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cWT RPhdVP R^d]ch R^\\d]Xch R^[[TVT U^d]SPcX^]; X]R= Form 990 (2017) U^d] SPc X^]; X] R=
Part III Statement of Program Service Accomplishments

| | Check if Schedule O contains a response or note to any line in this Part III |
|----|---|
| 1 | Briefly describe the organization's mission: $c^T T WP T T T T T T T T T T T T T T T T T$ |
| | _a^VaP\b`^U`RPhdVP`R^\\d] Xch`R^[[TVT= |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? \sim |
| 2 | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~ ~ ~ ~ ~ ~ Yes 9 No If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| 4 | Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ |
| | $ \underline{cWT} \cdot RPhdVP \cdot R \cdot d \cdot ch \cdot R \cdot d \cdot Xch \cdot R \cdot f \left[[TVT \cdot U \cdot d] SPcX \cdot f \right] ; X \cdot R \cdot f \cdot f \cdot d \cdot f \cdot f$ |
| | Xb'c^'_a^eXST'UX]P]RXP['bd^ac'c^'cWT'R^[[TVT'P]S'Xcb'bcdST]cb='cWT |
| | ePbc'\PY^aXch'^U'PePX[PQ[T'Ud]Sb'V^'c^'bcdST]c'bRW^[PabWX_b='PfPaSb'PaT |
| | \PST'QPbTS'd_^] PRPST\XR'PRWXTeT\T]c'P]S'UX]P]RXP[']TTS='cWT'U^d]SPcX^] |
| | QdX[Sb'Xcb'PbbTcb'cWa^dVWP]]dP['VXeX]V;'\T\^aXP['VXUcb;'_[P]]TS |
| | VXeX] V; 'P] S 'QT `dTbcb= SdaX] V 'A?@G; 'cWT 'U^d] SPcX^] 'Pf PaSTS B?D 'bcdST] c |
| | bRW^[PabWX_b= |
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| 4b | (R-st1 -)(T%t),t,3 - HA;?G? = **r(ts*)vv/p)u3 - HA;?G? =) (attt)tt3 - (attt)t13 - |
| | c^ l]WP]RI cWi _a^vaP\b ^u cWi R^[[IVI; cWi U^d]SPcX^] SXbcaXQdcIS |
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| 4c | (R-stl) (T%6t}, t, '3) (attt) tt '3) |
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| 4d | Other program services (Describe in Schedule O.) |
| | (T%t).t.3 |
| 4e | Total program service expenses |

cWT RPhdVP R^d]ch R^\\d]Xch R^[[TVT

 $U^d] SPcX^]; X] R=$ AA<AC@BG?C orm 990 (2017) Page Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? g 2 Is the organization required to complete Schedule B, Schedule of Contributors? ~ ~ ~ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for g 4 Section 501 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II g 5 g If "Yes," complete Schedule C, Part III 6 g If "Yes," complete Schedule D, Part I 7 If "Yes," complete Schedule D, Part II g If "Yes," complete 8 Schedule D. Part III 9 If "Yes," complete Schedule D, Part IV g 10 If "Yes," complete Schedule D, Part V g 10 11 If "Yes," complete Schedule D, а g Part VI 11a b If "Yes," complete Schedule D, Part VII 11h C If "Yes," complete Schedule D, Part VIII g 11c d If "Yes," complete Schedule D, Part IX 11d g If "Yes," complete Schedule D, Part X 11e e g If "Yes," complete Schedule D. Part X 11f If "Yes," complete 12a g Schedule D. Parts XI and XII 12a b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b g 13 If "Yes," complete Schedule E 13 g 14a 14a b g If "Yes," complete Schedule F, Parts I and IV 14b 15 If "Yes," complete Schedule F, Parts II and IV g 16 g If "Yes," complete Schedule F, Parts III and IV 17 If "Yes," complete Schedule G, Part I 17 18

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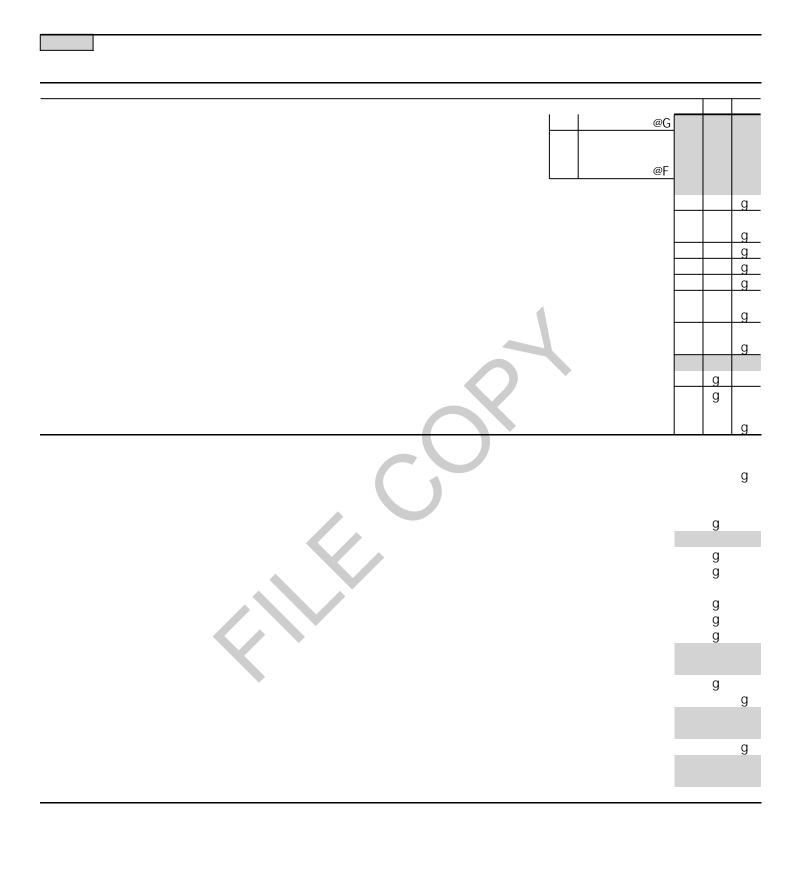
If "Yes,"

complete Schedule G. Part III

If "Yes," complete Schedule G, Part II

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| b | | 2b | g | |
| | Note. e-file | | | |
| 3a | | За | | g |
| b | If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | | | | |
| | | 4a | | g |
| b | | | | |
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| 5a | | 5a | | g |
| b | | 5b | | g |
| С | | 5c | | |
| 6a | | | | |
| | | 6a | | g |
| b | | | | |
| | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | g |
| b | | 7b | | |
| С | | | | |
| | | 7c | | g |
| d | _7d | | | |
| е | | 7e | | g |
| f | | 7f | | g |
| g | | 7g | | |
| h | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. | | | |
| | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | | 9a | | |
| b | | 9b | | |
| 10 | Section 501(c)(7) organizations. | | | |
| а | 10a | | | |
| b | 10b | | | |
| 11 | Section 501(c)(12) organizations. | | | |
| а | 11a | | | |
| b | | | | |
| | L 11b L | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. | 12a | | |
| b | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | | 13a | | |
| | Note. | | | |
| b | | | | |
| | 13b | | | |
| С | | | | ~ |
| 14a | | 14a | | g |
| b | If "No." provide an explanation in Schedule O | 14b | | |
| | | Form | · | (2017) |



