## Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury

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

A For the 2016 calendar year, or tax year beginning Jan 1 , 2016, and ending Dec 31 . 20 D Employer identification number B Check if applicable: C Name of organization 46-3090290 ✓ Address change The 917 Society Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Name change E Telephone number Initial return #902 256-668-5590 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number > Application pending Ashland City, TN 37015 H Check ► ✓ if the organization is not Other (specify) ▶ required to attach Schedule B www.917society.com | Website: ▶ (Form 990, 990-EZ, or 990-PF). ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 J Tax-exempt status (check only one) — 

501(c)(3) □ 501(c) ( K Form of organization: Corporation Association Other ☐ Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (8) below) are \$500,000 or more, tile Form 990 instead of Form 990-EZ . . . . . . . . . . . . 31112.56 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I. 2 Program service revenue including government fees and contracts 2 3 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b c Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract Gross sales of inventory, less returns and allowances . . . . 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7с 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . 9 9 31,113 Grants and similar amounts paid (list in Schedule O) . . . . . . . . 10 10 11 Benefits paid to or for members . . . . . . . . . 11 12 12 Professional fees and other payments to independent contractors . . . . . . 13 29,226 13 14 15 15 1,677 16 16 Total expenses. Add lines 10 through 16 . . . . . 17 17 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 210 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . 21

