## Form 8879-EO

# THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS e-file Signature Authorization for an Exempt Organization

| • |   | •                  |     |    |          |
|---|---|--------------------|-----|----|----------|
| , | 1 | , 2016, and ending | JUN | 30 | , 20 1 ' |

For calendar year 2016, or fiscal year beginning JUL

7

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo Employer identification number

### OREGON SYMPHONY FOUNDATION

93-1225609

Name and title of officer

JACK G. WILBORN

CHAIRMAN

| Part I | Type of Return and Return Information | (Whole Dollars Only |
|--------|---------------------------------------|---------------------|
|--------|---------------------------------------|---------------------|

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| 1a | Form 990 check here <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12) | 1b |      |
|----|---|----|------|
| 2a | Form 990-EZ check here <b>X b Total revenue,</b> if any (Form 990-EZ, line 9)                 | 2b | 520. |
| За | Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)                          | 3b |      |
| 4a | Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b |      |
| 5a | Form 8868 check here <b>b Balance Due</b> (Form 8868, line 3c)                                | 5b |      |
|    |   |    |      |

#### **Declaration and Signature Authorization of Officer** Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

|  | I authorize | MCDONALD | JACOBS, | P.C. |  |
|--|-------------|----------|---------|------|--|
|--|-------------|----------|---------|------|--|

to enter my PIN

25609

ERO firm name

Enter five numbers, but

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93139413131

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► MCDONALD JACOBS, P.C.

Date = 04/12/18

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

# Form **990-EZ**

### EXTENDED TO MAY 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)

**2016** 

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. 2016 JUN 30,  $2\overline{017}$ For the 2016 calendar year, or tax year beginning JUL 1, and ending Check if applicable: В C Name of organization D Employer identification number Address change OREGON SYMPHONY FOUNDATION 93-1225609 Name change E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return 503-228-4294 921 SW WASHINGTON 200 terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return PORTLAND, OR 97205 Number > Application pending Cash X Accrual Accounting Method: Other (specify) **H** Check  $\triangleright X$  if the organization is Website: ► WWW.ORSYMPHONY.ORG not required to attach Schedule B Tax-exempt status (check only one) - X 501(c)(3) - 501(c) ( )**⋖**(insert no.) 4947(a)(1) or [ (Form 990, 990-EZ, or 990-PF). Form of organization: Corporation Trust **X** Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 520. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I X Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b **c** Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less; cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с Other revenue (describe in Schedule 0) SEE SCHEDULE O 520. 8 8 520. **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 12 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 520. 16 Other expenses (describe in Schedule 0) 16 520. 17 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

| Pa   | art II      | Balance Sheets (see the instructions for Part II)                                      |                                       |                              |           |                              |                               |
|------|-------------|--|---------------------------------------|------------------------------|-----------|------------------------------|-------------------------------|
|      |             | Check if the organization used Schedule O to resp                                      | ond to any quest                      | ion in this Part II          |           |                              |                               |
|      |             |  |                                       | (A) Beginning of year        |           | ( <b>B</b> ) E               | nd of year                    |
| 22   | Cash,       | savings, and investments   |                                       |                              | 22        |                              |                               |
| 23   |             | and buildings  |                                       |                              | 23        |                              |                               |
| 24   |             | assets (describe in Schedule 0)  |                                       |                              | 24        |                              |                               |
| 25   |             | assets   |                                       | 0.                           | 25        |                              | 0.                            |
| 26   | Total       | liabilities (describe in Schedule 0)   |                                       | 0.                           | 26        |                              | 0.                            |
| 27   |             | ssets or fund balances (line 27 of column (B) must agree with line 21)                 |                                       | 0.                           | 27        |                              | 0.                            |
| Pa   | art III     | Statement of Program Service Accomplishmen   | <b>ts</b> (see the instru             | ictions for Part III)        |           |                              | penses                        |
|      |             | Check if the organization used Schedule O to resp                                      | ond to any quest                      | ion in this Part III         | X         |                              | for section and 501(c)(4)     |
| Wha  | at is the o | organization's primary exempt purpose? SEE SCHEDULE O                                  |                                       |                              |           |                              | ons; optional for             |
| Desc | ribe the or | rganization's program service accomplishments for each of its three largest program se | ervices, as measured by exper         | nses. In a clear and concise |           | others.)                     |                               |
| man  | ner, descri | be the services provided, the number of persons benefited, and other relevant informat | ion for each program title.           |                              |           |                              |                               |
| 28   | SEE         | SCHEDULE O   |                                       |                              |           |                              |                               |
|      |             |  |                                       |                              |           |                              |                               |
|      |             |  |                                       |                              |           |                              |                               |
|      | (Grants     | ) If this amount includes foreign g  | rants, check here                     | <b>&gt;</b>                  |           | 28a                          | 520.                          |
| 29   |             |  |                                       |                              |           |                              |                               |
|      |             |  |                                       |                              |           |                              |                               |
|      |             |  |                                       |                              |           |                              |                               |
|      | (Grants     | ) If this amount includes foreign g  | rants, check here                     | <b>&gt;</b>                  | Ш         | 29a                          |                               |
| 30   |             |  |                                       |                              |           |                              |                               |
|      |             |  |                                       |                              |           |                              |                               |
|      |             |  |                                       |                              |           |                              |                               |
|      | (Grants     | ) If this amount includes foreign g  | rants, check here                     | <b>&gt;</b>                  |           | 30a                          |                               |
| 31   |             |  |                                       |                              |           |                              |                               |
|      | (Grants     |  | rants, check here                     | <b>&gt;</b>                  | Ш         | 31a                          |                               |
| 32   | Total p     | program service expenses (add lines 28a through 31a)                                   | mnlovooo                              |                              | . 🕨       | 32                           | 520.                          |
| P    | art IV      | List of Officers, Directors, Trustees, and Key Er                                      |                                       |                              | ee the ir | nstructions for              | r Part IV)                    |
| _    |             | Check if the organization used Schedule O to resp                                      | 1                                     |                              |           |                              |                               |
|      |             |  | (b) Average hours per week devoted to | (0)                          | ` ćontri  | alth benefits,<br>butions to | (e) Estimated amount of other |
|      |             | (a) Name and title   | position                              | I W-2/1099-MISC)             | plans, a  | yee benefit<br>and deferred  | compensation                  |
|      | OTZ C       | N WILL DODN  | '                                     | (ii not paid, onto: o )      | com       | pensation                    | ,                             |
|      | CK C        | G. WILBORN   | 1 00                                  |                              |           | 0                            |                               |
| _    |             | DD TNIZUZ DD   | 1.00                                  | 0.                           |           | 0.                           | 0.                            |
|      |             | DRINKWARD  | 1 00                                  |                              |           | ^                            |                               |
|      | USTE        | ENCE MILLER  | 1.00                                  | 0.                           |           | 0.                           | 0.                            |
|      | USTE        |  | 1.00                                  | 0.                           |           | 0.                           | 0.                            |
| _    |             | D POLLIN   | 1.00                                  | 0.                           |           | 0.                           | ٠.                            |
|      | USTE        |  | 1.00                                  | 0.                           |           | 0.                           | 0.                            |
| _    |             | SPENCER  | 1.00                                  | 0.                           |           | <u> </u>                     | 0.                            |
|      | CRET        |  | 1.00                                  | 0.                           |           | 0.                           | 0.                            |
| _    |             | E STEVENS  | 1.00                                  | 0.                           |           | 0.                           | 0.                            |
|      | USTE        |  | 1.00                                  | 0.                           |           | 0.                           | 0.                            |
| _    |             | SHOWALTER  | 1.00                                  | •                            |           |                              |                               |
|      |             | FICIO  | 1.00                                  | 0.                           |           | 0.                           | 0.                            |
|      | . 011       | 1010   | 1.00                                  | •                            |           |                              |                               |
| _    |             |  | 1                                     |                              |           |                              |                               |
| _    |             |  |                                       |                              |           |                              |                               |
|      |             |  | †                                     |                              |           |                              |                               |
|      |             |  |                                       |                              |           |                              |                               |
|      |             |  | †                                     |                              |           |                              |                               |
| _    |             |  |                                       |                              |           |                              |                               |
|      |             |  | 1                                     |                              |           |                              |                               |
| _    |             |  |                                       |                              |           |                              |                               |
|      |             |  |                                       |                              |           |                              |                               |