| (1) KELLEY GRI DLEY | A = ? ? | | | _ | | | | 2 | 2 | 2 |
|--------------------------------------|--------------------|----|---|---|----------|---|----------|-----|-------|----------|
| PRESI DENT (2) JOHN LATANYSHYN | A = ? ? A = ? ? | g | | g | | | | ? = | ? = | ? = |
| VI CE PRESI DENT | A = ?? $A = ??$ | - | | a | | | | ?= | ? = | ? = |
| (3) LI SA GREEN | @=?? | g | | g | | | | : - | : - | : - |
| TREASURER | ? = D? | g | | g | | | / | ? = | ? = | ? = |
| (4) ALI ZA QUERNS | @=?? | 9 | | 9 | | | | | · . | · |
| SECRETARY | ? = D? | g | | g | | | | ? = | ? = | ? = |
| (5) PATRI CI A CALLAHAN | @=?? | | | | | | | | | |
| ASSI STANT SECRETARY | | g | | g | | | | ? = | ? = | ? = |
| (6) DR DENNIS GOLLADAY | ? = D? | | | | | | | | | |
| DI RECTOR | | g | | | | | | ? = | ? = | ? = |
| (7) EDWARD HERRLING | ? = D? | | | | | | | | | |
| DI RECTOR | | g | | | | | | ? = | ? = | ? = |
| (8) GALL HOWLCK HERRLING | ? = D? | | | | | | | | 0 | |
| DI RECTOR | 2 02 | g | | | | | | ? = | ? = | ? = |
| (9) PANELA KI RKWOOD | ? = D? | | | | | | | ?= | 2 | 2 |
| <u>DI RECTOR</u> (10) JOHN KLI NK | ? = D? | g | | | | | | ? = | ? = | ? = |
| DI RECTOR | 1 = D? | | | | | | | ?= | ? = | ? = |
| (11) DAVI D NAMUSCI A | ? = D? | g | | | | | | : - | : - | <u> </u> |
| DI RECTOR | ' ' ' | g | | | | | | ? = | ? = | ? = |
| (12) L. MICHAEL TREADWELL | ? = D? | 3 | | | | | | · | | <u> </u> |
| DI RÉCTOR | | g | | | | | | ? = | ? = | ? = |
| (13) CAROLI NE WESTOVER | ? = D? | | | | | | | | | |
| DI RECTOR | | g | | | | | | ? = | ? = | ? = |
| (14) DREWWLCOX | ? = D? | | | | | | | | | |
| DI RECTOR | | g | | | | | | ? = | ? = | ? = |
| (15) DR BRI AN DURANT | ? = D? | | | | | | | | _ | _ |
| DI RECTOR | 0.50 | g | _ | _ | _ | _ | <u> </u> | ? = | ? = | ? = |
| (16) DOUGLAS KI NNEY | ? = D? | _ | | | | | | | | 2 |
| DI RECTOR (17) JOSEPH REI TZ | ? = D? | g | | | | - | - | ? = | ? = | ? = |
| DI RECTOR | (=0? | g | | | | | | ? = | ? = | ? = |
| A NEOIGY | | 19 | | | <u> </u> | | | : - | : -] | : - |

| Part VII Section A. Officers, Directors, Trus | tees, Key Emr | olov | ees. | and | LHio | ahes | st C | ompensated Employee | s (continued) | | | . ago - |
|--|--|--------------------------------|-----------------------|----------------------------|---------------------------------|---------------------------------|--------------|--|--|--------------------|--------------------|--|
| (A) Name and title | (B) Average hours per week | 75~ q~% | '} ~ir %i† } {t |)) Pos wtrz (,,€t | C) itior ~ft f, ~} > | | ~} t v/p} | (D) Reportable compensation from | (E) Reportable compensatio from related | n | Esti amo | (F) mated ount of ther |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | | fro orga and | ensation m the nization related izations |
| (18) NARK SOUTHWOK DI RECTOR | ? = D? | g | 뜨 | Ó | Ke | Ξ Θ | <u>я</u> | ? = | | ? = | | ? = |
| (19) DAVI D VERDI DI RECTOR | ? = D? | g | | | | | | ? = | | ? = | | ? = |
| (20) GUY THOMAS COSENTI NO EXECUTI VE DI RECTOR | AC=?? @E=?? | | | g | | | | GD; ???= | | ? = | E | ; G??= |
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| 1b Sub-total ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | . ~ ~ ~ ~ ~ ~ | ~ ~ | ~ ~ | ~~ | ~ ~ | ~ | | GD; ??? = ? = | | ? = | E | ; G??= ?= |
| c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) | | | ~ ~ ~ | ~ ~ | ~ ~ | ~ | | GD; ???= | | ? = | E | ; G??= |
| Total number of individuals (including but n compensation from the organization | ot limited to th | ose | liste | d ab | ove | e) wh | o re | eceived more than \$100, | 000 of reportable | 9 | | ? |
| 3 Did the organization list any former officer, | | ıste | e, ke | y en | nplo | yee, | or l | highest compensated er | nployee on | | , | es No |
| line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su | m of reportabl | | | | | | | | _ | ~ | 3 | g |
| and related organizations greater than \$150Did any person listed on line 1a receive or a | | | • | | | | | | | ~ ~ | 4 | g |
| rendered to the organization? If "Yes." com Section B. Independent Contractors | plete Schedul | e J f | or su | ıch ı | oers | on | | | | | 5 | <u>g</u> |
| Complete this table for your five highest countered the organization. Report compensation for the organization. | | - | | | | | | | | oensa ⁻ | tion fron | า |
| (A) Name and business | _ | | `] T | _ | | | | (B) Description of s | | С | (C) ompens | sation |
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| 2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organization) | _ | ot lir | nited | d to | thos ? | se lis | ted | above) who received mo | ore than | | | |
| | | | | | | | | | | | Earm 9 | 90 (2017) |

| Form 990 (20° | [7) $[7]$ $[7]$ $[7]$ $[7]$ | | | AA <ac@b< th=""><th>G?C Page S</th></ac@b<> | G?C Page S |
|---------------|---|---------------------|-----|---|-------------------------|
| Part VIIÌ | Statement of Revenue | | | | - |
| | Check if Schedule O contains a response or note to any line | e in this Part VIII | | | |
| | , | (A) | (B) | (C) | (D) Revenue excluded |

