

14

# **Short Form Return of Organization Exempt From Income Tax**

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

2017

OMB No 1545-1150

Department of the Treasury

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

lacktriangledown Go to www.irs.gov/Form990EZ for instructions and the latest information. /809

Open to Public Inspection

-	~ <u>~~~</u>	e 2017 calend	ar year, or tax year beginning Octo	ber 1 2017	and ending	Septe	ember 30	, 20 18
-		applicable	C Name of organization	, 2017,	and chang	<u> </u>	yer identification	<del></del>
		change		86-115989 <b>9</b>				
Ì	Name ci	-	Society of St. Vincent de Paul, St. Peter the Ap Number and street (or P O. box, if mail is not delivered		Room/suite	E Teleph	one number	3
Ī	Initial ref	-		<b></b>		_ : = ::-		^
[	Final ref	urn/terminated	PO Boc 90524  City or town, state or province, country, and ZIP or fore	on postal code		E Crou	702-877-950	
Ĺ	Amende	1		g., p	03		p Exemption ber ▶	E400
Ļ	==	tion pending	Henderson, NV, 89009  ✓ Cash Accrual Other (specify)					5496
ì	Websit	nting Method:	E Casii		<sup></sup> _		· 🕑 if the orgar to attach Sched	
			eck only one) — ☑ 501(c)(3) ☐ 501(c)( ) ◀ (	insert no.)	527		0, 990-EZ, or 99	
				cociation		(, 0,,,, 00	<u> </u>	
		•	7b to line 9 to determine gross receipts. If gross re	—	nore, or if total	assets		
			v) are \$500,000 or more, file Form 990 instead of f		,	)	<b>•</b> •	48435
	Part I		e, Expenses, and Changes in Net Ass		es (see the	instruct	tions for Part	
		-	the organization used Schedule O to resp		•			•
	1		ons, gifts, grants, and similar amounts receive				1	48,435
	2		ervice revenue including government fees an				2	,
	3	_	ip dues and assessments				3	
	4	Investment	•				4	
	5a		ount from sale of assets other than inventory	5a				
	b		or other basis and sales expenses	<del></del>				
	c		ss) from sale of assets other than inventory (		ne 5a)		5c	
	6	Gaming an						
	a	_	ome from gaming (attach Schedule G if	greater than		1	į	
	9	\$15,000) .		6a				
	Revenue	Gross inco	me from fundraising events (not including \$	of	contribution	s		-
	နိုင် ကို		aising events reported on line 1) (attach Sci					
	_	sum of suc	th gross income and contributions exceeds	615,000)   <b>6b</b>				
	C	Less: direc	t expenses from gaming and fundraising eve	nts <b>6c</b>				
	d	Net income	e or (loss) from gaming and fundraising eve	ents (add lines 6a and	d 6b and sul	otract		
		line 6c) .	L CEUEIVED			[	6d	
	7a	Gross sales	s of inventory, less returns and allowances					
	b	Less: cost	of goods sold JAN .1 1 2019					
	C	Gross profi	it or (loss) from sales of inventory (Subtract-li	ne 7b from line 7a) .			7c	
	8	Other rever	nue (describe) schedule 0) nue. Add messil 2,8,445c, 60,77c, and 8	», · · · · · · ·		· · <u> </u>	8	
_	9			· · · · · · · · · · · · · · · · · · ·	<u> :</u>	. ▶	9	48,435
	10	Grants and	sımılar amounts paid (list in Schedule O)		"	· ·	10	42,069
<b>470</b> 0	11	•	aid to or for members			· · · )—	11	
2019	12 13 14		ther compensation, and employee benefits				12	
	[ 13		al fees and other payments to independent o				13	
<b>∞</b>	ğ.   14		, rent, utilities, and maintenance			· ·	14	2,048
	15		iblications, postage, and shipping				15	
35	16	•	nses (describe in Schedule O)			<b></b>	16	250
MAR	17	Total expe	nses. Add lines 10 through 16	<u> </u>	<u> </u>	. ▶	17	44,571
	18   يو		deficit) for the year (Subtract line 17 from line				18	3,864
Щ	19 19		or fund balances at beginning of year (from					
4	<b>č</b>	•	r figure reported on prior year's return) .			-	19	13,258
CANNED	Net Assets 19 20 19		ges in net assets or fund balances (explain in			_	20	-551
$\mathcal{O}_{-}$	21	Net assets	or fund balances at end of year. Combine lin		<u> </u>	. ▶	21	16,572
USF	or Paper	rwork Reducti	on Act Notice, see the separate Instructions.	Cat.	No 10642I	•		<b>0-EZ</b> (2017)
						1115	7 5/	1