Par			-	· · · · · · · · · · · · · · · · · · ·		
	Check if the organization used Schedule	O to respond to ar	y question in this			<u> </u>
			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			7	5 22	
23	Land and buildings			<u> </u>	23 24	
24	Other assets (describe in Schedule O)				25	
25 26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column		<del>-</del>	7	5 27	210
Part						
	Check if the organization used Schedule	O to respond to ar	y question <u>in this</u>	Part III [	_ [[	Expenses
What	is the organization's primary exempt purpose?	Educational/provid <u>e</u>	free program for Co	nstitution Day		equired for section f(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplis leasured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the	its three largest post provided	rogram services, d, the number of	org	anizations; optional for lers.)
<u> </u>	We provide a free program for Cosntituin Day for 8th		ng over 100,000 in T	ennessee this		
	year with plans to expand nationally to fulfill a federal				1	
	Constituion Day. We have a film, website and free po					
	(Grants \$ ) If this amount				28	a 31,112
29						
					.	
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	<u>▶ ⊔</u>	29	<u>a                                     </u>
30						
	(Grants \$ ) If this amount	includes foreign gra	nts. check here .	<b>&gt;</b> 🗍	30	a
31	Other program services (describe in Schedule O)					
		includes foreign gra	nts, check here .	▶ □	31	a
	/ C					
32	Total program service expenses (add lines 28a t	hrough 31a)			32	
32 Par	Total program service expenses (add lines 28a t	hrough 31a)	one even il not com	pensated—see the		
	Total program service expenses (add lines 28a t	hrough 31a)	n one even if not com ny question in this	pensated—see the	instr	
	Total program service expenses (add lines 28a t	hrough 31a)	one even il not com	pensated—see the Part IV  (d) Health benefit contributions to emplo) benefit plans, and	instra s, loyee (e	
Par	Total program service expenses (add lines 28a t  List of Officers, Directors, Trustees, and Key  Check if the organization used Schedule	hrough 31a)	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the Part IV  (d) Health benefit contributions to emplo) benefit plans, and	instra s, loyee (e	uctions for Part IV)
Par	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	hrough 31a)	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the Part IV  (d) Health benefit contributions to emplo) benefit plans, and	instra s, loyee (e	uctions for Part IV)
Par Joni	Total program service expenses (add lines 28a t  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title	hrough 31a)	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated—see the Part IV  (d) Health benefit contributions to emplo) benefit plans, and deferred compensation	instra s, soyee (ed tion	uctions for Part IV)
Par Joni	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Bryan Executive Director	hrough 31a)	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the Part IV (d) Health benefit contributions to employened benefit plans, and deferred compensations.	s, loyee (s	uctions for Part IV)
Joni Caro	Total program service expenses (add lines 28a t t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Bryan Executive Director	hrough 31a)  Employees (list each O to respond to all (b) Average hours per week devoted to position	n one even if not coming question in this  (c) Reportable compensation  (Forms W-2/1099-MISC (if not paid, enter -0-)	ppensated—see the Part IV  (d) Health benefit contributions to employ benefit plans, and deferred compensations.	instra s, soyee (ed tion	uctions for Part IV)
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '	v Yes	No
-	DIAM's and other and of any similar and activity not provide any reported to the IDS2 If "Vee." provide a		res	140
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		✓
24	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	- 00		_ <del>_</del> _
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O (see instructions)	34	·	✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	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		<b>✓</b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			,
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			7774311374
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	:	<b>/</b> _
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
~	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,	n Passe		
	4955, and 4958		****	W. 1
d	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	1		
	transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶	· ·	_	
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		TV00	No
Ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	_	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .  If "Yes," enter the name of the foreign country:	42c	<u> </u>	_ ✓_
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			- <sub>T</sub>
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>√</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		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		<b>√</b>
45a		45a		<b>↓</b> ✓
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 9	90-EZ (2016)						P	age 4
							Yes	<del>-</del>
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of							
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	estions 47-49b and	52, and co	<del></del>	L	or line	es
	Check if the organization used Sci	hedule O to respond	to any question in	this Part VI		<u></u>	 Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election		-	tax . 47	103	<b>140</b>
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than	o an exempt non-cha ection 527 organization five highest compen	aritable related organi on? sated employees (otl	ization? her than offic	 cers, direct		es, an	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions	benefits, to employee and deferred	(e) Estimate other con	ed amou	ont of
none								
			İ					
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	s five highest comp	ensated independent one, enter "None."	t contractors	s who eacl	n received	more	thar
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(0	) Compensat	ion	
none		·	_					
			-					
			-					<u>.</u>
			-					
			-					
d 52	Total number of other independent contra Did the organization complete Schedu completed Schedule A	•		.► anizations n		ha .▶[∕]Yes		No
Under p	penalties of perjury Lecture that I have examined this prect, and complete. Declaration of preparer (other than	return, including accompar	nying schedules and statem ormation of which preparer	nents, and to the has any knowle	best of my k			<u> </u>
		Den			3/K	[/	7	
Sign Here	Signature/of officer  Joni Bryan Executive Director  Type or print name and title	5/15/17		Da	te ¯ •			
Paid	Print/Type preparer's name	Preparer's signature	0	ate	Check _			
•	Only Firm's name >	1		Fire	n's EIN ▶			
	Firm's address ▶ he IRS discuss this return with the prepare	r shown above? See	instructions	Ph	one no.	► ☐ Yes	, 🗆	No
	and and and rotain min the propert				<u> </u>		, <sub>U</sub> '	10

## SCHEDULE A (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.

► Information about Schedule A (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

