# Form **990-EZ**

# EXTENDED TO NOVEMBER 15, 2018 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

| A          | For the           | e 2017 cal   | endar year, or tax year beginning   | and en           | ding              |          |                  |                         |             |
|------------|-------------------|--|---|------------------|-------------------|----------|------------------|-------------------------|-------------|
| В          | Check if applicab | ole:   | C Name of organization  |                  |                   | D Em     | oloyer i         | dentification number    |             |
|            | Addr              | ress change  |   |                  |                   |          |                  |                         |             |
|            | Name              | ne change ALCOR CARE TRUST SUPPORTING ORGANIZATION  Number and street (or P.O. box, if mail is not delivered to street address) Room/suite |   |                  |                   |          |                  | 28275                   |             |
| Σ          | Initia            | l return   | Number and street (or P.O. box, if mail is not delivered to street address)                       | E Tel            | ephone            | number   |                  |                         |             |
|            |                   | return/<br>inated  | 7895 EAST ACOMA DR STE 110  | 48               | 30-90             | 5-1906   |                  |                         |             |
|            | Amer              | nded return  | City or town, state or province, country, and ZIP or foreign postal code                          |                  | F Gro             | up Exer  | mption           |                         |             |
|            | Applic            | ation pending  | SCOTTSDALE, AZ 85260  |                  |                   | Nui      | mber <b>&gt;</b> | •                       |             |
| G          | Accour            | nting Meth   | od: Cash X Accrual Other (specify) ▶  |                  |                   | H Che    | eck 🕨            | X if the organization   | ı is        |
| i          | Websit            | te: ▶ <u>₩</u>   | W.ALCOR.ORG   |                  |                   | not      | require          | ed to attach Schedule B |             |
| <u>J</u>   | Tax-ex            | empt stati   | us (check only one) $- \times 501(c)(3) = 501(c)$ ( ) (insert no.)                                | 4947(a)(1)       | or 527            | (Fo      | rm 990,          | , 990-EZ, or 990-PF).   |             |
| K          | Form o            | of organiza  | tion: Corporation X Trust Association   | Other            |                   |          |                  |                         |             |
| L          | Add lin           | ies 5b, 6c,  | and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or                  | more, or if tota | ıl assets (Part I | l,       |                  |                         |             |
| _          | columr            |  | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ                                    | <u></u>          |                   |          | <b>\$</b>        |                         | 0.          |
| P          | art I             | Reve   | enue, Expenses, and Changes in Net Assets or Fund   | Balances         | (see the instru   | uctions  | for Par          | t I)                    |             |
| _          |                   | Check  | if the organization used Schedule O to respond to any question in this Part I                     |                  |                   |          |                  |                         |             |
|            | 1                 |  | tions, gifts, grants, and similar amounts received  |                  |                   |          | 1                |                         | 0.          |
|            | 2                 | Program  | service revenue including government fees and contracts   |                  |                   |          | 2                |                         |             |
|            | 3                 | Members  | ship dues and assessments   |                  |                   |          | 3                |                         |             |
|            | 4                 |  | nt income   | l I              |                   |          | 4                |                         |             |
|            | 5a                |  | nount from sale of assets other than inventory  | 5a               |                   |          |                  |                         |             |
|            | b                 |  | st or other basis and sales expenses  | 5b               |                   |          |                  |                         |             |
|            | C                 |  | loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                    |                  |                   |          | 5c               |                         |             |
|            | 6                 |  | and fundraising events  |                  |                   |          |                  |                         |             |
| ē          | a                 | Gross inc  | come from gaming (attach Schedule G if greater than   | 1                |                   |          |                  |                         |             |
| enr        |                   | \$15,000)  |   | 6a               |                   |          |                  |                         |             |
| Revenue    | b                 |  | come from fundraising events (not including \$  | of contribution  | 18                |          |                  |                         |             |
| _          |                   |  | draising events reported on line 1) (attach Schedule G if the sum of such                         | I                |                   |          |                  |                         |             |
|            |                   | -  | ome and contributions exceeds \$15,000)   | 6b               |                   |          |                  |                         |             |
|            | C                 |  | ect expenses from gaming and fundraising events   | 6c               |                   |          |                  |                         |             |
|            | _d                |  | ne or (loss) from gaming and fundraising events (add lines 6a and 6b and sub                      | 1                |                   |          | 6d               |                         |             |
|            | 7a                |  | les of inventory, less returns and allowances   | 7a               |                   |          |                  |                         |             |
|            | b                 | Less: cos  | st of goods sold  | 7b               |                   |          | _                |                         |             |
|            | C                 |  | ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)                            |                  |                   |          | 7c               |                         | —           |
|            | 8                 |  | renue (describe in Schedule 0)  |                  |                   |          | 8                |                         | 0.          |
| _          | 10                |  | enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |                  |                   |          | 9 10             |                         | <del></del> |
|            | 11                |  | nd similar amounts paid (list in Schedule 0)  |                  |                   |          | 11               |                         | —           |
|            | 140               |  | paid to or for members<br>other compensation, and employee benefits                               |                  |                   |          | 12               |                         |             |
| Expenses   | 13                |  | other compensation, and employee benefits onal fees and other payments to independent contractors |                  |                   |          | 13               |                         |             |
| oeu        | 14                |  | cy, rent, utilities, and maintenance  |                  |                   |          | 14               |                         |             |
| Ň          | 15                |  |   |                  |                   |          | 15               |                         |             |
|            | 16                | Printing, publications, postage, and shipping Other expenses (describe in Schedule O)  |   |                  |                   |          |                  |                         |             |
|            | 17                |  | penses. Add lines 10 through 16   |                  |                   | <b>•</b> | 16<br>17         |                         | 0.          |
| _          | 18                |  | r (deficit) for the year (Subtract line 17 from line 9)   |                  |                   |          | 18               |                         | 0.          |
| ets        | 19                |  | is or fund balances at beginning of year (from line 27, column (A))                               |                  |                   |          |                  |                         |             |
| ASS        |                   |  | ree with end-of-year figure reported on prior year's return)                                      |                  |                   |          | 19               |                         | 0.          |
| Net Assets | 20                |  | anges in net assets or fund balances (explain in Schedule O)                                      |                  |                   |          | 20               |                         | 0.          |
| z          | 21                |  |   |                  |                   |          | 21               |                         | 0.          |
| П          | •                 |  | th Doduction Act Nation, and the congrete instructions  |                  |                   |          |                  | Earm 990-F7 (2          | 2017)       |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