Form **990-EZ** (2016)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

| 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   |      | instructions for Part V) Check if the organization used Sch. O to respond to any question in this   | Part \ |                      | X      |
|--|------|---|--------|----------------------|--------|
| activity in Schedulate 0  All Ware any significant changes made to the organization or governing documents? If "Yes," attach a contrormed copy of the amended documents if they reflects change to the organization from the control of the complex o                |      |   |        | Yes                  | No     |
| 44   | 33   | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each  |        |                      |        |
| so Just the organization have unrelated business gross income of \$1,000 or more during the year from business activities (auch as those reported on lines 2, 6a, and 7a, among others)?  5 Just 1 (**Yes** to line 35a, hus the organization field a Form \$90-17 for the year? If Yes, "provide an explanation in Schedule 0 was the organization a section 50(6)(4), 501(6)(5), or 501(6)(6), or 501(6)(6) organization scientification anderion 50(6)(4), 501(6)(5), or 501(6)(6) organization 50(6)(6) organization 50(6)(6)(6) organization 50(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(   |      | activity in Schedule 0  | 33     |                      | Х      |
| 35a Dit the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2.6 & and 70, among others)?  b if Yes's to line \$3.6 has the organization filed a Form 990-T for the year? If Yes, "provide an explaration in Schedule 0  c Was the organization as action \$01(5(4), \$010(5(5), or \$01(5(6)) organization subject to section \$03(3) online, reporting, and proxy tax requirements unjuring the year? If Yes," complete Sendelue (P, part III and the organization adopted to part of the organization action part of political expenditures, direct or indirect, as described in the instructions  71 a first amount of political expenditures, direct or indirect, as described in the instructions  72 a first amount of political expenditures, direct or indirect, as described in the instructions  73 b bit the organization in Form 1190-DL for this year.  74 b bit the organization in Form 1190-DL for this year.  75 b bit the organization in Form 1190-DL for this year.  76 b organization of the organization of the complete Schedule (P, part III and enter the total amount involved  77 b bit of the organization standard on line 9 bit organizations. Bit the organization of the standard organization of the standard organization in section \$40(5)(3), \$01(6)(4), \$010(6)(2) organizations. Bit the organization during the year under:  section \$01(6)(3), \$01(6)(4), \$010(6)(2) organizations. Bit the organization in a prior year that has not been reported on any of the prior Forms 990 or 990-EZP if Yes, complete Schedule I, Part I  40 b the organization manager or disqualitied persons during the year under sections \$40(2, 40)(5)(3), \$01(6)(4), \$01(6)(2)(3) organizations. Enter amount of tax innection of the instruction of the part | 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended                  |        |                      |        |
| con lines 2, 6a, and 7a, among others)?  b If Yes' to line 35a, best the organization field a form 990-T for the year? If Yio; provide an explanation in Schedule 0  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III  35b   |      | 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' to line 35s, has the organization filed a form 990-T for the year? If Yos, provide an explanation in Schedule 0 or Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete spicialised by the organization in the year? If Yes, complete application, discoultant, remination, or significant disposation of net assets during the year? If Yes, complete application for indirect, as described in the instructions  | 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported |        |                      |        |
| b if Yes' to line 35s, has the organization filed 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), 5010(c)(6) or 5010(c)(6) section 5010(c)(8) enoting the year? If Yes, 'complete applicable parts of Schedule O, Part III  36   |      | on lines 2, 6a, and 7a, among others)?  | 35a    |                      | Х      |
| requirements during the year? If Yes; complete Schodule C, Part III  8   | 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 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37a  | C    |   |        |                      |        |
| as a policable parts of Schedule N  The arter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization file Form 1120-POL for this year?  She bill the organization file Form 1120-POL for this year?  She bill the organization file Form 1120-POL for this year?  She bill the organization file Form 1120-POL for this year?  She bill the organization file Form 1120-POL for this year?  She bill the organization file Form 1120-POL for this year?  She bill the organization managers or the she bill the she was an every such leans made in a prior year and still outstanding at the end of the at year covered by this return?  She bill the organization file Form 1120-POL form 1120-PO                |      | requirements during the year? If "Yes," complete Schedule C, Part III   | 35c    |                      | Х      |
| The Enter amount of political expenditures, direct or indirect, as described in the instructions      Note                | 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"     |        |                      |        |
| b Did the organization file Form 1120-POL for this year?  8a Did the organization prorew from, or make any loans to, any officer, director, furstee, or key employee or were any such loans made in a prior year and sall outstanding at the end of the tax year covered by this return?  8b If 'res', complete Schedule L, Part II and enter the total amount involved  8celton 501 (c)(3) organizations. Enter:  1 initiation fees and capital contributions included on line 9  8celton 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  2 section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4958 ★ 0.  8 Section 501 (c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization of tax imposed on organization 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-E2? If 'Yes', complete Schedule L, Part I  40b X  8 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  0 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reinbursed by the organization  2 All organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Res', complete from 896-F  40c Extended Transaction? If 'Res', complete from 896-F  41 List the states with which a copy of this return is filed ▶ OR  41 List the states with which a copy of this return is filed ▶ OR  42 a The organization is books are in care of ▶ JANET PLUMMER  1 Located at ▶ 92.1 SW WASHINGTON, SULTE 200, PORTLAND, OR  2 IP+4 ▶ 972.05  4 Any time during the calendar year, did the organization maintain an office outside the United States?  4 If 'Yes,' enter the name of the foreign country: ▶  4 Section 4947(3) (1) nonexempt charitable trusts thing Form 990-EZ in lieu of Form 1041- Check here  4 Any time during the calendar ye                |      |   |        |                      | X      |
| 38a bit 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?  b (16/17) 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  38a N/A  38b N/A  38b N/A  38c N/A  38b N/A  38b N/A  38c N/A  38                |      |   |        |                      |        |
| in a prior year and still outstanding at the end of the tax year covered by this return?  If Yes, complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  Boross receipts, included on line 9  Boross receipts and still year under sections 4910 or year under on organization 495 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  Cosection 4910 (1/3), 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 .  Cosection 4959                | b    | Did the organization file Form 1120-POL for this year?  | 37b    |                      | X      |