ame	of the organization					Employer identification i	number	
ne 9	e 917 Society 463090290							
Par	t I Reason for Public Chari	ty Status (All c	organizations must	complete	e this pa	rt.) See instruction	ns	
he c	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of church	es, or associatio	n of churches describ	ed in sec	tion 170	(b)(1)(A)(i).		
2	A school described in section 1	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 o	r 990-EZ	).) /ANGID		
	☐ A hospital or a cooperative hos ☐ A medical research organization	pital service orga	anization described in	section	170(B)(1) bod in 64	(A)(III). Setion 170(b)(1)(A)(ii	ii) Enter the	
4			njunction with a nosp	ital descri	DEG III 26		nyi Eriter the	
5	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	☐ A federal, state, or local govern		nental unit described	in <b>sectio</b> i	n 170(b)(	1)(A)(v).		
7	An organization that normally r described in section 170(b)(1)(	eceives a substa	antial part of its supp	ort from	a govern	mental unit or from	the general public	
8	A community trust described in	section 170(b)(	1)(A)(vi). (Complete P	art II.)				
9	An agricultural research organize or university or a non-land-granuniversity:	it college of agric	culture (see instructio	ns). Enter	the nam	e, city, and state of	the college or	
10	<ul> <li>☐ An organization that normally rereceipts from activities related support from gross investment acquired by the organization af</li> <li>☐ An organization organized and</li> </ul>	to its exempt fun income and unre ter June 30, 197	ictions—subject to ce elated business taxab 5. See <b>section 509(</b> a)	irtain exci ile incomi <b>)(2).</b> (Com	eptions, a e (less se iplete Pa	and (2) no more than ction 511 tax) from I rt III.)	1 33 73 70 01 118	
11	An organization organized and  An organization organized and	operated exclusi	vely to test for public	to perfo	rm the fu	nctions of orto car	v out the numoses	
12	of one or more publicly suppo Check the box in lines 12a throu	rted organization	ns described in <b>secti</b> o	on 509(a)	<ol><li>or se</li></ol>	ction 509(a)(2). See	section 509(a)(3).	
а		zation operated, s) the power to r	supervised, or contro egularly appoint or el	olled by it ect a maj	s suppor	ted organization(s),	typically by giving	
k		ization supervise he supporting or	ed or controlled in co ganization vested in t	nnection the same	with its s persons	upported organization that control or mana	on(s), by having age the supported	
c	its supported organization(s	s) (see instruction	ns). You must compl	ete Part	IV, Secti	ons A, D, and E.		
C	Type III non-functionally i that is not functionally integ requirement (see instruction	rated. The organ	nization generally mus	st satisfy	a distribu	tion requirement and	rted organization(s) d an attentiveness	
•	Check this box if the organ functionally integrated, or T	ization received	a written determinatio	n from th	e IRS tha	at it is a Type I, Type	II, Type III	
1	Enter the number of supported of	-						
ç	g Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No	'		
(A)					-			
_				<u> </u>				
(B)								
(C)					<del> </del> -			
(D)								
(E)								

\$5.10dd	2 1 1 4 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	<del></del>		/=0// \/ /	VA V(:. ) = · · 1 -4	70/1-1/41/41/	
Part	II Support Schedule for Organiza	itions Descr	ibed in Secti	ons 170(b)(1)	)(A)(iv) and 1	/U(b)(1)(A)(VI)	l'C l
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organization	talled to qua	lity under
	Part III. If the organization fails to	qualify unde	e <u>r the tests lis</u>	ted below, pl	ease comple	te Part III.)	
	on A. Public Support					<del></del>	<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		4841.88	18043.34	10650.00	31112.00	64647.22
2	Tax revenues levied for the				-		
_	organization's benefit and either paid						
	to or expended on its behalf				1		
3	The value of services or facilities						
Ū	furnished by a governmental unit to the		<u> </u>				
	organization without charge						
4	Total. Add lines 1 through 3		4841.88	18043.34	10650.00	31112.00	64647.22
	· · · · · · · · · · · · · · · · · · ·		4041.00	10040.04	1000.00		
5	The portion of total contributions by	Lautena					
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on	Control of the contro					
	line 1 that exceeds 2% of the amount	The second secon					
	shown on line 11, column (f)	2000					
6	Public support. Subtract line 5 from line 4		The state of the s		Control of the Contro		64647.22
	on B. Total Support	(1) 0040	(1-) 0010	(-) 001 <b>(</b>	(d) 001E	(e) 2016	(f) Total
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015		
7	Amounts from line 4		4841,88	18043.34	10650.00	31112.00	64647.22
8	Gross income from interest, dividends,	Į.					
	payments received on securities loans,	ļ					
	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			1			
	loss from the sale of capital assets		1				
	(Explain in Part VI.)		J				
11	Total support. Add lines 7 through 10					The second secon	64647.22
12	Gross receipts from related activities, etc.	c. (see instruct	ions)			12	
13	First five years. If the Form 990 is for t	he organizatio	n's first, secon	d, third, fourth	ı, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· · · · <u>·</u>	<u>,</u>	<u> </u>	▶ 🔽
Sect	ion C. Computation of Public Suppo	rt Percentaç	je				
14	Public support percentage for 2016 (line	6, column (f) c	livided by line 1	11, column (f))		14	%
15	Public support percentage from 2015 Sc	hedule A, Parl	II, line 14 .			15	%
16a	331/3% support test-2016. If the organ	nization did no	t check the bo	x on line 13, a	nd line 14 is 3	31/з% or more,	check this
	box and stop here. The organization qua	alifies as a pub	olicly supported	lorganization			, . ▶ [
b	331/3% support test-2015. If the organ	nization did no	t check a box o	on line 13 or 16	6a, and line 15	is 331/3% or m	ore, check
	this box and stop here. The organization	n qualifies as a	publicly suppo	orted organizat	tion		▶ 🗆
17a	10%-facts-and-circumstances test-2	2016. If the ord	anization did r	not check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
,,,	10% or more, and if the organization m	neets the "fact	s-and-circums	ances" test, c	heck this box	and stop here	. Explain in
	Part VI how the organization meets the	"facts-and-cir	cumstances" to	est. The organ	ization qualifie	s as a publicly	supported
	organization						▶ 🗆
I.							
b	15 is 10% or more, and if the organiz	etion meete t	he "facts-and-	circumstances	" test. check	this box and	stop here.
	Explain in Part VI how the organization	meets the "fa	cts-and-circum	stances" test	The organizat	ion qualifies as	a publicly
	supported organization						▶ ┌
40	Private foundation. If the organization of	id not check :	hox on line 11	3 16a 16h 17	a or 17h ched	ck this box and	see
18	instructions	and mot oncon t	L DON ON MIC TO	.,			▶ ┌