| Check if the organization used Schedule O to respond to any question in this Part II  (A) Beginning of year (B) End to the Savings, and investments 22 Cash, savings, and investments 22 Land and buildings 23 Land and buildings 23 Land and buildings 24 Other assets (describe in Schedule 0) 25 Total assets 26 Total liabilities (describe in Schedule 0) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Check if the organization used Schedule O to respond to any question in this Part III 29 Check if the organization used Schedule O to respond to any question in this Part III 20 Describe the organization's primary exempt purpose? SEE SCHEDULE O 21 Describe the service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 SEE SCHEDULE O  (Grants \$ ) If this amount includes foreign grants, check here | 0.<br>0.<br>0.<br>nses<br>section<br>1501(c)(4) |
|---|---|
| 22 Cash, savings, and investments 22 2 23 Land and buildings 23 2 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization used Schedule O to respond to any question in this Part III  What is the organization's primary exempt purpose? SEE SCHEDULE O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 SEE SCHEDULE O  (Grants \$ ) If this amount includes foreign grants, check here   | 0.<br>0.<br>0.<br>nses<br>section<br>1501(c)(4) |
| 23 Land and buildings 23 24 Other assets (describe in Schedule 0) 24 25 Total assets 0 . 25 25 26 Total liabilities (describe in Schedule 0) 0 . 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 . 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III X Online organization's primary exempt purpose? SEE SCHEDULE O Organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  28 SEE SCHEDULE O  Grants \$ ) If this amount includes foreign grants, check here 28a  (Grants \$ ) If this amount includes foreign grants, check here 29a   | 0.<br>0.<br>nses<br>section<br>1501(c)(4)       |
| 24 Other assets (describe in Schedule 0) 25 Total assets 26 Total liabilities (describe in Schedule 0) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization used Schedule O to respond to any question in this Part III  Check if the organization's primary exempt purpose? SEE SCHEDULE O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program ittle.  28 SEE SCHEDULE O  (Grants \$ ) If this amount includes foreign grants, check here  | 0.<br>0.<br>nses<br>section<br>1501(c)(4)       |
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| 28 SEE SCHEDULE 0  (Grants \$ ) If this amount includes foreign grants, check here 28a  (Grants \$ ) If this amount includes foreign grants, check here 29a   |   |
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| (Grants \$ ) If this amount includes foreign grants, check here <b>&gt;</b> 30a   |   |
| 31 Other program services (describe in Schedule O)  |   |
| (Grants \$ ) If this amount includes foreign grants, check here 31a   |   |
| 32 Total program service expenses (add lines 28a through 31a)   | 0.  |
| Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)   | rt IV)  |
| Check if the organization used Schedule O to respond to any question in this Part IV  |   |
| ner week devoted to compensation (Forms contributions to an   | e) Estimated nount of other                     |
| (a) Name and the  | ompensation                                     |
| BRIAN WOWK  |   |
| TRUSTEE 2.00 0. 0.  | 0.  |
| 1 2.00   0.   |   |
| MICHAEL RISKIN  | 0.  |
|   |   |
| MICHAEL RISKIN  |   |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