| b If "vss," complete Schedule I., Part II and enter the total amount involved  3 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  5 Gross receipts, included on line 9, for public use of club facilities  39a N/A  39b N/A  39b N/A  39b N/A  39b N/A  39c N/A  39c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under:  section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction managers or disqualified persons during the year under:  section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4956 excess benefit transaction during the year with a cesses benefit transaction managers or disqualified persons during the year under sections 4912 4955, and 4958  40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955, and 4958  40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. As any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8888-T  41c List the states with which a copy of this return is filed ▶ OR  42a The organization's books are in care of ▶ JANET PLUMMER  Located at ▶ 921 SW WASHINGTON, SUITE 200, PORTLAND, OR  31P + 4 ▶ 972.05  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; ▶  32e the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial  42e X  42e X  42e X  44e X  45e No  44e X  47es to line 44c, has the organization maintain any dione account, or other financial  45e Did the org                | 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made           |        |                      |        |
| 38 Section 501(c)(7) organizations. Enter a initiation test and capital contributions included on line 9 b Gross receipts, included on line 9 for public use of club facilities 38b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 . c. section 4915 ▶ 0 . 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 1sp into Froms 990 or 990-627 lf 1 1 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  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 8866-T  all tist the states with which a copy of this return is filed ▶ OR  11 List the states with which a copy of this return is filed ▶ OR  12 The organization's books are incore of ▶ JANETP PLUMMER  12 The organization's books are incore of ▶ JANETP PLUMMER  13 The organization's books are incore of ▶ JANETP PLUMMER  14 The organization benefit or incore of ▶ JANETP PLUMMER  15 The organization shocks are incore of ▶ JANETP PLUMMER  16 The organization shocks are incore of ▶ JANETP PLUMMER  17 The organization shocks are incore of ▶ JANETP PLUMMER  18 The organization shocks are incore of ▶ JANETP PLUMMER  19 The organization shocks are incore of ▶ JANETP PLUMMER  20 The organization shocks are incore of ▶ JANETP PLUMMER  31 The organization shocks are incore of ▶ JANETP PLUMMER  32 The organization shocks are incore of ▶ JANETP PLUMMER  33 The organization shocks are incore of ▶ JANETP PLUMMER  44 T                |      |   | 38a    |                      | X      |
| a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) soft(c)(4), and 501(c)(29) organizations. Did the organization during the year under:  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? I ryes, complete Schedule L, Part I  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.  All organizations are disqualified persons during the year under sections 4912, 4955, and 4958  O.  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If ryes, complete Form 8886-T  List the states with which a copy of this return is filled ▶ OR  Telephone no. ▶ 503-416-631.9  Located at ▶ 921 SW WASHINGTON, SUITE 200, PORTLAND, OR  ZIP+4 ▶ 97205  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 (FBAR).  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: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  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: ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar ye                | b    | If "Yes," complete Schedule L, Part II and enter the total amount involved N/A  | _      |                      |        |
| b Gross receipts, included on line 9, for public use of club facilities  39b N/A  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4915 ▶ 0.  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶ 0.  c 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, of did tengage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 902-EZ1 ff 19s., complete Schedule L, Part I  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and 501(c)(29) organizations. Enter amount of tax imposed on organizations of 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. Alary 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 ▶ OR  2 Telephone no. ▶ 503 − 416 − 6319  1 Located at ▶ 921 SW WASHINGTON, SUITE 200, PORTLAND, OR  2 IP +4 ▶ 97205  b At any time during the calendar year, did the organization have an interest in or a signature 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).  2 At any time during the calendar year, did the organization maintain an office outside the United States?  4 Yes No  4 2b X  4 Yes No  4 1 List 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  b Id the organization neceive any payments for indoor tanning services duri                |      |   |        |                      |        |
| Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 ▶ 0.  It is prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  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  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  Polytogranization and the states with which a copy of this return is filled ▶ OR  It list the states with which a copy of this return is filled ▶ OR  Telephone no. ▶ 503 - 416 - 6319  ZIP + 4 ▶ 97205  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 of exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  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: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  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: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did                |      |   |        |                      |        |
| section 4911   |      | ,   | 4      |                      |        |
| 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-EZ7 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 by the organization and the description of the part transaction? If Yes, complete Form 8886-T  1. List the states with which a copy of this return is filled ▶ OR  1. Telephone no. ▶ 50.3 - 4.16 - 6.31.9  1. Located at ▶ 92.1 SW WASHINGTON, SUITE 20.0, PORTLAND, OR  2. Telephone no. ▶ 50.3 - 4.16 - 6.31.9  1. Cocated at ▶ 92.1 SW WASHINGTON, SUITE 20.0, PORTLAND, OR  2. Telephone no. ▶ 50.3 - 4.16 - 6.31.9  1. Organization 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).  42c  X  1 If Yes, enter the name of the foreign country: ▶  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42c  X  42c  X  42c  X  42c  X  44d  X  44d  X  45  Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ (see instruction for exception 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 Did the organization have a controlled en                | 40 a |   |        |                      |        |
| transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  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 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  1 List the states with which a copy of this return is filed  2 A The organization's books are in care of  3 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:  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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ   44b   |      |   |        |                      |        |
| 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 organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T  List the states with which a copy of this return is filed   | b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit                    |        |                      |        |
| 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   |      |   |        |                      |        |
| organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |      | of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | 40b    |                      | X      |
| 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 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    OR  1 List the states with which a copy of this return is filed    OR  1 Elephone no.    503-416-6319  Located at    921 SW WASHINGTON, SUITE 200, PORTLAND, OR  2 IP +4    97205  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); 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  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X  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 Jikh Capanization have 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)?    45d Did the organization seceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?                  | C    |   |        |                      |        |
| 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    Telephone no.    Telephone no.    SOJ 3-416-6319  Located at    921 SW WASHINGTON, SUITE 200, PORTLAND, OR  Located at    921 SW WASHINGTON, SUITE 200, PORTLAND, OR  Located at    921 SW WASHINGTON, SUITE 200, PORTLAND, OR  Located at    922 SW WASHINGTON, SUITE 200, PORTLAND, OR  Located at    932 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:    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   44a N/A  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?  44b X  C Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b Did 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   |      | , , ,   |        |                      |        |
| 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  | d    |   |        |                      |        |
| transaction? If "Yes," complete Form 8886-T  41 List the states with which a copy of this return is filed ▶ OR  42a The organization's books are in care of ▶ JANIET PLUMMER Located at ▶ 921 SW WASHINGTON, SUITE 200, PORTLAND, OR  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44b X  55b Did the organization have a controlled entity within the meaning of section 512(b)(13)?  56c Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Form 990-EZ (see instructions)  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)? Form 990-EZ (see instructions)  |      | ,   |        |                      |        |
| List the states with which a copy of this return is filled ▶ OR    Telephone   Part                  | е    |   |        |                      |        |
| 42a The organization's books are in care of ▶ JANET PLUMMER Located at ▶ 921 SW WASHINGTON, SUITE 200, PORTLAND, OR  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country:  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: ▶  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  43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b X  b Did the organization receive any payments for indoor tanning services during the year?  44c X  44d X  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)?  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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990                |      |   | 40e    |                      | X      |
| Located at ▶ 921 SW WASHINGTON, SUITE 200, PORTLAND, OR  ZIP + 4 ▶ 97205  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial  account)?  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?  42c X  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  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 Hyes to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d X  b 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)  45a X  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)  |      |   |        | 24.0                 |        |
| 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 accounts)?  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).  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).  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  Joid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Joid the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Joid the organization receive any payments for indoor tanning services during the year?  Joid the organization receive any payments for indoor tanning services during the year?  Joid the organization have a controlled entity within the meaning of section 512(b)(13)?  Joid the organization have a controlled entity within the meaning of section 512(b)(13)?  Joid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  Joid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  Joid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  | 42 a |   |        |                      |        |
| 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).  42c   |      | •   | 720    | 5                    |        |
| 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  10 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)   | b    |   |        | Vaa                  | NIa    |
| 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  14a 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)   |      |   |        | res                  |        |
| 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  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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b   |      |   | 42b    |                      | X      |
| 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 ▶ 43 N/A  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 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 ■  |      |   |        |                      |        |
| 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   |      |   | 40     |                      | v      |
| 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 ▶ 43 N/A  Yes No  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | C    |   | 42C    |                      | Λ      |
| 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  | 40   |   |        |                      |        |
| Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a X  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)?  512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b Indicate the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ (see instructions)   | 43   |   |        | 🖊                    | ш      |
| 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 or accrued during the tax year   | IV / 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   |      |   |        | Voc                  | 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 expeniention maintain any dency advised funds during the user of If Wee " Form 000 must be completed instead of                       |        | 163                  | 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)  44b X  44c X  45c X  45d X   | _    | Pid the experience appears and as mare begaind facilities during the user? If "Vee " Form 000 must be completed instead                       | 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)?  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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45c X  44c X  45d X  | D    |   | 446    |                      | v      |
| 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)?  45 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   | _    | Did the expeniation receive any payments for indeer tenning convices during the year?   |        |                      |        |
| in Schedule O  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  5 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 Completed instead of Form 990-EZ (see instructions)  |      |   | 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   | đ    | •   | 443    |                      |        |
| 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   | 45 - |   |        | $\vdash\vdash\vdash$ | v      |
| 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   |      |   | 45a    |                      | Λ      |
|  | D    |   | AEL    |                      |        |
|  |      |   |        | 00-E7                | (2016) |