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the boy on line 10 of Part I or if the organ

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	<u>-</u>					
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					_	
2	Gross receipts from admissions, merchandise			-			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			-			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf				<u> </u>		
5	The value of services or facilities						
	furnished by a governmental unit to the	1					
	organization without charge					<u> </u>	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			ļ	_	<u> </u>	<del> </del>
þ	Amounts included on lines 2 and 3		1				
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			<u> </u>		<u> </u>	<del></del>
C	Add lines 7a and 7b			Topo Control of Contro	200 C C C C C C C C C C C C C C C C C C		
8	Public support. (Subtract line 7c from	The second secon	The second secon	The second secon	241 Parkers of the second state of the second		2000 2000 2000 2000 2000 2000 2000 200
	line 6.)	Annual Section (Section 1) and the section 1) and the section (Section 1) and the section 1) are section 1) and the section 1) and the section 1) and the section 1) are section 1) and the section 1) and the section 1) and the section 1) are section 1) and the section 1) and the section 1) are section 1) and the section 1) and the section 1) are section 1) and the section 1) and the section 1) are section 1) and the section 1) are section 1) and the section 1) and the section 1) are section 1) and the section 1) and the section 1) are section 1) are section 1) and 1) are section 1) are section 1) and 1) are section 1) and 1) are section 1) are section 1) and 1) are section 1) are section 1) and 1) are section 1) are	The state of the s	The second secon	of a comment of a decision of a comment of a	Burden and American State of the Control of the Con	SSERBLAN
	on B. Total Support		43.0040	(=) 0014	(d) 001E	(e) 2016	(f) Total
	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(8) 2010	(I) TOTAL
9	Amounts from line 6	<u> </u>	<u> </u>	<del></del>		<del></del>	<del></del>
10a	Gross income from interest, dividends,					1	
	payments received on securities loans, rents, royalties and income from similar sources.						
-	•	<u> </u>	<del> </del>		<del>                                     </del>	·	
b	Unrelated business taxable income (less section 511 taxes) from businesses					1	
	acquired after June 30, 1975				1		
_	Add lines 10a and 10b		<del>  .</del>	<del>                                     </del>	<del>  -</del> -	-	<del>-  </del>
_	Net income from unrelated business		<u> </u>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>-  </del>
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		<u> </u>				
	and 12.)				<u> </u>		
14	First five years. If the Form 990 is for t	he organization	n's first, seco	nd, third, fourt	h, or fifth tax y	ear as a sec	ction 501(c)(3)
	organization, check this box and stop he	ere		· · · · <u>·</u>	<u> </u>	<u></u>	<u>.</u> ▶ □
Sect	ion C. Computation of Public Suppo	rt Percenta	ge				
15	Public support percentage for 2016 (line	8, column (f)	divided by line	13, column (f))		. 15	%
16	Public support percentage from 2015 Sc	chedule A, Par	t III, line 15 .				%
Sect	ion D. Computation of Investment In	ncome Perce	entage				
17	Investment income percentage for 2016	(line 10c, colu	mn (f) divided	by line 13, col	umn (f))	. 17	%
18	Investment income percentage from 201	5 Schedule A	, Part III, line 17	7		.   18	%
19a	331/a% support tests-2016. If the orga	nization did no	ot check the bo	ox on line 14,	and line 15 is i	more than 33	31/3%, and line
	17 is not more than 331/3%, check this box	cand stop her	e. The organiza	tion qualifies as	s a publicly sup	ported organi	zation . 🕨 📙
b	331/3% support tests - 2015. If the organ	ization did not	check a box or	n line 14 or line	19a, and line 1	l6 is more tha	an 331/3%, and
·	line 18 is not more than 331/3%, check this	box and stop	here. The orga	nization qualific	es as a publicly	supported or	ganization 🕨 📙
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see ins	structions 🕨 🗌