| | | Check if Schedule O contains a response or note to any line | e in this Part VIII | | | |
|---|--------|---|----------------------|---|---|--|
| | | • | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| S | 1 - | Fadambad comuniciona 10 | | | | 312-314 |
| in t | ı a | Federated campaigns ~~~~ 1a | | | | |
| Other Revenue and Other Similar Amounts | b | Membership dues ~~~~~ 1b | | | | |
| | С | Fundraising events ~~~~~ 1c | | | | |
| ift ar | d | Related organizations ~~~~ 1d | | | | |
| S, G | е | Government grants (contributions) 1e | | | | |
| on: S.i.s | f | All other contributions, gifts, grants, and | | | | |
| uti | ' | | | | | |
| rib D# | ;) | Similar amounts not moraded above | | | | |
| ont | g |]~}rp,wr~}.fxqt.x-},%}r{tsts%} {}t, @p.@U3 | 254 500 | | | |
| <u>Ö</u> k | h | Total. Add lines 1a-1f | 254, 588. | | | |
| | | Business Code | | | | |
| ø | 2 a | | | | | |
| ξ | b | | | | | |
| Ser | C | | | | | |
| E Y | | | | | | |
| jra Re | d : | | | | | |
| roć | е | | | | | |
| Δ | f | All other program service revenue ~ ~ ~ ~ ~ | | | | |
| | g | Total. Add lines 2a-2f | | | | |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | | other similar amounts)~~~~~~~~~ | 338, 265. | | | 338, 265. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | | | | | | |
| | 5 | Royalties | | | | |
| | | (i) Real (ii) Personal | | | | |
| | 6 a | Gross rents ~~~~~ | | | | |
| | b | Less: rental expenses ~ ~ ~ | | | | |
| | С | Rental income or (loss) ~ ~ | | | | |
| | | Net rental income or (loss) | | | | |
| | | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | , a | F (F4 102 | | | | |
| | | asset strict than inventerly | | | | |
| | b | Less: cost or other basis | | | | |
| | | and sales expenses ~ ~ ~ 5, 040, 819. | | | | |
| | С | Gain or (loss) ~ ~ ~ ~ ~ ~ 613, 374. | | | | |
| | d | Net gain or (loss) | 613, 374. | | | 613, 374. |
| a) | 8 a | Gross income from fundraising events (not | | | | |
| Jue | - | including \$ of | | | | |
| vei | | | | | | |
| Re | | contributions reported on line 1c). See | | | | |
| Jer | | Part IV, line 18 ~~~~~~ a | | | | |
| + | | Less: direct expenses ~ ~ ~ ~ ~ ~ ~ b | | | | |
| | С | Net income or (loss) from fundraising events | | | | |
| | 9 a | Gross income from gaming activities. See | | | | |
| | | Part IV, line 19 ~~~~~~~ a | | | | |
| | h | Less: direct expenses ~~~~~ b | | | | |
| | | Net income or (loss) from gaming activities | | | | |
| | | | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | |
| | | and allowances ~ ~ ~ ~ ~ ~ ~ ~ a | | | | |
| | b | Less: cost of goods sold ~~~~~ b | | | | |
| | C | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue Business Code | | | | |
| | 11 a | | | | | |
| | b | | | | | |
| | | | | | | |
| | C | | | | | |
| | | All other revenue | | | | |
| | е | Total. Add lines 11a-11d ~~~~~~~~~~ | 1 00/ 007 | ^ | _ | 051 (00 |
| | 12 | c., n/ ft tt \ tt = See instructions | 1, 206, 227. | Q. | Q. | 951, 639. |

Form 990 (2017)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising general expenses <u>ĕxpenses</u> expense: Grants and other assistance to domestic organizations HA; ?G? = HA; ?G? = and domestic governments. See Part IV, line 21 Grants and other assistance to domestic AHH; @EB= AHH; @EB= individuals. See Part IV, line 22 ~~~~~~ 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~ ~ ~ 4 Benefits paid to or for members ~ ~ ~ ~ ~ ~ ~ Compensation of current officers, directors, H@; G??= FB; CC? = @G; BE?= trustees, and key employees ~~~ 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~~~~ DH; FAE= CF; FG@= @@; HCD= 7 Other salaries and wages ~ ~ ~ ~ ~ ~ ~ ~ ~ Pension plan accruals and contributions (include B; BAD= A; EE? = EED= section 401(k) and 403(b) employer contributions) B; CAA= A: FBF =EGD= 9 Other employee benefits ~~~~~~~ @@; AAD= G; HG? = A: ACD= 10 11 Fees for services (non-employees): Management ~ ~ ~ ~ ~ AC; CCC= AC; CCC= @@; ?BB= @@; ?BB= Accounting ~ ~ ~ ~ ~ ~ ~ ~ ~ Professional fundraising services. See Part IV, line 17 $\,$ FE; BA?= FE; BA? = Investment management fees ~ ~ ~ Other. (If line 11g amount exceeds 10% of line 25, @B; BCA= @B; BCA= column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion F; ? DH= F; ? DH= 13 Office expenses ~ ~ ~ ~ @B; DDC= @B; DDC= Information technology 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings ~~ 20 Interest ~~~~~~~~~ 21 Payments to affiliates ~ ~ ~ ~ ~ ~ ~ 22 Depreciation, depletion, and amortization ~ ~ @; DAE = @; DAE = 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ^cWTa Ud]SaPXbX]V Tg BA; @AD= BA: @AD= ^cWTa · ^_TaPcX] V · Tg_T] bT @?; GHD= @?; GHD= C d e All other expenses EE; ?AD =FD@; ?BH= BH@: ACB= AHB; FF@= $c \sim p\{ut\}r.x \sim p\{t\% = 1 \text{ and lines 1 through 24e}$ reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Rwtrz wtft |

| | | (A) | | (B) |
|--------|----------|------------------------------|----------|---------------|
| | 1 | FH; FD@= | 1 | ABC; G@? = |
| | 2 | | 2 | |
| | 3 | CAD= | 3 | |
| | 4 | | 4 | DF = |
| | 5 | | | |
| | | | _ | |
| | 6 | | 5 | |
| | | | | |
| | | | | |
| ध | | | 6 | |
| Assets | 7 | | 7 | |
| ٩ | 8 | | 8 | |
| | 9 | | 9 | |
| | 10a | 10a | | |
| | b | 106 | 10c | |
| | 11 | @C; @@D; D@F = | 11 | @C; GHH; GEE= |
| | 12 | | 12 | |
| | 13 | | 13 | |
| | 14 | | 14 | |
| | 15 | Total assets. @C; @HD; EHB= | 15 16 | @D; @BC; FBB= |
| | 16 17 | Total assets. | 17 | A; DF A= |
| | 18 | | 18 | |
| | 19 | B; A@? = | 19 | |
| | 20 | | 20 | |
| | 21 | | 21 | |
| | 22 | | | |
| | | | 22 | |
| | 23 | | 23 | |
| | 24 | | 24 | |
| | 25 | | | |
| | | | | |
| | | AA; @H? = | 25 | A; DFA= |
| | 26 | g g | 26 | Α, ΟΙ Α- |
| | | | | |
| | 27 | B; E@E; GBA= | | B; GFA; EGG= |
| | 28 | D; AAF; FE?= | | D; CGB; ?DD= |
| | 29 | D; BAG; H@@= | | D; FFE; C@G= |
| | | | | |
| | 30 | | | |
| | 31 | | | |
| | 32 | | | |
| | 33 | @C; @FB; D?B= | | @D; @BA; @E@= |
| | 34 | @C; @HD; EHB= | | @D; @BC; FBB= |

| Pai | Reconciliation of Net Assets | | | | | |
|-----|---|---------|-------|---------------|---------------|----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | g |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | @ | ; A?I | Ξ; Α <i>ι</i> | <u> </u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | F D | @; ? | BH= |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | CDI |); @ | GG= |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 4 | @C | ; @F I | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | ΑE′ | ?; HI | D@= |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | A C | 4; D | @H= |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | @D | ; @B <i>I</i> | 4 ; @ا | E @= |
| Pai | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash 9 Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | ~ ~ ~ | 2a | | g |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | | | | | |
| | separate basis, consolidated basis, or both: | o a | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | ~ ~ ~ ~ | ~ ~ ~ | 2b | g | |
| ۵ | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | | |
| | consolidated basis, or both: | busis, | | | | |
| | Separate basis 9 Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit | | | | |
| C | review, or compilation of its financial statements and selection of an independent accountant? $\sim \sim \sim$ | | ~ ~ ~ | 2c | g | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | | | | 3 | |
| 35 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | i+ | | | |
| Ja | Act and OMB Circular A-133? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | 3a | | q |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | Ja | | |
| D | are audita, explain why in Schedule O and describe any store to undergo such audita. | cu auui | · | 26 | | |

Form 990 (2017)

(Form 990 or 990-EZ)

Name of the organization

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.

| ^ \ Q'] ~ | =@DCD ?CF</th |
|-----------|---------------|
|-----------|---------------|