| 40 Distales    | and the state of t | to a second construction of the second second | hahalf af au ia     |                         |                |                                      |              | Yes      | No       |
|----------------|--|---|---------------------|-------------------------|----------------|--------------------------------------|--------------|----------|----------|
|                | organization engage, directly or indirectly, complete Schedule C, Part I   | in political campaign activities              |                     |                         | -              |                                      | 46           |          | Х        |
| Part VI        | Section 501(c)(3) organizati   | ons only                                      |                     |                         |                |                                      |              |          |          |
|                | All section 501(c)(3) organizations m  | ust answer questions 47-4                     | 9b and 52, and c    | omplete the tables t    | for lines 5    | 50 and 51.                           |              |          |          |
|                | Check if the organization used Sche  | edule O to respond to any o                   | question in this Pa | art VI                  |                |                                      | <u> </u>     |          |          |
|                |  |   |                     |                         |                |                                      |              | Yes      | No       |
|                | organization engage in lobbying activities o   |   |                     |                         |                |                                      | 47           |          | X        |
|                | ganization a school as described in section  |   |                     |                         |                |                                      | 48           |          | X        |
|                | organization make any transfers to an exer<br>was the related organization a section 527   |   |                     |                         |                |                                      | 49a<br>49b   |          |          |
|                | e this table for the organization's five high  |   |                     | directors trustees an   |                | <b></b>                              |              | eived n  | nore     |
| -              | 0,000 of compensation from the organiza  |   |                     | un cotors, trustocs, un | id Koy Onip    | noycos, who can                      | 311 100      | oivou ii | 1010     |
|                | (a) Name and title of each empl  |   | (b) Average ho      | urs (C) Repor           |                | d) Health benefits,                  | (e)          | ) Estim  | ated     |
|                | . ,  |   | per week devote     |                         | MISC)          | contributions to<br>employee benefit |              | ount of  |          |
|                | 1  | NONE  | position            |                         | ŕ              | plans, and deferred compensation     | COI          | npensa   | tion     |
|                |  |   |                     |                         |                |                                      |              |          |          |
|                |  |   |                     |                         |                |                                      |              |          |          |
|                |  |   |                     |                         |                |                                      |              |          |          |
|                |  |   |                     |                         |                |                                      | -            |          |          |
|                |  |   |                     |                         |                |                                      |              |          |          |
|                |  |   |                     |                         |                |                                      | +            |          |          |
|                |  |   |                     |                         |                |                                      |              |          |          |
|                |  |   |                     |                         |                |                                      | +            |          |          |
|                |  |   |                     |                         |                |                                      |              |          |          |
|                |  |   |                     |                         |                |                                      |              |          |          |
|                | mber of other independent contractors ea   |   |                     | <b> </b> _              |                | •                                    |              |          |          |
|                | organization complete Schedule A? Note:  | All section 501(c)(3) organiza                | tions must attach a |                         |                | , F#                                 | <b>7</b> 7   | _        | <b>-</b> |
|                |  | d this continue to the discount of            |                     |                         |                |                                      | Ye           |          | No       |
| •              | s of perjury, I declare that I have examine  | , ,   | . , ,               | ,                       |                | oi my knowledg                       | e and        | pellet,  | IÍ IS    |
| ue, correct, a | and complete. Declaration of preparer (oth   | er man omcer) is based on all                 | mnormation of Will  | ni prepater nas any Kr  | iowieuge.<br>I |                                      |              |          |          |
| Sign<br>Here   | Signature of officer  JACK G. WILBORN,  Type or print name and title   | CHAIRMAN                                      |                     |                         | [              | Date                                 |              |          |          |
| I              | Print/Type preparer's name   | Preparer's signature                          | 1                   | Date Che                | eck 🔲          | if PTIN                              |              |          |          |
| Paid           |  |   |                     |                         | f- employe     |                                      |              |          |          |
| Preparer       | SANG AHN   |   |                     |                         |                | P005                                 | 408          | 880      |          |
| Jse Only       | Firm's name ► MCDONALD   | JACOBS, P.C.                                  | <u>'</u>            | Fi                      | rm's EIN       | > 93-090                             |              |          |          |
| July Offing    | Firm's address ► 520 SW YA   | AMHILL ST., ST                                | E 500               |                         | hone no.       |                                      |              | -058     | 31       |
|                | PORTLAND,  | , OR 97204                                    |                     |                         |                | <u> </u>                             |              |          |          |
| ay the IRS d   | iscuss this return with the preparer shown   | n above? See instructions                     |                     |                         |                | <b>&gt;</b> X                        | Ye           | s        | N        |
|                |  |   |                     |                         |                | F                                    | orm <b>9</b> | 90-EZ    | (2016    |

