments received on securities loans, rents.						
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	0	0	0	0.
10a	payments received on secunties loans, rents, royalties, and income from similar sources.	0.	0.	0.	0.	0.	0.
_	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less	0.	0.	0.	0.	0.	0.
10a	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses						
10a b	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0.	0.	0.	0.	0.	0.
10a b	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b						
10a b	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
10a b	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether	0.	0. 0.	0.	0.	0.	0.
10a b c 11	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10a b	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or	0.	0. 0.	0.	0.	0.	0.
10a b c 11	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets	0.	0. 0.	0.	0.	0.	0.
10a b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b	0.	0. 0.	0.	0.	0.	0.
10a b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b	0.	0. 0.	0.	0.	0.	0.
10a b c 11	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	0. 0. 0.	0. 0.	0. 0.	0. 0.	0. 0. 0.	0.
10a b c 11	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the	0. 0. 0.	0. 0.	0. 0.	0. 0.	0. 0. 0.	0.
10a b c 11 12	payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	0. 0. 0. ne organization	0. 0. 0. 's first, second	0 . 0 . 0 . d, third, fourth	0. 0. 0.	0. 0. 0.	0. 0. 0. n 501(c)(3)
10a b c 11 12	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Supports	0. 0. 0. ne organization re	0. 0. 0. 's first, second	0. 0. 0. d, third, fourth	0. 0. 0.	0. 0. 0. ear as a section	0. 0. 0. n 501(c)(3)
10a b c 11 12	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (line)	0. 0. 0. ne organization re rt Percentage 8, column (f) div	0. 0. 's first, second	0. 0. 0. d, third, fourth	0. 0. 0.	0. 0. 0. ear as a section	0. 0. 0. n 501(c)(3)
10a b c 11 12 13 14 Secti 15 16	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (line Public support percentage from 2016 Sci	0. 0. 0. ne organization re rt Percentage 8, column (f) din hedule A, Part I	0. 0. 's first, second of the	0. 0. 0. d, third, fourth	0. 0. 0.	0. 0. 0. ear as a sectio	0. 0. 0. n 501(c)(3)
10a b c 11 12 13 14 Secti 15 16	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (line)	0. 0. 0. ne organization re rt Percentage 8, column (f) din hedule A, Part I	0. 0. 's first, second of the	0. 0. 0. d, third, fourth	0. 0. 0.	0. 0. 0. ear as a section	0. 0. 0. n 501(c)(3) $ ightharpoonup \Box$
10a b c 11 12 13 14 Secti 15 16	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (line Public support percentage from 2016 Sci	0. 0. 0. ne organization re rt Percentage 8, column (f) dinedule A, Part I come Percer	0. 0. 0. 's first, second on the second of t	0. 0. 0. d, third, fourth	0. 0. 0. , or fifth tax ye	0. 0. 0. ear as a section	0. 0. 0. n 501(c)(3) $ ightharpoonup \Box$
10a b c 11 12 13 14 Secti 15 16 Secti	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support Public support percentage for 2017 (lines Public support percentage from 2016 Scion D. Computation of Investment In investment income percentage for 2017 (second continuous).	0. 0. 0. ne organization re	0. 0. 0. 's first, second of the second of t	0. 0. 0. d, third, fourth 3, column (f))	0. 0. 0. , or fifth tax ye	0. 0. 0. ear as a section	0. 0. 0. 0. n 501(c)(3) 
10a b c 11 12 13 14 15 16 Secti 17	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support Public support percentage for 2017 (line Public support percentage from 2016 Scion D. Computation of Investment In Investment income percentage from 2016 Investment Income	0. 0. 0. 0. 0. ne organization re rt Percentage 8, column (f) divinedule A, Part I come Percer line 10c, colum 6 Schedule A, F	0. 0. 0. 's first, second of the second of t	0. 0. 0. d, third, fourth	0. 0. 0. , or fifth tax you	0. 0. 0. ear as a section	0. 0. 0. 0. sn 501(c)(3) • □ 0 % 0 %
10a b c 11 12 13 14 Secti 15 16 Secti 17 18	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0. 0. 0. 0. 0. 0. 0. 0. 10. 0. 10. 0. 10. 1	0. 0. 0. 's first, second of the second of t	0. 0. 0. d, third, fourth 3, column (f)) y line 13, colui	0. 0. 0. , or fifth tax your continuous fill to the continuous fill	0. 0. 0. ear as a section	0. 0. 0. 0. n 501(c)(3) ▶ □ 0 % 0 % 0 %
10a b c 11 12 13 14 Secti 15 16 Secti 17 18 19a	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	0. 0. 0. 0. 0. 0. ne organization re	0. 0. 0. 's first, second of the second of t	0. 0. 0. 0. d, third, fourth 3, column (f)) y line 13, column c on line 14, and on qualifies as	0. 0. 0.  0.  o. ind line 15 is ma publicly supp	0. 0. 0. 0. aar as a section 15 16 17 18 nore than 331/3/orted organizati	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
10a b c 11 12 13 14 Secti 15 16 Secti 17 18	payments received on secunties loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0. 0. 0. 0. 0. 0. 0. 0. o.	o.  o.  o.  o.  is first, secondary	0. 0. 0. 0. d, third, fourth 3, column (f)) y line 13, colum c on line 14, at on qualifies as line 14 or line	0. 0. 0.  0.  on fifth tax you have a publicly suppled and line 15 is many a publicly suppled and line 16 in	0. 0. 0. 0. aar as a section 15 16 17 18 nore than 331/3/orted organizations more than 3	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