Open to Public Inspection

St€pf.|.t}...-u.wt.cftp.†fS X}.tf}p{attt}†t.btftxt

U^d] SPcX^]; . X] K= Employer identification number AA<AC@BG?C

| 1 2 3 4 | | sec | ction 170(b)(1)(A)(ii). | Se | sectio | | | | |
|-------------------------|--|-----------------|-------------------------|--------|-------------------------------------|----------------------------------|------------------|------|--|
| 5 6 7 9 8 9 | section 170(b)(1)(A)(iv). section 170(b)(1)(A)(vi). section 170(b)(1)(A)(vi). section 170(b)(1)(A)(vi). section 170(b)(1)(A)(ix) | | | | | | | | |
| 10 11 12 | section 509(a)(2). section 509(a)(4). | | | | | | | | |
| a b c | ı | TypZ.Á | | | | | | : | |
| e f g | (| j) [.] | (ii) | (iii)· | (iv) Is the orga in your governi | inization listed ng document? | (v) ⁻ | (vi) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | FBA?A@`@? < | 25. 65 | | |

 $cWT^RPhdVP^R^d] ch^R^{\ } R^{\ } R$

AA<AC@BG?C

| Section A. Public Support Reft (1) 87 877-7 (xr pt Strpry xr) 3 y 3 8 1 (a) 2013 | (Complete only if you checke fails to qualify under the tests | | | _ | n failed to qualify u | nder Part III. If the | organization |
|--|---|------------------------|-----------------------|-----------------------------|-----------------------|-----------------------|--------------|
| Rechange Story Aux prig Story row Avx 8 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (c) 2017 (f) Total or membership less received. (D not include any funcious grants) AEE; EBC AEH; @CA AGC; AD? F?C; FF@ ADC; DGG @FFHBGD AEE; EBC AEH; @CA AGC; AD? F?C; FF@ ADC; DGG @FFHBGD AEE; EBC AEH; @CA AGC; AD? F?C; FF@ ADC; DGG @FFHBGD AEE; EBC AEH; @CA AGC; AD? F?C; FF@ ADC; DGG @FFHBGD AEE; EBC AEH; @CA AGC; AD? F?C; FF@ ADC; DGG @FFHBGD AEE; EBC AEH; @CA AGC; AD? F?C; FF@ ADC; DGG @FFHBGD AEE; AEE; EBC AEH; @CA AGC; AD? F?C; FF@ ADC; DGG @FFHBGD AEE; AEE; AEE; EBC AEH; @CA AGC; AD? F?C; FF@ ADC; DGG @FFHBGD AEE; AEE; AEE; AEE; AEE; AEE; AEE; AE | Section A. Public Support | · | • | · | | | |
| AEE; EBC= AEH; @CA= AGC; AD?= F?C; FF@= ADC; DGG= @FFHBGD= AEE; EBC= AEH; @CA= AGC; AD?= F?C; FF@= ADC; DGG= @FFHBGD= Tax revenues level of for the organization stands to the paid to or expended on its behalf The value of services of facilities furnished by a governmental unit to the organization without charge. FH; EF@= AD; EFD= AF; @DC= D; FBG= D; CE?= @CB; EFG= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGE; AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BGF; AFD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= | • • | (a) 2013 | (h) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| membuship less received. (Do not include any trustal grants?) AEE; EBC= AEH; @CA= AGC; AD7= F?C; FF@= ADC; DGG= @FFHBGD= Tax revenues levied for the organization of short of the organization of short of the part of or expended on its behalf | | W/ 2010 | (v) 201 T | (0) 2010 | (4) 2010 | (0) 2017 | () 10101 |
| AEE: EBC= AEH; @CA= AGC; AD?= F?C; FF@= ADC; DGG= @FFHBGD= Lation's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or the commental unit to the organization without charge. 4 Total Add lines 1 through 3 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). A butilis support line are at three paid to or expended on securities loans, most, knylles. BGE: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= @HAB?EB= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= BEC: AHD= AHC; G?F= B@@; C?C= F@?; D?H= AE?; ?CG= BEC: AHD= AHC; G?F= B@@; C | <u> </u> | | | | | | |
| 2 Tax revenues levied for the organization is behalf | · | AEE; EBC= | AEH; @CA= | AGC; AD? = | F?C; FF@= | ADC; DGG= | @F F HBGD= |
| training to the properties of the properties of the properties of the companisation of the companisation without charge of the companisation without charge of the companisation | | | | | | | |
| or expended on its behalf —— 3 The value of services or facilities furnished by a governmental unit to the organization without charge —— 4 Total, Add lines 1 through 3 —— 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 (9) ——————————————————————————————————— | 9 | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge — 4 Total. Add lines 1 through 3 — 5 The portion of total contributions by each person gather than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) — — — — — — — — — — — — — — — — — — — | | | | | | | |
| funished by a governmental unit to the organization without charge to 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) | · | | | | | | |
| ## Total Add lines 1 through 3 | | | | | | | |
| 4 Total Add lines 1 through 3 5 The portion of total contributions by each person (ther thin a a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i) | | FH; EE@= | AD; EED= | AF; @DC= | D; FBG= | D; CE?= | @CB; EFG= |
| 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 () | _ | | | | | | |
| 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) | _ | | | | | | |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | · | | | | | | |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | - | | | | | | |
| on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | |
| amount shown on line 11, column (f) 6 Public support Broads (REDGE) BT (C) 7 Amounts from line 4 | | | | | | | |
| Column (f) 6. Public support Into are: Natural 1910 Section B. Total Support Rept(1) Spt/Spt/T-fyr. p(Stpfdvty) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}{2}\) \(\frac{1}{2}\ | | | | | | | |
| 6 Public support tal &r (at 0) Files Bild Bild | · · | | | | | | |
| Section B. Total Support RQ(1) sp/Stp/7-fxrp(Stp/qtv)) av 3 8 7 Amounts from line 4 | • • | | | | | | @HAB?EB= |
| Rep(t) spfStpf7-fuxrp(Stp/qtv%) No | | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources - Net income from unrelated business activities, whether or not the business is regularly carried on - 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | * * | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 8 Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources activities, whether or not the business activities, whether or not the business is regularly carried on | | BCE; AHD= | AHC; G?F= | B@@; C?C= | F@?; D?H= | AE?; ?CG= | @HÁB?EB= |
| dividends, payments received on securities loans, rents, royalties, and income from similar sources - 9 Net income from unrelated business activities, whether or not the business is regularly carried on - 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 regularization, check this hox and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part III, line 14 | | | | | | | |
| securities loans, rents, royalties, and income from similar sources - 9 Net income from unrelated business activities, whether or not the business is regularly carried on - 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | · · | | | | | | |
| and income from similar sources - 9 Net income from unrelated business activities, whether or not the business is regularly carried on - 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 12 | · - | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ~ 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~ ~ ~ ~ ~ 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) — 12 — 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 Schedule A, Part II, line 14 — ~ ~ ~ ~ 14 DC=@F _ %. 15 Public support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization — 9 16 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization — 9 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meet | | BAG; CAD= | BFC; ?DA= | ADH; ?BD= | BAF; CBE= | BBG; AED= | @EAFA@B= |
| activities, whether or not the business is regularly carried on - 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization. check this box and stop nere Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | | | | | | | |
| business is regularly carried on - Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) | | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) ~ ~ ~ ~ ~ 11 Total support. Add lines 7 through 10 BDD? AF E = 12 Section C. Computation of Public Support Percentage 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 | | | | | | | |
| or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 BDD? AF E = 12 Is First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 DC = @F % 15 Public support percentage from 2016 Schedule A, Part II, line 14 14 DC = @F % 15 S 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 9 S 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 S 10 | | | | | | | |
| assets (Explain in Part VI.) ~ ~ ~ ~ 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) | _ | | | | | | |
| Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | | | | | | | BDD? AFE = |
| First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | - | etc. (see instruction | ons) ~~~~~ | ~~~~~~ | ~~~~~~ | 12 | |
| organization. check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | · | | | d, fourth, or fifth ta | x year as a section | 501 (c)(3) | |
| Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | - | - | | · · · · | , | .,,, | 1 |
| Public support percentage from 2016 Schedule A, Part II, line 14 | | | centage | | | | • |
| Public support percentage from 2016 Schedule A, Part II, line 14 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | 14 Public support percentage for 2017 (| line 6, column (f) di | vided by line 11, co | olumn (f)) ~ ~ ~ ~ | ~~~~~~ | 14 | DC=@F % |
| 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ———————————————————————————————————— | | | | | | 15 | % |
| b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | | | | ore, check this box | and and |
| and stop here. The organization qualifies as a publicly supported organization ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | stop here. The organization qualifies | as a publicly suppo | orted organization | ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ | . ~ ~ ~ 9 |
| 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | b 33 1/3% support test - 2016. If the | organization did no | t check a box on li | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | and stop here. The organization qua | lifies as a publicly s | supported organiza | ition ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 17a 10% -facts-and-circumstances test | t - 2017. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | nd line 14 is 10% o | or more, |
| b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization — ~ ~ ~ ~ ~ ~ ~ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | and if the organization meets the "fac | cts-and-circumstand | ces" test, check th | is box and stop h | iere. Explain in Pai | rt VI how the organ | ization |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~~~~~~~ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | meets the "facts-and-circumstances" | test. The organizat | tion qualifies as a p | oublicly supported | organization ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization — ~ ~ ~ ~ ~ ~ ~ ~ 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | b 10% -facts-and-circumstances test | t - 2016. If the org | anization did not c | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | more, and if the organization meets the | he "facts-and-circur | mstances" test, ch | eck this box and | stop here. Explair | in Part VI how the | • |
| | organization meets the "facts-and-cire | cumstances" test. | The organization q | ualifies as a public | ly supported orgar | nization ~ ~ ~ ~ | ~ ~ ~ ~ |
| | 18 Private foundation. If the organization | on did not check a | box on line 13, 16a | a <u>, 16b, 17a, or 17b</u> | , check this box ar | nd see instructions | |