| 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  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  34   |              | instructions for Part V.) Check if the organization used Sch. O to respond to any question in this   | Part   | <u>v</u> |     |
|---|--------------|--|--------|----------|-----|
| activity in Schridulu 0  All Wins an systillated changes made to the organization go governing documents? If Yes,* attach a conformed copy of the amended documents if they reflect a change to the organization from ame. Otherwise, explain the change on Schedule O (see instructions)  35 Did the organization have unrelated business pross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6e, and 7e, among others)?  35 If Yes 10 line 36e, and 7e, among others)?  36 If Yes 10 line 36e, and 7e, among others?  37 If Yes,** complete Schedule C, \$2 at 111  38 Did the organization assetion 50(144), \$51(05) (s) organization subject to section 633(e)) notice, reporting, and proxy tax requirements during the year? If Yes,** complete Schedule C, \$2 at 111  36 Did the organization inseption of update, single-disco, dissolution, termination, or single-finant disposition of net assets during the year? If Yes,*  38 C X  38 Did the organization inseption of profities, disperitures, direct or indirect, as described in the instructions  39 Did the organization for form 1120-POL for the year?  39 Extent and organization for mile 2 miles are the search of the tax year covered by this return?  39 Did the organization for form 1120-POL for the year?  39 Did the organization for form 1120-POL for the year?  39 Section 501(c)(27) organizations. Schedule L, Part II and enter the total amount involved  39 Section 501(c)(27) organizations. Schedule L, Part II and enter the total amount involved  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  39 If Yes, included on line 1, profit to year under:  39 Section 501(c)(3), 501(c)(4), and 501(c)(27) organizations. Enter amount of tax imposed on organization managers or dequalified persons during the year under:  39 Section 501(c)(3), 501(c)(4), and 501(c)(27) organizations. Enter amount of tax imposed on organization managers or dequalified persons during the year under:  39 Section 501( |              |  |        | Yes      | No  |
| 34 Were any significant changes made to the organization of content of the change on Schedulo Q (see instructions)  35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business advitteds (such as those reported on times 2, 6a, and 7a, among others)?  35 Lif Yes for line 32, 6a, and 7a, among others)?  36 Was the organization base make a controlled a form 990-1 for the year? If No., 'provide an explanation in Schedule 0  36 Lif Yes for line 32, 6a, and 7a, among others)?  37 Were the organization as each on 50 ((c)(4), 50 ((c)(6), or 50 ((c)(6) or 50    | 33           | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each   |        |          |     |
| documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule (0   see instructions)  5  |              | activity in Schedule 0   | 33     |          | Х   |
| 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on Inits 2, Isa, and 7a, among others)?  35  | 34           | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended   |        |          |     |
| on lines 2, Sta, and 7a, among others)?  If Yes'r to line 35b, last the organization field a form 990-T for the year? If Yio; provide an explanation in Schedule 0  Was the organization a section 601(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 0, Part III  But the organization undergo a flequishion, dissolution, the institutions of the search of the organization organization and point and spendituse, direct of indirect, as described in the institutions    The first amount of political expendituses, direct or indirect, as described in the institutions    The first amount of political expendituses, direct or indirect, as described in the institutions    The first amount of political expendituses, direct or indirect, as described in the institutions    The first amount of political expendituses, direct or indirect, as described in the institutions    The first amount of political expendituses, direct or indirect, as described in the institutions    The first amount of political expendituses, direct or indirect, as described in the institutions    The first amount of political expendituses, direct or indirect, as described in the institutions    The first amount of political expendituses, direct or indirect, as described in the institutions    The first amount of the organizations 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?  The first amount of the repart and still outstanding at the end of the tax year covered by this return in the year unders.  The first amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the political expendituses. The amount of tax imposed on organization manages or disqualided persons during the year and excellents    |              | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  | 34     |          | Х   |
| b if Yes's to line 35a, has the organization filled a form 990-T for the year? If Yes,' provide an explanation in Schedule O Was the organization a section 5010(c)(4), 5010(c)(6), 5010(c)(6) or 501     | 35 a         |  |        |          |     |
| b if Yes's to line 35a, has the organization filled a form 990-T for the year? If Yes,' provide an explanation in Schedule O Was the organization a section 5010(c)(4), 5010(c)(6), 5010(c)(6) or 501     |              | on lines 2, 6a, and 7a, among others)?   | 35a    |          | Х   |
| requirements during the year? If Yes, complete Schedule C, Part II  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts on Schedule N  36   | b            | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0  | 35b    | N/A      |     |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete a glorizable parts of Schedule is "  37 a Internament of political expenditures, direct lor indirect, as described in the instructions  | C            |  |        |          |     |
| age   20   20   20   20   20   20   20   2  |              | requirements during the year? If "Yes," complete Schedule C, Part III  | 35c    |          | Х   |
| 372 a Containment of political expenditures, direct or indirect, as described in the instructions ▶ 973   | 36           |  |        |          |     |
| b Did the organization file Form 120-POL for this year?  32   |              |  |        |          | Х   |
| 38 a Life 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?  5   |              | Enter amount of political experiences, amount of minimory as accompany in the most actions   |        |          |     |
| 38 a Life 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?  5   | b            | Did the organization file Form 1120-POL for this year?   | 37b    |          | Х   |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved  8 Section 501(c)(7) organizations. Enter  8 Initiation fees and capital contributions included on line 9  8 Foress receipts, included on line 9, for public use of club facilities  8 Initiation fees and capital contributions included on line 9  8 Foress receipts, included on line 9, for public use of club facilities  8 In Initiation fees and capital contributions included on line 9  8 Foress receipts, included on line 9, for public use of club facilities  8 In Initiation fees and capital contributions included on line 9  8 Foress receipts, included on line 9, for public use of club facilities  8 In Initiation fees and capital contributions included on line 9  9 In Initiation fees and capital contributions included on line 9  10 Initiation fees and capital contributions included on line 9  10 Initiation fees and capital contributions included on line 9  10 Initiation fees and capital contributions included on line 9  10 Initiation fees sections 491(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-EZP If "Yes," complete Schedule L, Part I  10 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax winth as not been reported on any organization managers or disqualitied persons during the sections 4912, 4955, and 4958  10 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter  11 Transaction? If "Yes," complete Form 8886-T  12 Telephone no.   |              |  |        |          |     |
| 38 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  scotion 4011 ▶ 0.; section 4016(x)(3) organizations. Enter amount of tax imposed on the organization during the year under:  scotion 4011 ▶ 0.; section 4016(x)(3) organizations. Enter amount of tax imposed on 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 1s prior forms 990 or 990-FZI if 'Yes,' complete Schedule I, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  o Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  a Harvay time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; leach as a bank account, securities account, or other financial year and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the tax year  44b Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Id the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization perceive any payments for indoor tanning services during the year?  44b Did the organization receive any payments for indoor tanning services during the year?  54c Did the organization receive any payments for indoor tanning services during the year?  54c Did the organizat     |              | in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a    |          | Х   |
| a Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, tor public use of club facilities  Section 4911   | b            | If "Yes," complete Schedule L, Part II and enter the total amount involved   |        |          |     |
| b Gross receipts, included on line 9, for public use of club facilities   | 39           | Section 501(c)(7) organizations. Enter:  |        |          |     |
| b Gross receipts, included on line 9, for public use of club facilities   | а            | Initiation fees and capital contributions included on line 9 39a N/A   |        |          |     |
| b Section 4911  |              |  |        |          |     |
| 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-EZP if "Yes," complete Schedule L, Part I  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, 4956, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ▶ AZ  11 List the states with which a copy of this return is filed ▶ AZ  12 Telephone no. ▶ 480-905-1906  Located at ▶ 7895 E ACOMA DR STE 110, SCOTTSDALE, AZ  13 A Telephone no. ▶ 480-905-1906  Located at ▶ 7895 E ACOMA DR STE 110, SCOTTSDALE, AZ  14 Section 4947(a) the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  14 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).  14 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).  24 A Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ (and the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  15 Di     | 40 a         | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  |        |          |     |
| 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-E72 In Yes," complete Schedule L, Part I  40b  X  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  O.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed   2 A  2 The organization's books are in care of   3 BONNIE MAGEE  |              | section 4911 ▶ 0. ; section 4912 ▶ 0.  |        |          |     |
| of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organization.  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filled   AZ  List the states with which a copy of this return is filled   AZ  Az   | b            |  |        |          |     |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |              | transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any   |        |          |     |
| c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |              |  | 40b    |          | Х   |
| organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   | C            |  |        |          |     |
| d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of the organization aparty to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filled   |              |  |        |          |     |
| by the organization    e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed    AZ  A2  The organization's books are in care of    BONNIE MAGEE   | d            |  |        |          |     |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed   | _            |  |        |          |     |
| transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ▶ AZ  42a The organization's books are in care of ▶ BONNIE MAGEE Telephone no. ▶ 480-905-1906  Located at ▶ 7895 € ACOMA DR STE 110, SCOTTSDALE, AZ ZIP+4 ▶ 85260-6916  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filling 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  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  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  c Did the organization receive any payments for indoor tanning services during the year?  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  | е            | , ,  |        |          |     |
| List the states with which a copy of this return is filled  | ·            |  | 40e    |          | Х   |
| 42a The organization's books are in care of ▶ BONNIE MAGEE  Located at ▶ 7895 E ACOMA DR STE 110, SCOTTSDALE, AZ    Discrete of the Atlany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a N/A  45a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  45c Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  45d Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  45d Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 41           |  | 100    |          |     |
| Located at ▶ 7895 E ACOMA DR STE 110, SCOTTSDALE, AZ    P + 4   |              |  | 1906   |          |     |
| the At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  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  Yes No  1 bid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  c) Did the organization receive any payments for indoor tanning services during the year?  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  1440  | 7 <i>L</i> u |  |        | 6916     |     |
| ver a financial account in a foreign country (such as a bank account, securities account, or other financial  account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  ***  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  **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  bid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead  of Form 990-EZ  data  if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  in Schedule O  44a**  bid the organization have 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** If "Yes To line 44c, has the organization 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)  | h            | ,  |        |          |     |
| account)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country: ▶  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  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  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 ■   |              |  |        | Yes      | No  |
| If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:   3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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   |              | aggrupt/2  | 42h    |          |     |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42c X  If "Yes," enter the name of the foreign country:  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  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  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?    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  |              | ,  | 720    |          |     |
| the and enter the amount of tax-exempt interest received or accrued during the tax year  42c  |              |  |        |          |     |
| If "Yes," enter the name of the foreign country:  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  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  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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   | c            |  | 42c    |          | х   |
| 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  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  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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   | ٠            | If "Vac " onter the name of the foreign country."  | 720    |          |     |
| and enter the amount of tax-exempt interest received or accrued during the tax year  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  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  | 13           |  |        |          |     |
| Yes No  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  45 b Indicate 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)  45 b Indicate The Ada Schedule O Schedule R may need to be completed instead of Form 990-EZ (see instructions)   | 40           |  |        |          |     |
| Had a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  |              | and enter the amount of tax-exempt interest received of accided during the tax year  | 11, 11 |          |     |
| Had a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  |              |  |        | Vac      | No  |
| Form 990-EZ  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  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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   | 44.          | Did the experiention maintain any densy advised funds during the years of III/(as II Form 000 must be completed instead of   |        | 103      | 140 |
| 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 c Did the organization receive any payments for indoor tanning services during the year? 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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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  | 44 a         |  | 440    |          | v   |
| of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 X   |              | FUIII 990-EZ   | 44a    |          | Λ   |
| c Did the organization receive any payments for indoor tanning services during the year?  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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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  | D            |  | 446    |          | Y   |
| 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  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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  | _            | Did the experiention receive any payments for indeer territor and included the constitution of the constit |        |          |     |
| in Schedule O  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  5 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   |              |  | 44C    |          | Λ   |
| 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)  45 a X  | d            | ,  |        |          |     |
| 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  |              |  |        |          | 77  |
| 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  |              |  | 45a    |          | Х   |
|   | b            |  |        |          |     |
|   |              | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   | •      |          |     |