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

93-1225609

Name of the organization

OREGON SYMPHONY FOUNDATION

| Part I    | Reason for Public                                     | Charity Status (         | All organizations must co   | omplete th       | is part.) Se         | ee instructions.            |                            |
|-----------|---|--------------------------|-----------------------------|------------------|----------------------|-----------------------------|----------------------------|
| The organ | nization is not a private found                       | dation because it is: (F | For lines 1 through 12. c   | heck only        | one box.)            |                             |                            |
| 1         | A church, convention of ch                            | •                        | •                           | •                | •                    | 1VAVi).                     |                            |
| 2 🗆       | A school described in <b>sec</b>                      | ,                        |                             |                  |                      | יאריאיזי                    |                            |
| . =       |   |                          | •                           |                  |                      | ::\                         |                            |
| 3         | A modical research argani                             |                          |                             |                  |                      |                             | the beenitel's name        |
| 4         | A medical research organization                       | zation operated in cor   | ijunction with a nospital   | described        | iii sectio           | on 170(b)(1)(A)(III). Enter | the nospital's name,       |
|           | city, and state:                                      |                          |                             |                  |                      |                             |                            |
| 5 🔛       | An organization operated t                            |                          | lege or university owner    | d or operat      | ed by a go           | overnmental unit describe   | ed in                      |
|           | section 170(b)(1)(A)(iv).                             | Complete Part II.)       |                             |                  |                      |                             |                            |
| 6 🖳       | A federal, state, or local go                         | overnment or governm     | nental unit described in    | section 17       | 70(b)(1)(A)          | (v).                        |                            |
| 7 📖       | An organization that norma                            | ally receives a substar  | ntial part of its support f | rom a gove       | ernmental            | unit or from the general    | public described in        |
|           | section 170(b)(1)(A)(vi). (0                          | Complete Part II.)       |                             |                  |                      |                             |                            |
| 8 🗌       | A community trust describ                             | ed in section 170(b)(    | (1)(A)(vi). (Complete Par   | t II.)           |                      |                             |                            |
| 9 🗌       | An agricultural research or                           |                          |                             |                  | ed in conju          | unction with a land-grant   | college                    |
|           | or university or a non-land-                          | -                        |                             |                  | -                    | -                           | -                          |
|           | university:   | ggg                      |                             |                  | ··-··-, -·- <b>,</b> | ,                           |                            |
| 10        | An organization that norma                            | ally receives: (1) more  | than 33 1/3% of its sup     | port from (      | contributio          | ns membership fees ar       | nd gross receipts from     |
|           | activities related to its exe                         |                          |                             |                  |                      |                             |                            |
|           | income and unrelated bus                              | •                        |                             |                  |                      | • •                         | -                          |
|           |   |                          | (less section 511 tax) in   | JIII DUSIIIES    | sses acqui           | red by the organization a   | aitei Julie 30, 1973.      |
| 44        | See section 509(a)(2). (Co                            | •                        |                             | f-t- 0           | W <b>-</b> -         | 20(-)(4)                    |                            |
| 11        | An organization organized                             |                          |                             |                  |                      |                             |                            |
| 12 X      | An organization organized                             | •                        | •                           | -                |                      | •                           |                            |
|           | more publicly supported o                             | -                        |                             |                  |                      |                             | Check the box in           |
|           | lines 12a through 12d that                            | • •                      |                             |                  | -                    | · · · · · ·                 |                            |
| a X       |   | janization operated, si  | upervised, or controlled    | by its supp      | oorted org           | anization(s), typically by  | giving                     |
|           | the supported organizati                              | ion(s) the power to req  | gularly appoint or elect a  | a majority o     | of the direc         | ctors or trustees of the su | upporting                  |
|           | organization. You must                                | complete Part IV, Se     | ections A and B.            |                  |                      |                             |                            |
| b         | Type II. A supporting org                             | ganization supervised    | or controlled in connect    | tion with it     | s supporte           | ed organization(s), by hav  | /ing                       |
|           | control or management                                 | of the supporting orga   | anization vested in the s   | ame perso        | ns that co           | ntrol or manage the sup     | ported                     |
|           | organization(s). You mu                               | st complete Part IV,     | Sections A and C.           |                  |                      |                             |                            |
| С         | Type III functionally into                            | egrated. A supporting    | g organization operated     | in connect       | tion with, a         | and functionally integrate  | ed with,                   |
|           | its supported organization                            |                          |                             |                  |                      |                             |                            |
| d         | Type III non-functional                               |                          | ·                           |                  |                      |                             | zation(s)                  |
|           | that is not functionally in                           |                          |                             |                  |                      |                             | * *                        |
|           | requirement (see instruc                              | -                        |                             | -                |                      | •                           | V611000                    |
| е 🗆       | Check this box if the org                             | •                        | -                           |                  |                      |                             |                            |
| € _       | functionally integrated, of                           |                          |                             |                  |                      | Type i, Type ii, Type iii   |                            |
| € Ent     | er the number of supported                            | * *                      | ially integrated supporti   | ng organiz       | ation.               |                             | 1                          |
|           | •               | •                        |                             |                  |                      |                             |                            |
|           | vide the following information  (i) Name of supported | (ii) EIN                 | (iii) Type of organization  | (iv) Is the orga | anization listed     | (v) Amount of monetary      | (vi) Amount of other       |
|           | organization  | (,                       | (described on lines 1-10    | in your govern   |                      | support (see instructions)  | support (see instructions) |
| 0000      |   |                          | above (see instructions))   | Yes              | No                   |                             |                            |
|           | N SYMPHONY  | 02 0446507               | 1.0                         | .,               |                      |                             |                            |
| ASSOC     | IATION  | 93-0446527               | 10                          | X                |                      | 0.                          |                            |
|           |   |                          |                             |                  |                      |                             |                            |
|           |   |                          |                             |                  |                      |                             |                            |
|           |   |                          |                             |                  |                      |                             |                            |
|           |   |                          |                             |                  |                      |                             |                            |
|           |   |                          |                             |                  |                      |                             |                            |
|           |   |                          |                             |                  |                      |                             |                            |
|           |   |                          |                             |                  |                      |                             |                            |
|           |   |                          |                             |                  |                      |                             |                            |
| T         |   |                          |                             |                  |                      | 0                           | 0                          |

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### 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.)

| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtractine 5 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 asseste (Explain in Part VI). 11 Total support. Add lines 7 through 10 10 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here   | Sec  | tion A. Public Support                       |                       |                      |   |                      |                     |             |
|--|------|--|-----------------------|----------------------|---|----------------------|---------------------|-------------|
| 1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization scheeff 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 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtractine 8 from line 4 8 Gross income from Interest, dividends, payments received on securifies loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 16 3a 31/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 and fire 17 the programation of under the form 2015 Schedule A, Part II, line 14 15 and 13 1/3% support test - 2016. If the organization did not check he box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  | Cale | ndar year (or fiscal year beginning in)      | (a) 2012              | <b>(b)</b> 2013      | (c) 2014                                | (d) 2015             | <b>(e)</b> 2016     | (f) Total   |
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| The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 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 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 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2015 Schedule A, Part II, line 14  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  1 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 18a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  |      | ization's benefit and either paid to         |                       |                      |   |                      |                     |             |
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| 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 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   | Cale | ndar year (or fiscal year beginning in)      | (a) 2012              | <b>(b)</b> 2013      | (c) 2014                                | (d) 2015             | (e) 2016            | (f) Total   |
| dividends, payments received on securities loans, rents, royalties and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | 7    | Amounts from line 4                          |                       |                      |   |                      |                     |             |
| securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2015 Schedule A, Part II, line 14  16 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | 8    | Gross income from interest,                  |                       |                      |   |                      |                     |             |
| and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 31/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |      | dividends, payments received on              |                       |                      |   |                      |                     |             |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |      | securities loans, rents, royalties           |                       |                      |   |                      |                     |             |
| activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |      | · · · · · ·                                  |                       |                      |   |                      |                     |             |
| business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   | 9    | Net income from unrelated business           |                       |                      |   |                      |                     |             |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |      | activities, whether or not the               |                       |                      |   |                      |                     |             |
| or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |      | business is regularly carried on             |                       |                      |   |                      |                     |             |
| assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | 10   | Other income. Do not include gain            |                       |                      |   |                      |                     |             |
| 11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |      | or loss from the sale of capital             |                       |                      |   |                      |                     |             |
| 12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   |      | assets (Explain in Part VI.)                 |                       |                      |   |                      |                     |             |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | 11   | <b>Total support.</b> Add lines 7 through 10 |                       |                      |   |                      |                     |             |
| organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   | 12   | Gross receipts from related activities,      | etc. (see instruction | ons)                 |   |                      | 12                  |             |
| Section C. Computation of Public Support Percentage  14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  15 b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | 13   | First five years. If the Form 990 is for     | the organization's    | first, second, third | d, fourth, or fifth ta                  | x year as a section  | n 501(c)(3)         |             |
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2015 Schedule A, Part II, line 14  16 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |      | organization, check this box and stor        | here                  |                      |   |                      |                     |             |
| Public support percentage from 2015 Schedule A, Part II, line 14  15  16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | Sec  | tion C. Computation of Publi                 | c Support Per         | centage              |   |                      |                     |             |
| <ul> <li>16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>  |      |  |                       | •                    | * |                      |                     | %           |
| stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  |      |  |                       |                      |   |                      |                     | %           |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | 16a  |  |                       |                      |   | 14 is 33 1/3% or m   | ore, check this box | k and       |
| and stop here. The organization qualifies as a publicly supported organization   |      |  |                       | •                    |   |                      |                     |             |
|  | b    |  |                       |                      |   | line 15 is 33 1/3%   | or more, check thi  | s box       |
| 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,   |      |  |                       |                      |   |                      |                     |             |
|  | 17a  | 10% -facts-and-circumstances test            | - 2016. If the org    | anization did not d  | heck a box on line                      | e 13, 16a, or 16b, a | and line 14 is 10%  | or more,    |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization  |      | and if the organization meets the "fac       | ts-and-circumstand    | ces" test, check th  | is box and stop h                       | nere. Explain in Pa  | rt VI how the organ | nization    |
| meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  |      |  | -                     |                      | *                                       |                      |                     |             |
| b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or  | b    | 10% -facts-and-circumstances test            | - 2015. If the org    | anization did not o  | heck a box on line                      | e 13, 16a, 16b, or 1 | 17a, and line 15 is | 10% or      |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the   |      |  |                       |                      |   | -                    |                     | •           |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization   |      |  |                       |                      |   |                      |                     | <b>&gt;</b> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | 18   | Private foundation. If the organization      | n did not check a l   | box on line 13, 16   | a, 16b, 17a, or 17b                     |                      |                     |             |

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### 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.)

| Se       | ction A. Public Support  | slow, please comp  | Diete Fait II.)    |                       |                     |                     |             |
|----------|--|--------------------|--------------------|-----------------------|---------------------|---------------------|-------------|
| Cale     | endar year (or fiscal year beginning in)   | (a) 2012           | <b>(b)</b> 2013    | (c) 2014              | (d) 2015            | (e) 2016            | (f) Total   |
|          | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   |                    |                    |                       |                     |                     | ,,          |
| 2        | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                    |                    |                       |                     |                     |             |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513   |                    |                    |                       |                     |                     |             |
| 4        | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>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   |                    |                    |                       |                     |                     |             |
| 78       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                    |                    |                       |                     |                     |             |
| ŀ        | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                    |                    |                       |                     |                     |             |
| (        | Add lines 7a and 7b  |                    |                    |                       |                     |                     |             |
| 8        | Public support. (Subtract line 7c from line 6.)  |                    |                    |                       |                     |                     |             |
|          | endar year (or fiscal year beginning in)   | (a) 2012           | <b>(b)</b> 2013    | (c) 2014              | (d) 2015            | (e) 2016            | (f) Total   |
|          | Amounts from line 6  | (4) 2012           | (2) 2010           | (6) 2311              | (4) 2010            | (0) 2010            | (i) rotal   |
|          | a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources                                |                    |                    |                       |                     |                     |             |
| k        | Unrelated business taxable income (less section 511 taxes) from businesses   |                    |                    |                       |                     |                     |             |
|          | acquired after June 30, 1975   |                    |                    |                       |                     |                     |             |
|          | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                    |                    |                       |                     |                     |             |
|          | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                    |                    |                       |                     |                     |             |
|          | Total support. (Add lines 9, 10c, 11, and 12.)   |                    |                    |                       |                     |                     | <u> </u>    |
| 14       | First five years. If the Form 990 is for   | Ü                  |                    |                       | •                   | ( )( )              | · —         |
| <u> </u> | check this box and stop here   | a Cump and Da      |                    |                       |                     |                     | <b>&gt;</b> |
|          | ction C. Computation of Publi  |                    |                    |                       |                     | T I                 |             |
|          | Public support percentage for 2016 (li   |                    |                    |                       |                     | 15                  | <u>%</u>    |
|          | Public support percentage from 2015 ction D. Computation of Inves  |                    |                    |                       |                     | 16                  | <u>%</u>    |
|          | Investment income percentage for 20  |                    | <u>_</u>           | ne 13 column (fl)     |                     | 17                  | %           |
|          | Investment income percentage from 20   |                    |                    |                       |                     | 18                  |             |
|          | a 33 1/3% support tests - 2016. If the   | •                  |                    | on line 14 and line   |                     |                     |             |
| 196      | more than 33 1/3%, check this box ar   |                    |                    |                       |                     |                     | ▶ □         |
| k        | 33 1/3% support tests - 2015. If the   | organization did r | not check a box or | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | ind         |
|          | line 18 is not more than 33 1/3%, che  |                    |                    |                       |                     |                     |             |
| 20       | Private foundation. If the organization  | n did not check a  | hox on line 14 19  | a or 19h check th     | nis hox and see in  | structions          |             |