#### 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	Α	. All	Supporting	<b>Organizations</b>
---------	---	-------	------------	----------------------

			Yes	No
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.	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <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		
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 <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	<b>Type I or Type II only.</b> 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 <b>Part VI</b> .	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 <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		
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 <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.)

Schedule A	/Earm	000	000	<del></del>	2017
Schedule A	ırorm	990 or	990-	ᆫᄼ	2017

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Part	Supporting Organizations (continued)			
4.4	Lies the experience and a site of the site		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?	440		J
b	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations	1.0		
			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.			_
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		
Section	on 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1_		
Section	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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
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 i	nstru	ction	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 (			
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 <b>Part VI identify those supported organizations and explain</b> 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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported experience? Provide details in Red VIII.			
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? <i>If</i> "Yes." <i>describe in Part VI</i> the role played by the organization in this regard.	3a 3b		

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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 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			1		
maintenance of property held for production of income (see instructions)	6	<u> </u>			
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)	ŀ				
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,	٦		1		
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	L			
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	<u> </u>			
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	<u> </u>			
7 Check here if the current year is the organization's first as a non-functional instructions).	y in	tegrated Type III support	ing organization (see		

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish e			
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 purp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6				
7	<del></del>			
8	Distributions to attentive supported organizations to which			
	(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			
		(3)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
<del></del> -	Distributable amount for 2017 from Section C, line 6		<del></del>	
2	Underdistributions, if any, for years prior to 2017		<del></del>	
~	(reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.			t.
3	Excess distributions carryover, if any, to 2017			
	Exocos distributions dairyover, it arry, to 2017	· · · · · · · · · · · · · · · · · · ·	<del></del>	
_ <u>-</u>	From 2013			
	From 2014		······································	
d	From 2015	<del></del>		<del></del>
	From 2016	<del></del>		
f	Total of lines 3a through e	<del></del>		
g	Applied to underdistributions of prior years			
h h	Applied to 2017 distributable amount	<del> </del>		
<del>- ;:</del>	Carryover from 2012 not applied (see instructions)			
_ <del>-</del> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			<del></del>
-	Section D, line 7:			,
а	Applied to underdistributions of prior years	<del></del>		
b	Applied to 2017 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.		<del>, ,_ ,_ ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</del>	- <del></del>
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		<del></del>	
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3	<u> </u>		
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013 .			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part VI	<b>Supplemental Information.</b> 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number				
SAN ANTONIO ALTERNATIVE HOUSING CORP #24	73-1628105				
Pt V, Line 35b: Entity had no income or expense for tax year 2017.					
A					
	•••••••••••••••••••••••••••••••••••••••				
	-				
***************************************					
***************************************					