| ### Section 501 (c)[3) organizations must answer questions 47.49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI    Ves   |                              |   |                                     |                       |                        | _                    |          | Yes     | No    |
|---|------------------------------|---|-------------------------------------|-----------------------|------------------------|----------------------|----------|---------|-------|
| All section 501(c)(3) organizations only  All section 501(c)(3) organizations are assection \$47.49b and \$2, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI    Ves.   Ves. |                              |   |                                     |                       |                        |                      |          |         |       |
| All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47   48   48   49   10 id the organization engage any transfers to an exempt non-charitable related organization?  190 bid the organization make any transfers to an exempt non-charitable related organization?  191 bid the organization section 527 organization?  192 complete this table for the organization in section 1527 organization?  193 complete this table for the organization in the organization. If there is none, enter "Yone."  194 (a) Name and title of each employee  195 (b) Average hours per week devited to position  195 (c) Reportable prime, and deferred position  196 (c) Reportable complementation in the organization in the organization. If there is none, or the prime week devited to position  197 (c) Reportable complementation in the organization or the organization or the organization or the organization in the organization or the organization or the organization or the organization or the organization  |                              |   | s only                              |                       |                        |                      | 46       |         | Х     |
| Check if the organization used Schedule O to respond to any question in this Part VI    Yes   |                              | , ,, ,  |                                     | 52 and complete       | e the tables for line  | s 50 and 51          |          |         |       |
| Yes   |                              | ( ) ( )   | •                                   | , ·                   |                        |                      |          |         | Г     |
| Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48   49a   4  |                              | Shook in the organization acca company                                    | o o to respond to any queette       | Thirting rait vi      |                        |                      |          | Yes     | No    |
| Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48   49a   4  | 47 Did the o                 | rganization engage in lobbying activities or h                            | ave a section 501(h) election in ef | ect during the tax y  | ear? If "Yes," complet | e Sch. C, Part II    | 47       |         | Х     |
| to the organization make any transfers to an exempt non-charitable related organization?    48  |                              |   |                                     |                       |                        |                      | 48       |         | Х     |
| b If Yes,"was the related organization a section 527 organization?  10 Complete this table for the organization from from from from from from from from   |                              |   |                                     |                       |                        |                      | 49a      |         | Х     |
| Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received mean \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation from the organization from from from from from from from from   |                              |   |                                     |                       |                        |                      | 49b      |         |       |
| (a) Name and title of each employee prevented to per veek devoted to position  NONE  NONE  (b) Average hours per veek devoted to position  NONE  (c) Resyntation complementation from complementation from the semployee benefits defined and compensation of the semployee benefits and defined compensation.  I Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  | <b>50</b> Complete           | this table for the organization's five highest                            | compensated employees (other th     | an officers, director | s, trustees, and key e | mployees) who ea     | ch rece  | ived r  | nore  |
| f Total number of other employees paid over \$100,000  Complete this table for the organization. If there is none, enter "None." NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A   | than \$100                   | 0,000 of compensation from the organization                               | . If there is none, enter "None."   |                       |                        | _                    |          |         |       |
| ## None   Per Week devoted to position   Per Wek devoted to posi  |                              | (a) Name and title of each employed                                       |                                     |                       | (C) Reportable         |                      | .   (-)  |         |       |
| f Total number of other employees paid over \$100,000   Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."   NONE  (a) Name and business address of each independent contractor   (b) Type of service   (c) Compensation  d Total number of other independent contractors each receiving over \$100,000    D  D  D  D  D  D  D  D  D  D  D  D   |                              |   | per                                 |                       |                        | employee benefit     | 1        |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              | NON   | E                                   | position              |                        |                      | com      | ipens   | ation |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."    None  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  |                              |   |                                     |                       |                        |                      |          |         |       |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes  |                              | don: Il thoro is hone, enter None:  |                                     | (b                    | ) Type of service      | (c) (                | Compen   | ısatio  | 1     |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes  |                              |   |                                     |                       |                        |                      |          |         |       |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes  |                              |   |                                     |                       |                        |                      |          |         |       |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes  |                              |   |                                     |                       |                        |                      |          |         |       |
| completed Schedule A X Yes  |                              | •   |                                     | ust attach a          | >                      | •                    |          |         |       |
|   |                              |   |                                     |                       |                        |                      |          |         | N     |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, i true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.   | -                            |   |                                     |                       |                        | -                    | ge and b | oelief, | it is |
| Signature of officer Date   |                              | Signature of officer  |                                     |                       |                        | Date                 |          |         |       |
| Here ANDREW AYMELOGLU, TRUSTOR  |                              | ANDREW AYMELOGLU, TRUSTOR   |                                     |                       |                        | Daic                 |          |         |       |
| Type or print name and title  |                              | Type or print name and title  |                                     |                       |                        |                      |          |         |       |
| Print/Type preparer's name Preparer's signature Date Check if PTIN  |                              | Print/Type preparer's name  | Preparer's signature                | Date                  |                        | _                    |          |         |       |
| Paid self- employed   |                              | 1 '' '  | i                                   |                       |                        |                      |          |         |       |
|   | <br>Paid                     |   |                                     |                       | self- emplo            | oyed                 |          |         |       |
|   |                              |   |                                     |                       | 1 '                    | ·                    | 7587     |         | _     |
| Firm's address ► 4722 N 24TH ST, STE 300 Phone no. 602-264-6835   | Preparer                     | KRISTEN BASS  |                                     |                       | 18                     | P0124                |          |         |       |
| PHOENIX, AZ 85016   | Paid<br>Preparer<br>Use Only | KRISTEN BASS Firm's name ▶ CBIZ MHM, LLC                                  | STE 300                             |                       | 18 Firm's Ell          | P0124<br>N ► 34-1884 | 1125     |         |       |
| May the IRS discuss this return with the preparer shown above? See instructions   | Preparer                     | KRISTEN BASS Firm's name ▶ CBIZ MHM, LLC Firm's address ▶ 4722 N 24TH ST, |                                     |                       | 18 Firm's Ell          | P0124<br>N ► 34-1884 | 1125     |         |       |