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(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.)

| Rp{t}spfŠtpf7~fux,rp{'Štpfqtvx}}x}v'x}8' | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|------------------------|-----------------------|------------------------|---------------------|----------------------|-----------|
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") \sim \sim | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, 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 bus- | | | | | | |
| iness under section 513 ~ ~ ~ ~ ~ | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization'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 Total. Add lines 1 through 5 ~ ~ ~ | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b P ~t} *} r{tsts'~} '{\} t, 'A'p}s 'B'ftrtxtts | | | | | | |
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| p -t}} '() t '@B'u-f.wt 'Stpf ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | | | | |
| | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | l |
| | (a) 2012 | (b) 2014 | (5) 201 5 | (4) 2017 | (-) 2017 | (6) Tatal |
| Rp{t}spfŠtpf7-fu,rp{Štpfqtv}}}v'}8' | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 Amounts from line 6 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | | | | |
| 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 | <u> </u> | | | | | |
| regularly carried on ~~~~~~~ | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 c~.p{ ,, †€€~f.= Pss (x) t , H. @r; @ p) s @A-8 | | | | | | |
| 14 First five years. If the Form 990 is fo | or the organization's | s first, second, thir | d, fourth, or fifth to | ax year as a sectio | n 501(c)(3) organiza | ation, |
| check this box and stop here | | | | | | |
| | | | | | | · |
| 15 Public support percentage for 2017 (| (line 8, column (f) di | vided by line 13, c | column (f)) ~ ~ ~ ~ | ~~~~~~~ | 15 | % |
| 16 Public support percentage from 2016 | | | | | 16 | % |
| | | | | | | |
| 17 Investment income percentage for 2 | 017 (line 10c, colur | mn (f) divided by lir | ne 13, column (f)) | ~ ~ ~ ~ ~ ~ ~ ~ | 17 | % |
| 18 Investment income percentage from | | - | | | 18 | % |
| 19a 33 1/3% support tests - 2017. If the | | | | | | |
| more than 33 1/3%, check this box a | = | | | | | |
| b 33 1/3% support tests - 2016. If the | · | • | | | | • |
| line 18 is not more than 33 1/3%, che | = | | | | | The or |
| 20 Private foundation | | I'llo orgc | a a a a q a a | pasoij sappo | a organization | 1110 01 |

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(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.)

| | | | Yes | No |
|-----|---|-----------|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| _ | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| 2- | | | | |
| Sa | Did the organization have a supported organization described in section 501 (c)(4), (5), or (6)? If "Yes," answer | 0- | | |
| | (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | _3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | | | |
| | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 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. | <u>4a</u> | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501 (c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| 5a | If"Yes," | | | |
| | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. | | | |
| | , year an opposite many | 5b | | |
| С | Substitutions only. | 5c | | |
| 6 | | | | |
| _ | | | | |
| | | | | |
| | If "Yes," provide detail in | | | |
| | Part VI. | 6 | | |
| 7 | | Ü | | |
| , | | | | |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | ii Tes, complete l'arti di schedule E (i diiii 770 di 770-LE). | | | |
| 0 | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 00 | ii Tes, Complete Parti of Schedule E (Form 990 of 990-EZ). | 8 | | |
| 9a | | | | |
| | If "Yes," provide detail in Part VI. | 00 | | |
| L- | ii res, provide detaii iii Part VI. | <u>9a</u> | | |
| b | If "Vee " provide detail in Deatail | Ol. | | |
| | If "Yes," provide detail in Part VI. | 9b | | |
| С | | | | |
| 4.0 | If "Yes," provide detail in Part VI. | 9c | | |
| 10a | | | | |
| | | 4.5 | | |
| | If "Yes," answer 10b below. | 10a | | |
| b | (Use Schedule C, Form 4720, to | | | |
| | determine whether the organization had excess business holdings) | 10h | - 1 | |

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| | <u> </u> | | Yes | No |
|----|---|-----|-----|-----|
| 11 | | | 103 | INO |
| | | | | |
| а | | | | |
| | | 11a | | |
| b | | 11b | | |
| C | If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | | | | |
| | | | Yes | No |
| 1 | | | | |
| | | | | |
| | 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 | _ | | |
| | e | 1 | | |
| 2 | | | | |
| | | | | |
| | Part VI | | | |
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| | | | Yes | No |
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| | Part VI | | | |
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| | | | \/ | N. |
| _ | | | Yes | No |
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| | Part VI | | | |
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| | Part VI | | | |
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| | | | | |
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| 1 | (see instructions) | | | |
| а | line 2 | | | |
| b | line 3 | | | |
| С | Part VI | | | |
| 2 | Answer (a) and (b) below. | | Yes | No |
| а | | | | |
| | Part VI identify | | | |
| | those supported organizations and explain | | | |
| | | | | |
| | | 2a | | |
| b | | 1 | | |
| D | Part VI | | | |
| | Pallvi | | | |
| | | C! | | |
| | | 2b | | |
| 3 | Answer (a) and (b) below. | | | |
| а | | | | |
| | Part VI. | 3a | | |
| b | | | | |
| | Part VI | 3b | | |