Pa	rt II Balance Sheets (see the instructions	for Part II)				-
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗹
				(A) Beginning of year	(	B) End of year
22	Cash, savings, and investments		[	13,258	22	16,572
23	Land and buildings		,		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			13,258	-	16,572
26	Total liabilities (describe in Schedule O)			· · · · · · · · · · · · · · · · · · ·	26	
27	Net assets or fund balances (line 27 of column	· · · · · · · · · · · · · · · · · · ·	<del></del>	13,258	27	16,572
Pai	t III Statement of Program Service Accom	•		•		_
	Check if the organization used Schedule				/Post	Expenses ired for section
Wha	t is the organization's primary exempt purpose?	Assistance to Poor	& Needy in St. Peter	s Parish Area.		(3) and 501(c)(4)
as r	cribe the organization's program service accompli- neasured by expenses. In a clear and concise months on the concise months benefited, and other relevant information for each	anner, describe th			organ	ozations, optional for
28	Provide food, fresh & non-perishable, to families and					
	or to whom we visit in their homes. Estimated that w	e neiped people abo	ut 4,174 times and to	otal people nelped		
	about 14,045			<b>N</b> [	00-	40.50
20	(Grants \$ 18,587) If this amount				28a	18,587
29	Provide short term, up to 1 month, rental and partial					
	Stays for people who are stranded, evicted or otherw	rise without shelter.	41 separate cases, e	stimated total		
	people helped 187.					
-	(Grants \$ 14,440) If this amount				29a	14,440
30	Provide utility assistance, primarily gas and electric, total people helped about 180.	for families and indi	viduals. 37 separate	cases, estimated		
	(Grants \$ 4,976) if this amount	includes foreian ara	ints, check here	▶ 🗆	30a	4,976
31	Other program services (describe in Schedule O)					
	(Grants \$ 4,066) If this amount			▶ □	31a	4,066
32	Total program service expenses (add lines 28a t				32	42,069
Par				<del> </del>		
	Check if the organization used Schedule			•		🗅
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ott	stimated amount of ner compensation
Pat I	ockins, 132 Grove St., Henderson NV 89015				+	· · · · · · · · · · · · · · · · · · ·
	dent	22				
	cia Crockford, 1005 Wigwam Pkwy, Apt 12106, Hender			<del> </del>	1	·
	President	12				
	Lawler, 180 East Cypress Drive, Henderson 89015	, <u>, , , , , , , , , , , , , , , , , , </u>		<del></del>		
	etary/Treasurer	19				
	Watson, 842 Teal Wing Way, Henderson NV 89002			-		
	Service Director	24				
1 000	Service Director				+	
					1	
					+-	
				1		
				<del> </del>	+-	<del></del>
				1		
			···		+	
<del></del>				_	-	
			}			
					+-	
					+	
				<u> </u>	1	
			I		1	

Page 3

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. п
	instructions for Fart V.) Officer if the organization used deficult of to respond to any question in this	S I all	Yes	<del></del>
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		1
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		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		i	
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>/</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
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	] !		
	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		702-56		
b	Located at ▶ 180 East Cypress Drive, Henderson, NV ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	89015	Yes	т —
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	110
	If "Yes," enter the name of the foreign country: ▶			
	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		<b>V</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
		·	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>V</b>
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		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
	explanation in Schedule O	44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	1	~