#### 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.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization ALCOR CARE TRUST SUPPORTING ORGANIZATION 32-6428275 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a 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 government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) ALCOR LIFE EXTENSION FOUNDATION 23-7154039 7 Х 0 0.

16161114 143399 177587

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se   | ction A. Public Support                      |                           |                       |                        |                            |   |             |
|------|--|---------------------------|-----------------------|------------------------|----------------------------|---|-------------|
| Cale | ndar year (or fiscal year beginning in)      | (a) 2013                  | <b>(b)</b> 2014       | (c) 2015               | (d) 2016                   | (e) 2017                                | (f) Total   |
| 1    | Gifts, grants, contributions, and            |                           |                       |                        |                            |   |             |
|      | membership fees received. (Do not            |                           |                       |                        |                            |   |             |
|      | include any "unusual grants.")               |                           |                       |                        |                            |   |             |
| 2    | Tax revenues levied for the organ-           |                           |                       |                        |                            |   |             |
|      | ization's benefit and either paid to         |                           |                       |                        |                            |   |             |
|      | or expended on its behalf                    |                           |                       |                        |                            |   |             |
| 3    | The value of services or facilities          |                           |                       |                        |                            |   |             |
| ·    | furnished by a governmental unit to          |                           |                       |                        |                            |   |             |
|      | the organization without charge              |                           |                       |                        |                            |   |             |
| 1    | Total. Add lines 1 through 3                 |                           |                       |                        |                            |   |             |
| 5    | The portion of total contributions           |                           |                       |                        |                            |   |             |
| 3    | 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)          |                           |                       |                        |                            |   |             |
| _    | · · · · · · · · · · · · · · · · · · ·        |                           |                       |                        |                            |   |             |
|      | Public support. Subtract line 5 from line 4. |                           |                       |                        |                            |   |             |
|      | •      | (-) 0040                  | (1-) 004.4            | (-) 0045               | (-1) 0040                  | (-) 0047                                | (0) Takal   |
|      | ndar year (or fiscal year beginning in)      | <b>(a)</b> 2013           | <b>(b)</b> 2014       | (c) 2015               | (d) 2016                   | (e) 2017                                | (f) Total   |
| _    | Amounts from line 4                          |                           |                       |                        |                            |   |             |
| 8    | Gross income from interest,                  |                           |                       |                        |                            |   |             |
|      | dividends, payments received on              |                           |                       |                        |                            |   |             |
|      | securities loans, rents, royalties,          |                           |                       |                        |                            |   |             |
|      | and income from similar sources              |                           |                       |                        |                            |   |             |
| 9    | Net income from unrelated business           |                           |                       |                        |                            |   |             |
|      | activities, whether or not the               |                           |                       |                        |                            |   |             |
|      | business is regularly carried on             |                           |                       |                        |                            |   |             |
| 10   | Other income. Do not include gain            |                           |                       |                        |                            |   |             |
|      | or loss from the sale of capital             |                           |                       |                        |                            |   |             |
|      | assets (Explain in Part VI.)                 |                           |                       |                        |                            |   |             |
| 11   | <b>Total support.</b> Add lines 7 through 10 |                           |                       |                        |                            |   |             |
| 12   | Gross receipts from related activities,      | etc. (see instructi       | ons)                  |                        |                            | 12                                      |             |
| 13   | First five years. If the Form 990 is for     | the organization's        | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio        | n 501(c)(3)                             |             |
|      | organization, check this box and stop        | here                      |                       |                        |                            |   | <b>&gt;</b> |
| Se   | ction C. Computation of Publi                | c Support Pei             | rcentage              |                        |                            |   |             |
| 14   | Public support percentage for 2017 (li       | ne 6, column (f) d        | ivided by line 11, o  | olumn (f))             |                            | 14                                      | %           |
| 15   | Public support percentage from 2016          | Schedule A, Part          | II, line 14           |                        |                            | 15                                      | %           |
| 16a  | 1 33 1/3% support test - 2017. If the c      | organization did no       | ot check the box o    | n line 13, and line    | 14 is 33 1/3% or m         | nore, check this bo                     | x and       |
|      | stop here. The organization qualifies        | as a publicly supp        | orted organization    |                        |                            |   | ▶□          |
| k    | 33 1/3% support test - 2016. If the c        | organization did no       | ot check a box on     | line 13 or 16a, and    | d line 15 is 33 1/3%       | or more, check th                       | is box      |
|      | and stop here. The organization quali        | fies as a publicly        | supported organiz     | ation                  |                            |   |             |
| 17a  | 10% -facts-and-circumstances test            | - <b>2017.</b> If the org | ganization did not    |                        |                            |   |             |
|      | and if the organization meets the "fac-      | ts-and-circumstan         | ces" test, check th   | nis box and stop       | <b>here.</b> Explain in Pa | rt VI how the organ                     | nization    |
|      | meets the "facts-and-circumstances"          | test. The organiza        | tion qualifies as a   | publicly supported     | d organization             |   | <b>&gt;</b> |
| k    | 10% -facts-and-circumstances test            | _                         | •                     |                        | -                          |   |             |
|      | more, and if the organization meets th       | _                         | -                     |                        |                            |   |             |
|      | organization meets the "facts-and-circ       |                           |                       |                        |                            |   |             |
| 18   | Private foundation. If the organizatio       |                           | •                     |                        | ,                          | *************************************** | s           |
|      |  |                           | ,                     | , , , ,                |                            | edule A (Form 990                       |             |