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| 1 | | See instructions. |
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| Section A - Adjusted Net Income | | |
| Section A - Adjusted Net income | | |
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| 8 Adjusted Net Income | 8 | |
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| Par | t / Type III Non Functionally Integrated FOO | | | ACAC@DO: C Page / |
|-------|---|-------------------------------|--|---|
| | | <u>a)(3) Supporting Orga</u> | <u>nizations (continued)</u> | |
| | on D - Distributions | | | Current Year |
| | Amounts paid to supported organizations to accomplish exer | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 5 | |
| _4_ | Amounts paid to acquire exempt-use assets | | | |
| _5_ | Oualified set-aside amounts (prior IRS approval required) | | | |
| _6_ | Other distributions (describe in Part VI). See instructions. | | | |
| | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10_ | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| _1 | Distributable amount for 2017 from Section C. line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required-explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | 3 . 3 . | | | |
| b | From 2013 | | | |
| | From 2014 | | | |
| d | From 2015 | | | |
| e | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| _ | Applied to 2017 distributable amount | | | |
| i_ | Carryover from 2012 not applied (see instructions) | | | |
| i_ | Remainder, Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: | | | |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | |
| | Remainder, Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| J | 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 | | | |
| U | 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: | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

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| Form 990 or 990 F7) 2017 U^d] SPCX^]; X] R = AA <ac@bg?c 1="" 1,="" 10;="" 11a,="" 11b,="" 11c;="" 12;="" 17a="" 17b;="" 2,="" 2;="" 3b,="" 3c,="" 4b,="" 4c,="" 5a,="" 6,="" 9a,="" 9b,="" 9c,="" a,="" and="" b,="" by="" c,<="" explanations="" ii,="" iii,="" iv,="" line="" lines="" or="" page="" part="" provide="" required="" section="" th="" the=""></ac@bg?c> |
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| (Form 990, 990-EZ, or 990-PF) \$tepf., t}u.wtcftp, t/S \$.tdp(attt) tt bt/fxt | Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. | | ^\Q] -=@DCD-2?CF |
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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| @ | | \$\$ AD; B??= | Person G Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| A | | \$ 27; ???= | Person 9 Payroll Noncash (Caomepleddel Rasst, llafod 2 IP |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| B | | AF; D??= | Person 9 Payroll Noncash |
| (a) No. | (b) Name, address, and ZIP | (c) Total contributions | (d) Type of contribution |
| <u>C</u> | | AF; D??= | Person 9 Payroll Noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| D | _E | | Person G Payroll Noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| E | ivalite, audiess, dilu ZIF + 4 | @?;???= | Person 9 Payroll Noncash |

U^d] SPc X^]; X] R=

T| €{~Št*fx*st}.xxxrp.x-}*}†| qt*f*

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| | (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| F | | \$\$; @@E = | Person 9 Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| G | | \$ | Person 9 Payroll Noncash (CaomepledtelResst, llafout ZIP: |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash |
| | | | |

]p| t`~u`~fvp}xp.x~} cWT`RPhdVP`R^d]ch`R^\\d]Xch`R^[[TVT U^d]SPcX^]; `X]R= T| €{~Št*f* xst}.xuxrp.x-}'}†| qt*f*

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| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ - | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | - - - - - - - - - - | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| — - | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | - - - - \$ | |

] p| t ~u~fvp} x p.x~} T| €{~Št*f x*st}.xxrp.x-} '}†| qt*f* $cWT \cdot RPhdVP \cdot R^d] ch \cdot R^1 d] Xch \cdot R^[[TVT]$ $U^d]SPcX^l: XlR=$ AA<AC@BG?C Exclusively $f\{\{xx-t, ; rvpfxpq\{t; t.r. \neq r^-\}.fqt.x^+\}, ... = fvp\} xp.x^+\}$, $st, rfqtsx^-\}$, $t.x.^+$ $D?@f8F8^-768^-768^-xp.x^-$, $p\{-ft.wp\}^-3@???^-uf.x^+\}$, $wt^-5tpfuf^ p\{S^-\}t^-r^-\}.fqt.x^-f=Complete columns^-7p8through^-7t8p\}s^-the following line entry. <math>u-f-fp\}x^-xp.x^-\}$, $r-(-ft.wp)^-xp.x^-\}$, $r-(-ft.wp)^-xp.x^-$, r-(-ftPart III Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part (e) Transfer of gift Transferee's name, address, and ZIP + Relationship of transferor to transferee

(Form 990)

Open to Public Inspection

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St€pf.|.t}...~u.wt cftp,†fŠ X.tf\p{at‡t}†t btfxrt Name of the organization | Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
| Attach to Form 990.
| Go to www.irs.gov/Form990 for instructions and the latest information.

CWT RPhdVP R^d] ch R^\\d] Xch R^[[TVT

U^d] SPcX^1: X1 R=

Employer identification number

| | U^d] SPCX^]; X] R= | | AA <ac@bg?c< th=""></ac@bg?c<> |
|----|--|------------------------------|---|
| | organization answered "Vee" on Form 000, Part IV, line 4 | | Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6. | a d 6 m d a // | . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 1 | (a) Donor advis | ea iurias (L |) Funds and other accounts |
| 2 | Aggregate value of contributions to (during year) ~ ~ ~ ~ | | |
| 3 | Aggregate value of grants from (during year) ~ ~ ~ ~ ~ | | |
| 4 | Aggregate value at end of year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets h | eld in donor advised funds | S |
| 0 | are the organization's property, subject to the organization's exclusive legal control? | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that g | | |
| U | for charitable purposes and not for the benefit of the donor or donor advisor, or for a | | |
| | impermissible private benefit? | ny otner purpose comemi | Yes No |
| | Complete if the organization answered "Y | os" on Form 000 Part IV | |
| 1 | | | mie 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) | | in a contract land area |
| | | servation of a historically | - |
| | | servation of a certified his | storic structure |
| _ | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contri | oution in the form of a con | |
| | day of the tax year. | | Wt{s:pwt:T}s ~u.wt:cp%htpf |
| а | Total number of conservation easements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~ | 2a |
| b | Total acreage restricted by conservation easements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not o | | |
| | listed in the National Register ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or | terminated by the organiz | ation during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation easement is located | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspec | | |
| | violations, and enforcement of the conservation easements it holds? ~~~~~~~ | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, a | nd enforcing conservation | n easements during the year |
| _ | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and e | nforcing conservation eas | ements during the year |
| _ | \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirement | | |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its reve | · | |
| | include, if applicable, the text of the footnote to the organization's financial statemer | its that describes the orga | inization's accounting for |
| | conservation easements. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | |
| 12 | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in | its revenue statement and | I halanca shoot works of art |
| Ta | historical treasures, or other similar assets held for public exhibition, education, or re | | |
| | the text of the footnote to its financial statements that describes these items. | search in furtherance of p | ublic service, provide, in Fart XIII, |
| h | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r | overue statement and hal | ance sheet works of art, historical |
| b | treasures, or other similar assets held for public exhibition, education, or research in | | |
| | relating to these items: | idi tilerance oi public serv | ice, provide the following amounts |
| | (i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~~~~~~~ | \$ |
| | (ii) Assets included in Form 990, Part X ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | \$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar | | ' |
| _ | the following amounts required to be reported under SFAS 116 (ASC 958) relating to | _ : | TOVIGO |
| а | Revenue included on Form 990, Part VIII, line 1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | I \$ |
| h | Assets included in Form 990. Part X | | |
| _ | | | |