•										
Form 99	30-EZ (2	2017)						Р	age 4	
	_							Yes	No	
46		he organization engage, directly or in andidates for public office? If "Yes," o						14	-	
Part		Section 501(c)(3) organizations		, raiti	<del></del>	<del></del>	46		~	
Fait	VI.	All section 501(c)(3) organization		estions 47–49h a	nd 52 and co	molete the	tahlee f	or line	ae	
		50 and 51.	s must answer que	53110113 47 455 4	na sz, ana co	inpicte the	tables i	01 1111	53	
		Check if the organization used Sch	nedule O to respond	d to any question	ın this Part VI				П	
		<u> </u>		, (				Yes	No	
47		the organization engage in lobbying? If "Yes," complete Schedule C, Part		section 501(h) ele		during the ta	X 47		·	
48	Is the	organization a school as described in	section 170(b)(1)(A)(	ii)? If "Yes." comple	ete Schedule E		48		V	
49a										
b		es," was the related organization a se	•	_			49b		~	
50		plete this table for the organization's								
	empl	oyees) who each received more than	\$100,000 of compe	nsation from the o	<del></del>		enter "N	lone."		
			(b) Average	(c) Reportable	(d) Health contributions		e) Estimate	d amou	int of	
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-M)	honofit plans	and deferred	other con			
NONE	- All V	olunteers			Compe	isation				
HONE	- <u> </u>	Olumbers								
								•		
				ļ <u>.</u>						
						Ì				
				<u> </u>						
		····								
				<del>                                     </del>						
f	Total	number of other employees paid over	er \$100 000	. •						
51		plete this table for the organization's		ensated independent	ent contractors	who each r	eccived	more	than	
		,000 of compensation from the orga								
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service	(c) C	ompensati	on		
NONE										
				1	}					
				]					_	
			·							
			·	4						
				_						
			· · · · · · · · · · · · · · · · · · ·				<del></del>			
			t	1	[					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶				•	
52		the organization complete Schedu	_		rganizations m	ust attach	a			
		oleted Schedule A		<u> </u>	_		<b>'</b> Yes		ło	
Under pe	enalties	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompan	lying schedules and state	tements, and to the	best of my know	vledge and	belief,	t ıs	
con	rect, an	d complete Declaration of pregare (other than	Officer) is based on all fric	Smatton of which prepa		Jan 2, 2019				
Sign	1	Signature of officer	th		Date			<del></del>		
Here		M. T. Lawler, Treasurer								
	}	Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature	-	Date	Check   ıf	PTIN			
Drans	3 P O P		1			self-employed	<b>3</b>			

**Paid Preparer** 

Use Only

Firm's name ▶

Firm's address ▶

May the IRS discuss this return with the preparer shown above? See instructions . . .

Firm's EIN ▶

. . . . . . ▶ 🗌 Yes 🗌 No

Phone no

#### SCHEDULE À (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer Identification number Name of the organization Society of St. Vincent de Paul, St. Peter the Apostle Conference 86-1159899 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a collogo or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives; (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/a% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same porsons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (I) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Par							. ,
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
_	ion A. Public Support	<del></del>				r	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and		}		1	/	
	membership fees received. (Do not include any "unusual grants.")						
_	· · · · · · · · · · · · · · · · · · ·			<del></del> -	<del></del>		
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			<u> </u>			<u> </u>
•	furnished by a governmental unit to the				/		1
	organization without charge						
4	Total. Add lines 1 through 3		······				·
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					Li	
	ion B. Total Support	4 ) 0040	(1) 0044	4-3-0045	(1) 0010	43.0047	
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	· · · · · · · · · · · · · · · · · · ·		/				
8	Gross income from interest, dividends, payments received on securities loans,					j	
	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					1	
	(Explain in Part VI.)		= =	<del></del>			
11	Total support. Add lines 7 through 10	/acc instruction				40	
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	501(a)(2)
13	organization, check this box and stop he	e organization	is mst, secon	u, tima, loaiti	, or min tax ye	al as a section	•
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6			1, column (f))		14	%
15	Public support percentage from 2016 Sch		-			15	%
16a	331/3% support test-2017. If the organi				nd line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qual	ifies as a publi	cly supported	organization			▶ 🗆
b	331/3% support test 2016. If the organiz					is 331/3% or m	
	this box and stop here. The organization			_			▶ 🗆
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "	racts-and-circi	umstances" te	st. The organi	zation quairies	as a publicly	
_	organization						▶ 📙
b	10%-facts-and-circumstances test—20						
	15 is 19% or more, and if the organiza Explain in Part VI how the organization in						
	supported organization	13Cl	.o-anu-unuunis	nances lest.		on quannes as	
18	Private foundation. If the organization did	i not check a f	nox on line 13	16a 16b 17a	or 17h checi	cthis box and	···□
	instructions				.,		▶ □
					Sch	edule A (Form 990	or 990-EZ) 2017