## Part IV Supporting Organizations

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

Section	on A. All Supporting Organizations			
			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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	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		100 / 700 /
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part Vi</b> what controls the organization put in place to ensure such use.	3c		701000000000000000000000000000000000000
<b>4</b> a	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	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AND THE STATE OF T
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		Administration of the control of the
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		84 <b>86</b> ;
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	200	
¢	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0		
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	100 mm 10	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	***************************************		

determine whether the organization had excess business holdings.)

10b

Schedu	le A (Form 990 or 990-EZ) 2016		1	age o
Part	V Supporting Organizations (continued)			<del></del>
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a 11b	Yes	No
C	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c		
Secu	on B. Type I Supporting Organizations	1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			Spice Since Since Spice
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations			
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	Ye <u>s</u>	No
Sect	ion D. All Type III Supporting Organizations			
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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		A Signature of the Control of the Co
Sect	ion 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	instru	ctlon	s).
a b c	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>	(see in	struc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a		3a		
b	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	A CONTROL OF THE PARTY OF THE P	The second of th

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1	tru	st on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		•
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	· · ·	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		i – 1915 de mandidade en 1916. Fantas el 1916 de 1916 de 1916.	
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):	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7	· ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		50000
2 Enter 85% of line 1.	2	Caracan in the contract of the	00- 00- 00- 00- 00- 00- 00- 00- 00- 00-
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		Story Story Story Story Story Story Story
4 Enter greater of line 2 or line 3.	4		OD A STORY OF STORY O
5 Income tax imposed in prior year	5		in a principal de la companie de la
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supportin	ng organization (see
instructions).	,	↑	

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 purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount  (ii) Underdistributions  Distributable  Distributable	Part		Supporting Organi	zations (continued)			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations  4 Amounts paid to acquire exempt-use assets  5 Qualified set-aside amounts (prior IRS approval required)  6 Other distributions (describe in Part VI). See instructions.  7 Total annual distributions. Add lines 1 through 6.  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2018 from Section C, line 6  10 Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  1 Distributable amount for 2016 from Section C, line 6  Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2018:  a b C From 2013  d From 2014  e From 2015  f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount 1 Carryover from 2011 not applied (see instructions) 1 Remainder, Subtract lines 3g, 3h, and 3l from 3f. 4 Distributable and to 10 repair the second proven and the second p	Section	Section D - Distributions					
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