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LHALFLAR Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

| 13, 966, 046 | 12, 656, 634. | 12, 745, 751. | 13, 584, 716. | 12, 248, 422 |
|--------------|---------------|---------------|---------------|--------------|
| 150, 069. | 704, 771. | 284, 250. | 269, 142 | 266, 634. |
| 1, 136, 270. | 1, 263, 886. | 613, 552 | -218,072 | 1, 775, 640. |
| 391, 243. | 455, 802 | 507, 150. | 597, 702 | 387, 771. |
| | | | | |
| 248, 939. | 203, 443. | 479, 769. | 292, 333. | 318, 209. |
| | | | | |
| 14, 612, 203 | 13, 966, 046. | 12, 656, 634. | 12, 745, 751. | 13, 584, 716 |
| | | | | |

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| Schedule D. (Form 990) 2017 U^d] SPc X^]; | X] R= | | AA <ac@bg?c 3<="" page="" td=""></ac@bg?c> |
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" of | on Form 990. Part IV. | line 11b. See Form 990. Part X | . line 12. |
| (a) Description of security or category 7 r{ts} v'}p t'~u,trt/x88 | (b) Book value | | on: Cost or end-of-year market value |
| (1) Financial derivatives ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | , , | | |
| (2) Closely-held equity interests ~~~~~~~~~ | | | |
| (3) Other | | | |
| (A) | | | |
| | | | |
| (C) | | | |
| (D) | | | |
| | | | |
| | | | |
| (G) | | | |
| (f) (H) | | | |
| c~p(=(Col. (b) must equal Form 990. Part X. col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | - | |
| Complete if the organization answered "Yes" (| on Form OOO Dort IV | line 11e Coe Form 000 Port V | line 12 |
| (a) Description of investment | (b) Book value | | on: Cost or end-of-year market value |
| (1) | (b) Book value | (e) iviculou oi valuatio | on. Cost of end of year market value |
| (1) | | | |
| (3) | | | |
| | | | |
| | | | |
| | | | |
| <u>(6)</u> | | | |
| (7) | | · · | |
| | | | |
| | | | |
| c~p(≦(Col. (b) must equal Form 990. Part X. col. (B) line 13.) Part IX Other Assets. | | 1 | |
| Complete if the organization answered "Yes" of | on Form QQQ Part IV | line 11d See Form 900 Part Y | line 15 |
| | Description | mie 11d. See Form 770, Fart X | (b) Book value |
| (1) | S COOTIF COTT | | (b) Book value |
| (1) | | | |
| (3) | | | |
| (4) | | | |
| | | | |
| (5) | | | |
| <u>(6)</u> | | | |
| | | | |
| (8) (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | 15) | | |
| Part X Other Liabilities. | 15.) | | |
| Complete if the organization answered "Yes" of | on Form OOO Dort IV | line 11e or 11f See Form 000 | Dort V. line 25 |
| 1 (a) Description of liability | <u> </u> | (b) Book value | Part X, Illie 25. |
| | | (b) Dook value | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> | | | |
| (5) | | | |

(8)
(9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017

_Pacˈe; ˈ[X]TˈClˈ

c^ TPa] 'aTcda] b' cWPc' ZTT_' _PRT' f XcW ^a' TgRTTS' X] U[PcX^] '^eTa' cWT' [^] V <cTa\
f WX[T'_a^eXSX] V' P' bdQbcP] cXP['P] S'\^STaPcT[h' bcPQ[T' b^daRT' ^U' X] R^\T' c^
cWT' U^d] SPcX^] 'U^a' Xcb' _a^VaP\b=</pre>

cWT : X] cT] STS : dbTb : ^U : cWT : ^aVP] Xi PcX^] 6b : T] S^f \ T] c : Ud] Sb : Xb : U^a
bRW^[PabWX_b; '\T\^aXP['PfPaSb; 'RP_db : X_a^eT\T] cb; 'T : dX_\T] c; 'P] S : ^cWTa
VaP] cb='

SCHEDULE I (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

| Attach to Form 990.

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Schedule I (Form 990) (2017)

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

| Name of the organization $U^d \ SPc X^d$ | - | K^\\d]XCn K^ | `[[]V] | | | | Employer identification number AA <ac@bg? c<="" th=""></ac@bg?> |
|--|----------------------|------------------------------------|-----------------------------|---|--|---------------------------------------|---|
| Part I General Information on Grants a | | | | | | | |
| Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro | stance? ~ ~ ~ ~ ~ | ~~~~~~~~ | ~~~~~~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | on Yes No |
| Part II Grants and Other Assistance to | | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| recipient that received more than : | \$5,000. Part II can | be duplicated if addition | onal space is need | ed. | (O.M. H J C | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| CAYUGA COMMUN TY COLLEGE 197 FRANKLI N STREET | | CAYUGA COUNTY, | | | | | |
| AUBURN, NY 13021 | 15-6007451 | NY | 92, 080 | 0. | | | OTHER CRANTS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501 (c)(3) a 3 Enter total number of other organization: | • | • | e line 1 table ~~ | ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|
| | | | | | |
| STUDENT SCHOLARSH PS | 305 | 299, 163. | Q | | |
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| | | |) | | |
| Part IV Supplemental Information. Provide the informa | ation required in Part I, line | e 2: Part III, column | (b): and any other ad | dditional information. | |
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| cWT`U^d]SPcX^]; | / ^aVP] Xi PcX^ |]; | VaP]cb'c^' | Xcb | |
| bd^acTS: ^aVP] Xi PcX^] | ΓbcTS= P[[aT | `dTbcb'Ua′ | \\`cWT`bd | ^acTS | |
| ^aVP] Xi PcX^] | P a^eTS'Oh'c | WT 'U^dlSPa | :X^1 6b | S · ^U | |
| SXaTRc^ab= | | | , | - | |
| Skarke ab- | | | | | |
| cWT`U^d]SPcX^]`PfPaSb`bRW^[Pab\ | NX_b`c^`bcdST |]cb [.] ^U [.] RPh | ndVP R^\\d] | Xch R^[[TVT | |
| QPbTS'^]'P[XRPcX^]b'bdQ\XccT\$ | S'Qh'bcdSTlcb | = | o PaT RW\bT |] TXcWTa Qh | |
| R^\\XccTTb'^U'cWT'Q^PaS'^U'SXa | | | | | |

(Form 990 or 990-EZ)

St€pf.|.t}...~u.wt cftp,†fŠ X.tf}p{attt}†tbtftxt Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

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Name b

cWT RPhdVP R^d]ch R^\\d]Xch R^[[TVT U^d]SPcX^]; X]R=

Employer identification number AA<AC@BG?C

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cWT ' U^a\ ' HH?' Xb' aTeXTfTS' X] ' STcPX[' Qh' cWT ' U^d] SPcX^] 6b' UX] P] RT' R^\\XccTT

fW^' e^cTb' c^' aTR^\\T] S' c^' cWT' Q^PaS' ^U' SXaTRc^ab' cWPc' Xc' QT' P__a^eTS=' cWT

Q^PaS' ^U' SXaTRc^ab' Xb' cWT] ' _a^eXSTS' f XcW cWT' U^a\ ' HH?' P] S' e^cTb' c^' P__a^eT