Page 3

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

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

| 16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9   | Sec  | ction A. Public Support                 |          |                 |                   |          |          |           |
|---|------|---|----------|-----------------|-------------------|----------|----------|-----------|
| membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose  3 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose  3 Gross receipts from admissions, merchandise sold or septical on the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts from the services and secrete from other than discussified persons to deal or the services of the secrete from other than discussified persons to the services of the services o  | Cale | ndar year (or fiscal year beginning in) | (a) 2013 | <b>(b)</b> 2014 | (c) 2015          | (d) 2016 | (e) 2017 | (f) Total |
| include any "unusual grants.")  2 Gross receipts from achinissions, merchandles sold or services perany 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 tax-exempt and the part of the organization's tax-exempt and either part 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 Anounts included on lines 1, 2, and 3 received from disqualified persons  b answard included on lines 1, 2, and 3 received from disqualified persons  b answard included on lines 1, 2, and 3 received from disqualified persons as exceed the grade of \$5,000 or 100 file around in the 15 the byser  c Add lines 7a and 7b  9 Anounts from line 6  10a Gross income from interest, dividende, payments received on securities loans, rents, royatties, and income from similar sources on business sandle income from included and included in line 10b, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is regularly carried on 100, whether or not the business is 100, whether  | 1    | Gifts, grants, contributions, and       |          |                 |                   |          |          |           |
| 2. Gross receipts from admissions, merchandis 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 or expended on its behalf that the the organization without change 6. Total. Add lines 1 through 5. Total way governmental unit to the organization without change 6. Total. Add lines 1 through 5. A amounts included on lines 1, 2, and 3 received from disqualified persons but acceived from the third disqualified persons but acceived from disqualified persons but acceived from disqualified persons but acceived from the third disqualified persons but acceived from the from the from the second to the second but acceived from the from the second to the   |      | membership fees received. (Do not       |          |                 |                   |          |          |           |
| 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   |      | include any "unusual grants.")          |          |                 |                   |          |          |           |
| 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 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 10 Area included on lines 1, 2, and 3 received from disqualified persons lines of the second of   | 2    | Gross receipts from admissions,         |          |                 |                   |          |          |           |
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| 6 Total. Add lines 1 through 5  |      | furnished by a governmental unit to     |          |                 |                   |          |          |           |
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| Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total  Amounts from line 6  (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total  Amounts from line 6  (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total  Amounts from line 6  (a) 2016 (e) 2017 (f) Total  (b) 2016 (e) 2017 (f) Total  (c) 2015 (d) 2016 (e) 2017 (f) Total  (e) 2017 (f) Total  (f) Total  (f) Total  (f) Total  (f) Total  (f) Total  (g) 2016 (e) 2017 (f) Total  (g) 2017 (f) Total  (g) 2016 (e) 2017 (f) Total  (g) 2016 (e) 2017 (f) Total  (g) 2017 (f) 2018 (e) 2017 (f) 2018 (e) 2017 (f) Total  (g) 2016 (e) 2017 (f) 2018   | C    | : Add lines 7a and 7b                   |          |                 |                   |          |          |           |
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| securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9  | 10a  |   |          |                 |                   |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  19 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  19 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  |      | securities loans, rents, royalties,     |          |                 |                   |          |          |           |
| (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9   |      | and income from similar sources         |          |                 |                   |          |          |           |
| acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  19 Public support percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  | b    |   |          |                 |                   |          |          |           |
| c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9  |      | ,                                       |          |                 |                   |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9   |      |   |          |                 |                   |          |          | _         |
| activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9   |      |   |          |                 |                   |          |          | _         |
| whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9  | 11   |   |          |                 |                   |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9   |      | whether or not the business is          |          |                 |                   |          |          |           |
| or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9  | 40   |   |          |                 |                   |          |          |           |
| assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9   | 12   |   |          |                 |                   |          |          |           |
| 14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9  |      | assets (Explain in Part VI.)            |          |                 |                   |          |          |           |
| Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9  |      | • |          |                 |                   |          |          |           |
| Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9  | 14   | •                                       | · ·      |                 |                   | •        |          |           |
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9   | 800  |   |          |                 |                   |          |          | <b></b>   |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15     16       Section D. Computation of Investment Income Percentage       17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))     17  |      |   |          |                 | al (f)\           |          | 45       | 0/        |
| Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)   |      |   |          |                 |                   |          |          | <u>%</u>  |
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 9   |      |   |          |                 |                   |          | 16       | <u>%</u>  |
|   |      | •                                       |          |                 | 20 12 column (fl) |          | 47       | 04        |
| 49 Investment income percentage from 9046 Cabadula A. Dart III. line 17   |      |   |          |                 |                   |          | 18       | <u>%</u>  |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17   |      |   |          |                 |                   |          |          | 7 is not  |
|   | ıya  |   |          |                 |                   |          |          |           |
| more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization   | l-   |   |          |                 |                   |          |          |           |
| b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   | ū    |   |          |                 |                   |          |          |           |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions   | 20   |   |          |                 |                   |          |          |           |

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### 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 A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- c 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.
- 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 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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 Part VI.
- 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 Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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.)

|      | .,    |       |
|------|-------|-------|
|      | Yes   | No    |
|      |       |       |
| 1    | Х     |       |
| -    |       |       |
|      |       |       |
| 2    |       | Х     |
|      |       |       |
| 3a   |       | Х     |
|      |       |       |
| OI:  |       |       |
| 3b   |       |       |
| 3с   |       |       |
| - 55 |       |       |
| 4a   |       | х     |
|      |       |       |
|      |       |       |
| 4b   |       |       |
|      |       |       |
|      |       |       |
| 4-   |       |       |
| 4c   |       |       |
|      |       |       |
|      |       |       |
|      |       |       |
| 5a   |       | Х     |
|      |       |       |
| 5b   |       |       |
| 5c   |       |       |
|      |       |       |
|      |       |       |
|      |       |       |
| 6    |       | Х     |
| _    |       |       |
|      |       |       |
| 7    |       | Х     |
|      |       |       |
| 8    |       | Х     |
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| 9b   |       | Х     |
| 3.2  |       |       |
| 9с   |       | х     |
|      |       |       |
|      |       |       |
| 10a  |       | Х     |
|      |       |       |
| 10b  | n-F7) | 00.17 |