### 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.)

	if the organization falls to quality	under the tes	sts listed belo	w, please col	npiete Part ii		
	ion A. Public Support	·					
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise	40358.11	50745.35	35727.95	43870.45	48435.28	170801.86
2	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	40358.11	50745.35	35727.95	43870.45	48435.28	170801.86
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)	•					170801
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	40358.11	50745.35	35727.95	43870.45	48435.28	170801.86
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	40358.11	50745.35	35727.95	43870.45	48435.28	170801.86
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	)				
15	Public support percentage for 2017 (line 8	3, column (f) div	nded by line 13	, column (f))		15	100 %
16	Public support percentage from 2016 Sch				<del></del>	16	100 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (		• • • • • • • • • • • • • • • • • • • •			17	0 %
18	Investment income percentage from 2016					18	0 %
19a	331/s% support tests—2017. If the organi						
_	17 is not more than 331/x/%, check this box a	-	_	•		-	
b	331/3% support tests—2016. If the organiz						
	line 18 is not more than 331/8%, check this t						
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, ch	eck this box a	nd see instruc	tions 🕨 🔲

#### 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.)

		Se	ction	s A,	D, ar	<u>nd E. I</u>	f you o	checke	ed 12d c	of Pai	rt I, co	mpl	<u>ete Se</u>	ectio	ns A	A and I	D, and	com	plete F	art V	.)
Secti	on A	. Al	Sup	port	ting (	Organ	izatio	ns													
																		-			Ye
4	A	-11	~f +h						0.000.00	4:000	listed	hu	D0000		+4-	organi-	oton's	aa			$r^{-}$

			-63	140
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.			
2	Did the organization have any supported organization that does not have an IRS determination of status	1		
	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		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.			
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).	4c		
b		5a 5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	J		
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	6		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
В	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> .	90		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		-
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<del> </del>	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1		

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

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Part	V Supporting Organizations (continued)			
			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)			<u> </u>
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	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.	<u> </u>		
	organizations and what conditions of restrictions, if any, applied to scorr powers during the tax year.	1		L
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,			l
	supervised, or controlled the supporting organization.	2		<u> </u>
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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
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.			ļi
		3		L
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	nstru	ction	<b>s</b> ).
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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	struct	ıons).
_	Ashirihan Took American (a) and (b) halous	1	Vaa	110
2	Activities Test. Answer (a) and (b) below.	r	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	i		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	] ]		}
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			<b></b>
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's appropriate organization of the organization of			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	- <u></u> -		<b> </b> -
	•	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<b></b>
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<del></del> 1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organization in this regard.	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Funct	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (exp	lain ın Part VI). See
instructions. All other Type III non functionally integrated supporting organ	nızat	ions must complete Sec	tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		<del>-  </del>
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	1	
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		1
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	y int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)		
Sect	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.	-			
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6	<u> </u>		******************************	
2			· - <u>-</u>		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See				
	instructions.				
3	Excess distributions carryover, if any, to 2017			· · · · · · · · · · · · · · · · · · ·	
a	Thousand daily over, it diff, to 2017				
	From 2013				
				18-18-18-18-18-18-18-18-18-18-18-18-18-1	
	F 001 <i>E</i>				
	From 2016				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount			<u></u>	
<u>.</u> i	Carryover from 2012 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			····	
4	Distributions for 2017 from Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount		·_·		
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, if	<u> </u>	·		
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2017. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Evene from 2012				
				***************************************	
				,	
<u>`</u>	Excess from 2015 Excess from 2016		T		
	F 6 0017		**************************************	T vote spragad Andredo v Univers	
	Excess from 2017				

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