^U' Xcb' UX[X] V' QPbTS' ^] ' Xcb' ^f] ' aTeXTf' P] S' cWT' UX] P] RT' R^\\XccTT6b

aTR^\\T] SPcX^] =

<u>U^a\`HH?;`_Pac`eX;`bTRcX^]`Q;`[X]T`@ARI</u>

SXaTRc^ab^P]S'^UUXRTab'\dbc'SXbR[^bT'P]h'PRcdP['^a'_^bbXQ[T'R^]U[XRcb;'P]S

cWT']PcdaT'cWTaT^U;'c^'cWT'_aTbXST]c'^U'cWT'R^a_^aPcX^]'P]]dP[[h;'^a'Pb

bdRW bXcdPcX^]b'\Ph'PaXbT='SXbR[^bdaTb'\Ph'P[b^'QT'\PST'c^'cWT'Q^PaS'Pb'P

fW^[T'^a'c^'cWT'UX]P]RT'R^\\XccTT='cWT'R^a_^aPcX^]'bWP[['S^Rd\T]c'cWT

TgXbcT]RT

 $P] S CWT aTb^{[dcX^{]} \cdot U'P] h P] S P[[R^{]} U[XRcb^{X}] Xcb^{A}a^{a}CT^{a}TR^{a}Sb = \\ P] S CWT aTb^{[dcX^{]} \cdot U'P] h P] S P[[R^{]} U[XRcb^{X}] Xcb^{A}a^{a}CT^{A}BCT^{A}Sb = \\ P] S CWT aTb^{[dcX^{]} \cdot U'P] h P] S P[[R^{]} U[XRcb^{X}] Xcb^{A}A^{A}CT^{A}BCT$

cWT'_a^RTbb'U^a'STcTa\X]X]V'R^_T]bPcX^]'^U'cWT'TgTRdcXeT'SXaTRc^a'X]R[dSTb
P'aTeXTf'P]S'aTR^\\T]SPcX^]'U^a'P__a^eP['Qh'cWT'_Tab^]]T['R^\\XccTT;'fWXRW

R^]bXbcb'^U'P[['X]ST_T]ST]c'SXaTRc^ab;'P]S'd[cX\PcT'P__a^eP['^U'cWT'Q^PaS
^U'SXaTRc^ab=

U^a\`HH?;`_Pac`eX;`bTRcX^]`R;`[X]T`@HI`

P[['^aVP]XiPcX^]P[; 'V^eTa]X]V; 'P]S'UX]P]RXP['S^Rd\T]cb'PaT'PePX[PQ[T'U^a
_dQ[XR'X]b_TRcX^]'SdaX]V'aTVd[Pa'f^aZX]V'W^dab'Pc'cWT'U^d]SPcX^]6b'^UUXRT=

X]'PSSXcX^]; 'cWT'U^d]SPcX^]6b'U^a\'HH?'fX[['QT'_^bcTS'c^'Xcb'fTQbXcT=

| Schedule O (Form 990 or 990-FZ) (2017) Name of the organization CWT RPhdVP R^d] ch R^\\d] Xch R^[[TVT] | Page 2 Employer identification number |
|---|--|
| U^d] SPc X^]; X] R= | Employer identification number AA <ac@bg?c< td=""></ac@bg?c<> |
| U^a\`HH?;`_Pac`gX;`[X]T`H;`RWP]VTb`X]`]Tc`PbbTcbI` | |
| caP] bUTa`^U`]Tc`PbbTcb`Ua^\`RRRU`aXeTa`V[T]`W^[SX]Vb;`X]R= | ······ACA; D@H= |
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| SCHEDULE R | 2 |
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| (Form 990) | |

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Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Open to Public Inspection

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Name of the organization Employer identification number $U^d]SPcX^]; X]R=$ Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity oTotal, foreign country) OFRG NEW2O LLC - 82-4687491 ACCUIRE AND HOLD REAL 197 FRANKLI N STREET PROPERTY FOR THE BENEFIT OF CONNUN TY COLLEGE AUBURN, NY 13021 THE FOUNDATION 5, 892 FOUNDATION INC. NEWYORK Q. Identification of Related Tax-Exempt Organizations. Part II (a) (b) (c) (d) (e) (f) (g) btr.x-} D@A7a8@B8 r~}.f~{{ts t}.xŠN Yes Nο CCCF RI VER GLEN HOLDI NGS, INC. - 46-3618488 TO COLLECT I NOONE FROM 197 FRANKLI N STREET REAL PROPERTY FOR THE AUBURN NY 13021 BENEFIT OF THE FOUNDATION DELAWD NC UI T



 $U^d] SPcX^]; X] R=$ Schedule R (Form 990) 2017

| Part V Transactions With Related Organizations. Complete if the organization answers | wered "Yes" on Forr | m 990, Part IV, line 34, 35b | o, or 36. | | | |
|---|----------------------------------|---|--|----------|-----|----------|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | alahada ayaa bara Bahada | to Deate IIIVO | | Yes | No |
| During the tax year, did the organization engage in any of the following transactions a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | g |
| b Gift, grant, or capital contribution to related organization(s) ~~~~~~~~~~ | | | | 1b | | g |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c | | g |
| d Loans or loan guarantees to or for related organization(s) | ~~~~~~~~~ | ~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1d | | g |
| e Loans or loan guarantees by related organization(s) | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~~~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1e | | g |
| | | A | | 1.5 | | |
| f Dividends from related organization(s) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~~~~~~ | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1f | | g |
| g Sale of assets to related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ | ~ | 1g | | g |
| h Purchase of assets from related organization(s) | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~~~~~~~~~~~ | ~ | 1h | | g |
| i Exchange of assets with related organization(s) | ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | _1i | | g |
| j Lease of facilities, equipment, or other assets to related organization(s) ~~~~~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1j | | g |
| | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) \sim \sim \sim | | ~~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | _1k_ | | g |
| I Performance of services or membership or fundraising solicitations for related organ | nization(s) ~ ~ ~ ~ | ~ | ~ | 11 | | g |
| m Performance of services or membership or fundraising solicitations by related organ | nization(s) ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ | 1m | | g |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization | on(s) ~~~~~ | | ~ | _1n_ | g | |
| o Sharing of paid employees with related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | ~ | ~ | _10_ | g | |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | ~ | ~ | _1p_ | | g |
| q Reimbursement paid by related organization(s) for expenses ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | | _1q_ | | g |
| r Other transfer of cash or property to related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | g | |
| r Other transfer of cash or property to related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 1r 1s | a | |
| s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on w | ha must sample to th | nio lino, including covered r | relationships and transaction thresholds | L_IS_ | 19 | <u> </u> |
| | | | | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount i | nvolved | | |
| (1) RRRU aXeTa V[T] W^[SX] Vb; X] R= | b | ACA; D@H= | UPXa^\PaZTc^eP[dT | | | |
| (2) RUaV']TfR^; '[[R | а | CD; ?D?= | UPXa`\PaZTc`eP[dT | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| .(5) | | | | | | |
| (6) | | | | | | |
| | | | | | _ | _ |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| that was not a related organization. See ins | structions regarding exclus | sion for certain inve | estment partnerships. | | | | | _ | | |
|--|-----------------------------|-----------------------|--|---|----------|-------------|---------------------|--|-----------------------|------------|
| (a) | (b) | (c) | (d) | (e) Are all partners sec 501(c)(3) orgs.? | (f) | (g) | (h) | (i) | (j) | (k) |
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partners sec. | Share of | Share of | Dispropo tionate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Vt}tfp | Percentage |
| of entity | | (state or foreign | related, unrelated, lexcluded from tax under | orgs.? | total | end-of-year | allocation | amount in box 20 |) p; pv; €pf.}.t | ownership |
| | | country) | sections 512-514) | Yes No | income | assets | Yes N | (Form 1065) | Yes N | 0 |
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PdQda]; ']h''@B?A@

Vdh cW\Pb R^bT]cX]^

B@D<AHC<GEAF

''Yd[h'@D;'A?@H

g bT_'@; A?@F

PdV B@; A?@G

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| Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: |
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| Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV |
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| DUAL EXEMPT |
| Schedule E - Registration |
| Exemption for Charitable Organizations |
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Need Assistance?

FEGCE@ ?C∢AF∢@G