| Pa  | rt IV   Supporting Organizations <sub>(continued)</sub>  |           |     |    |
|-----|--|-----------|-----|----|
|     |  |           | Yes | No |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |           |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                     |           |     |    |
|     | below, the governing body of a supported organization?   | 11a       |     | Х  |
| b   | A family member of a person described in (a) above?  | 11b       |     | Х  |
| c   | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.            | 11c       |     | Х  |
| Sec | tion B. Type I Supporting Organizations  |           |     |    |
|     |  |           | 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.                           | 1         |     |    |
| 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         |     |    |
| Sec | tion C. Type II Supporting Organizations   |           |     |    |
|     |  |           | Yes | No |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                 |           |     |    |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                    |           |     |    |
|     | or management of the supporting organization was vested in the same persons that controlled or managed                           |           |     |    |
|     | the supported organization(s).   | 1         | Х   |    |
| Sec | tion D. All Type III Supporting Organizations  |           |     |    |
|     |  |           | Yes | No |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                   |           |     |    |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax            |           |     |    |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the           |           |     |    |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?                 | 1         |     |    |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                 |           |     |    |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how               |           |     |    |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).                      | 2         |     |    |
| 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 Part VI the role the organization's                     |           |     |    |
|     | supported organizations played in this regard.   | 3         |     |    |
| Sec | tion 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 instructions) | ·-        |     |    |
| а   | The organization satisfied the Activities Test. Complete line 2 below.   |           |     |    |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                    |           |     |    |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst            | ructions) | )   |    |
| 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   | Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                      |           |     |    |
|     | trustees of each of the supported organizations? Provide details in Part VI.   | 3a        |     |    |
| 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 Part VI the role played by the organization in this regard.                | 3b        |     |    |

| Pa  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | g Orga    | nizations                    |                                |  |
|---|---|-----------|------------------------------|--------------------------------|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See inst |   |           |                              |                                |  |
|   | other Type III non-functionally integrated supporting organizations must co     | mplete S  | ections A through E.         |                                |  |
| Sect  | ion A - Adjusted Net Income   |           | (A) Prior Year               | (B) Current Year<br>(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         |                              |                                |  |
| Sect  | ion B - Minimum Asset Amount  |           | (A) Prior Year               | (B) Current Year<br>(optional) |  |
| 1   | Aggregate fair market value of all non-exempt-use assets (see                   |           |                              |                                |  |
|   | instructions for short tax year or assets held for part of year):               |           |                              |                                |  |
| 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        |                              |                                |  |
| е   | Discount claimed for blockage or other  |           |                              |                                |  |
|   | factors (explain in detail in Part VI):   |           |                              |                                |  |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets                    | 2         |                              |                                |  |
| _3  | Subtract line 2 from line 1d  | 3         |                              |                                |  |
| 4   | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    |           |                              |                                |  |
|   | see instructions)   | 4         |                              |                                |  |
| _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         |                              |                                |  |
| Sect  | ion C - Distributable Amount  |           |                              | Current Year                   |  |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1         |                              |                                |  |
| 2   | Enter 85% of line 1   | 2         |                              |                                |  |
| 3   | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3         |                              |                                |  |
| 4   | Enter greater of line 2 or line 3   | 4         |                              |                                |  |
| 5   | Income tax imposed in prior year  | 5         |                              |                                |  |
| 6   | Distributable Amount. Subtract line 5 from line 4, unless subject to            |           |                              |                                |  |
|   | emergency temporary reduction (see instructions)                                | 6         |                              |                                |  |
| 7   | Check here if the current year is the organization's first as a non-functionall | y integra | ted Type III supporting orga | inization (see                 |  |
|   | instructions)   |           |                              | •                              |  |

Schedule A (Form 990 or 990-EZ) 2017

| Par   | tV      | Type III Non-Functionally Integrated 509(                      | a)(3) Supporting Orga         | nizations (continued)          |                                  |
|-------|---------|--|-------------------------------|--------------------------------|----------------------------------|
| Secti | on D -  | Distributions  |                               | ,                              | Current Year                     |
| 1     | Amou    | ints paid to supported organizations to accomplish exer        | mpt purposes                  |                                |                                  |
| 2     | Amou    | ints paid to perform activity that directly furthers exemp     | t purposes of supported       |                                |                                  |
|       | organ   | izations, in excess of income from activity                    |                               |                                |                                  |
| 3     | Admir   | nistrative expenses paid to accomplish exempt purpose          | s of supported organizations  | <br>S                          |                                  |
| 4     | Amou    | ints paid to acquire exempt-use assets                         |                               |                                |                                  |
| 5     |         | fied set-aside amounts (prior IRS approval required)           |                               |                                |                                  |
| 6     |         | distributions (describe in <b>Part VI</b> ). See instructions. |                               |                                |                                  |
| 7     |         | annual distributions. Add lines 1 through 6.                   |                               |                                |                                  |
| 8     |         | butions to attentive supported organizations to which th       | ne organization is responsive |                                |                                  |
| _     |         | de details in <b>Part VI</b> ). See instructions.              |                               |                                |                                  |
| 9     |         | butable amount for 2017 from Section C, line 6                 |                               |                                |                                  |
| 10    |         | 3 amount divided by line 9 amount                              |                               |                                |                                  |
|       | Lino    | s amount arriage by line o amount                              | (i)                           | (ii)                           | (iii)                            |
| Secti | on E -  | Distribution Allocations (see instructions)                    | Excess Distributions          | Underdistributions<br>Pre-2017 | Distributable<br>Amount for 2017 |
| 1     | Distrib | butable amount for 2017 from Section C, line 6                 |                               |                                |                                  |
| 2     | Unde    | rdistributions, if any, for years prior to 2017 (reason-       |                               |                                |                                  |
|       | able c  | cause required- explain in Part VI). See instructions.         |                               |                                |                                  |
| 3     | Exces   | ss distributions carryover, if any, to 2017                    |                               |                                |                                  |
| а     |         |  |                               |                                |                                  |
| b     | From    | 2013   |                               |                                |                                  |
| С     | From    | 2014   |                               |                                |                                  |
| d     | From    | 2015   |                               |                                |                                  |
| е     | From    | 2016   |                               |                                |                                  |
| f     | Total   | of lines 3a through e  |                               |                                |                                  |
| g     | Applie  | ed to underdistributions of prior years                        |                               |                                |                                  |
|       |         | ed to 2017 distributable amount                                |                               |                                |                                  |
| i     |         | over from 2012 not applied (see instructions)                  |                               |                                |                                  |
| i     |         | uinder. Subtract lines 3g, 3h, and 3i from 3f.                 |                               |                                |                                  |
| 4     |         | butions for 2017 from Section D,                               |                               |                                |                                  |
|       | line 7: |  |                               |                                |                                  |
| а     |         | ed to underdistributions of prior years                        |                               |                                |                                  |
|       |         | ed to 2017 distributable amount                                |                               |                                |                                  |
|       |         | ainder. Subtract lines 4a and 4b from 4.                       |                               |                                |                                  |
| 5     |         | nining underdistributions for years prior to 2017, if          |                               |                                |                                  |
| -     |         | Subtract lines 3g and 4a from line 2. For result greater       |                               |                                |                                  |
|       |         | zero, explain in <b>Part VI.</b> See instructions.             |                               |                                |                                  |
| 6     |         | nining underdistributions for 2017. Subtract lines 3h          |                               |                                |                                  |
| •     |         | b from line 1. For result greater than zero, explain in        |                               |                                |                                  |
|       |         | VI. See instructions.  |                               |                                |                                  |
| 7     |         | ss distributions carryover to 2018. Add lines 3j               |                               |                                |                                  |
| '     | and 4   |  |                               |                                |                                  |
| 8     |         | down of line 7:  |                               |                                |                                  |
|       |         | ss from 2013   |                               |                                |                                  |
|       |         |  |                               |                                |                                  |
|       |         | ss from 2014   |                               |                                |                                  |
|       |         | es from 2015   |                               |                                |                                  |
|       |         | ss from 2016   |                               |                                |                                  |
| е     | -xces   | ss from 2017   |                               |                                |                                  |

Schedule A (Form 990 or 990-EZ) 2017

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

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

| ALCOR CARE TRUST SUPPORTING ORGANIZATION                               | 32-6428275 |
|--|------------|
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT ALCOR LIFE     |            |
| EXTENSION FOUNDATION.  |            |
|  |            |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:       |            |
| RETAIN AND DIRECT PROFESSIONAL INVESTMENT MANAGERS TO                  |            |
| IMPLEMENT INVESTMENT STRATEGIES ESTABLISHED BY THE                     |            |
| SUPPORTING ORGANIZATION.   |            |
| SOLICIT THE SUPPORTED ORGANIZATION'S MEMBERS AND OTHERS FOR            |            |
| CONTRIBUTIONS TO THE ALCOR CARE TRUST AND PERFORMING OTHER FUNDRAISING |            |
| FUNCTIONS.   |            |
| DISBURSE ALCOR CARE TRUST FUND ASSETS TO THE SUPPORTED ORGANIZATION.   |            |
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 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule O (Form 990 or 990-EZ) (2017)

#### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |   |             |                                      | Enter filer's identifying number        |                      |            |  |
|--|---|-------------|--------------------------------------|---|----------------------|------------|--|
| Type or  | Name of exempt organization or other filer, see instructions.   |             |                                      | Employer identification number (EIN) or |                      |            |  |
| print  | ALCOR CARE TRUST SUPPORTING ORGANIZATION  |             |                                      | 32-6428275                              |                      |            |  |
| File by the<br>due date for<br>filing your<br>return. See<br>instructions.                     |   |             |                                      | Social security number (SSN)            |                      |            |  |
|  | City, town or post office, state, and ZIP code. For a for SCOTTSDALE, AZ 85260                          | oreign addı | ress, see instructions.              |   |                      |            |  |
| Enter the  | Return Code for the return that this application is for (file   | e a separat | e application for each return)       |   |                      | 0 1        |  |
| Application  |   |             | Application                          |   |                      | Return     |  |
| ls For   |   | Code        | Is For                               |   |                      | Code       |  |
| Form 990 or Form 990-EZ  |   | 01          | Form 990-T (corporation)             |   |                      | 07         |  |
| Form 990-BL  |   | 02          | Form 1041-A                          |   |                      | 08         |  |
| Form 4720 (individual)   |   | 03          | Form 4720 (other than individual)    |   |                      | 09         |  |
| Form 990-PF  |   | 04          | Form 5227                            |   |                      | 10         |  |
| Form 990-T (sec. 401(a) or 408(a) trust)   |   | 05          | Form 6069                            | 9                                       |                      |            |  |
| Form 990-T (trust other than above)  |   | 06          | Form 8870                            | Form 8870                               |                      |            |  |
|  | BONNIE MAGEE  |             |                                      |   |                      |            |  |
|  | ooks are in the care of $\blacktriangleright$ 7895 E ACOMA DR STE 13                                    | 10 - SCO    | TTSDALE, AZ 85260-6916               |   |                      |            |  |
|  | hone No.   480-905-1906   |             | Fax No.                              |   |                      |            |  |
|  | organization does not have an office or place of business   |             |                                      |   |                      | <b>-</b>   |  |
| <ul><li>If this</li></ul>  | is for a Group Return, enter the organization's four digit (  | Group Exe   | mption Number (GEN) I                | f this is fo                            | r the whole group,   | check this |  |
| box 🕨  | . If it is for part of the group, check this box  |             | ch a list with the names and EINs of | all membe                               | ers the extension is | for.       |  |
| 1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018 , to file the exemp |   |             |                                      |   | npt organization ret | urn        |  |
| for the organization named above. The extension is for the organization's return for:          |   |             |                                      |   |                      |            |  |
|  |   |             |                                      |   |                      |            |  |
| <b>&gt;</b>  | ▶ X calendar year 2017 or   |             |                                      |   |                      |            |  |
| <b>&gt;</b>  | tax year beginning, and ending  |             |                                      |   |                      |            |  |
| 2 If t   | If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return |             |                                      |   |                      |            |  |
|  | Change in accounting period   |             |                                      |   | T                    |            |  |
| 3a Ift   | his application is for Forms 990-BL, 990-PF, 990-T, 4720,   | or 6069, e  | enter the tentative tax, less any    |   |                      |            |  |
| no   | nrefundable credits. See instructions.  |             |                                      | 3a                                      | \$                   | 0.         |  |
| <b>b</b> If t  | his application is for Forms 990-PF, 990-T, 4720, or 6069   | , enter any | refundable credits and               |   |                      |            |  |
| est  | timated tax payments made. Include any prior year overp   | ayment all  | owed as a credit.                    | 3b                                      | \$                   | 0.         |  |
| с Ва   | lance due. Subtract line 3b from line 3a. Include your pa   | yment with  | n this form, if required,            |   |                      |            |  |
| by   | using EFTPS (Electronic Federal Tax Payment System). S  | See instruc | ctions.                              | 3c                                      | \$                   | 0.         |  |
| Caution  | If you are going to make an electronic funds withdrawal   | (direct det | oit) with this Form 8868 see Form 8/ | 153.EO an                               | d Form 8870-FO fo    | r navment  |  |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

.HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE CENTER

OGDEN, UT 84201-0045