### Part IV | Supporting Organizations

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

### Section 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")? *If* "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   |
|------------------|-------|------|
|                  |       |      |
|                  | Х     |      |
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| 2                |       | Х    |
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| 3a               |       | Х    |
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| 3b               |       |      |
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| 3с               |       |      |
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|                  |       |      |
| 4b               |       |      |
|                  |       |      |
|                  |       |      |
| 4c               |       |      |
| 40               |       |      |
|                  |       |      |
|                  |       |      |
|                  |       |      |
| 5a               |       | Х    |
|                  |       |      |
| 5b               |       |      |
| 5c               |       |      |
|                  |       |      |
|                  |       |      |
|                  |       |      |
|                  |       | v    |
| 6                |       | X    |
|                  |       |      |
| 7                |       | Х    |
|                  |       |      |
| 8                |       | Х    |
|                  |       |      |
|                  |       |      |
| 9a               |       | Х    |
|                  |       |      |
| 9b               |       | X    |
|                  |       |      |
| 9с               |       | X    |
|                  |       |      |
| 4.5              |       | v    |
| 10a              |       | X    |
| 10h              |       |      |
| 10b<br>990 or 99 | ∩-F7\ | 2016 |

| Par | 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          |     | X  |
| b   | A family member of a person described in (a) above?   | 11b          |     | X  |
| С   | 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          |     | X  |
|     | 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            | Х   |    |
| 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            |     | Х  |
| 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            |     |    |
| 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 | s).          |     |    |
| 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 in             | structions). |     |    |
| 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) Supportin  | ıg Organi      | zations                    |                                |  |  |
|------|--|----------------|----------------------------|--------------------------------|--|--|
| 1    | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction |                |                            |                                |  |  |
|      | other Type III non-functionally integrated supporting organizations must co  | omplete Sec    | tions 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):  |                |                            |                                |  |  |
| а    | Average monthly value of securities  | 1a             |                            |                                |  |  |
| b    | Average monthly cash balances  | 1b             |                            |                                |  |  |
| С    | Fair market value of other non-exempt-use assets   | 1c             |                            |                                |  |  |
|      | 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-functional   | lly integrated | d Type III supporting orga | nization (see                  |  |  |
|      | instructions).   | , 5            | ,, ii 5 - 9 -              | · ·                            |  |  |

Schedule A (Form 990 or 990-EZ) 2016

| Par   | <sup>↑</sup> V   Type III Non-Functionally Integrated 509           | (a)(3) Supporting Orga  | nizations <sub>(continued)</sub> |                 |  |
|-------|---|---|----------------------------------|-----------------|--|
| Secti | ion D - Distributions   |   |                                  | Current Year    |  |
| 1     | Amounts paid to supported organizations to accomplish exe           |   |                                  |                 |  |
| 2     | Amounts paid to perform activity that directly furthers exempted    |   |                                  |                 |  |
|       | organizations, in excess of income from activity                    |   |                                  |                 |  |
| 3     | Administrative expenses paid to accomplish exempt purpos            | Administrative expenses paid to accomplish exempt purposes of supported organizations |                                  |                 |  |
| 4     | Amounts paid to acquire exempt-use assets                           |   |                                  |                 |  |
| 5     | Qualified set-aside amounts (prior IRS approval required)           |   |                                  |                 |  |
| 6     | Other distributions (describe in <b>Part VI</b> ). See instructions |   |                                  |                 |  |
| 7     | Total annual distributions. Add lines 1 through 6                   |   |                                  |                 |  |
| 8     | Distributions to attentive supported organizations to which t       |   |                                  |                 |  |
|       | (provide details in <b>Part VI</b> ). See instructions              |   |                                  |                 |  |
| 9     | Distributable amount for 2016 from Section C, line 6                |   |                                  |                 |  |
| 10    | Line 8 amount divided by Line 9 amount                              |   |                                  |                 |  |
|       | •   | (i)   | (ii)                             | (iii)           |  |
|       |   | Excess Distributions  | Underdistributions               | Distributable   |  |
| 3ecti | ion E - Distribution Allocations (see instructions)                 |   | Pre-2016                         | Amount for 2016 |  |
| 1     | Distributable amount for 2016 from Section C, line 6                |   |                                  |                 |  |
|       | Underdistributions, if any, for years prior to 2016 (reason-        |   |                                  |                 |  |
|       | able cause required- explain in Part VI). See instructions          |   |                                  |                 |  |
| 3     | Excess distributions carryover, if any, to 2016:                    |   |                                  |                 |  |
| а     |   |   |                                  |                 |  |
| b     |   |   |                                  |                 |  |
|       | From 2013   |   |                                  |                 |  |
|       | From 2014   |   |                                  |                 |  |
|       | From 2015   |   |                                  |                 |  |
|       | Total of lines 3a through e   |   |                                  |                 |  |
|       | Applied to underdistributions of prior years                        |   |                                  |                 |  |
|       | Applied to 2016 distributable amount                                |   |                                  |                 |  |
| i     | Carryover from 2011 not applied (see instructions)                  |   |                                  |                 |  |
| i     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                   |   |                                  |                 |  |
| 4     | Distributions for 2016 from Section D,                              |   |                                  |                 |  |
|       | line 7: \$  |   |                                  |                 |  |
| а     | Applied to underdistributions of prior years                        |   |                                  |                 |  |
| b     | Applied to 2016 distributable amount                                |   |                                  |                 |  |
| С     | Remainder. Subtract lines 4a and 4b from 4                          |   |                                  |                 |  |
| 5     | Remaining underdistributions for years prior to 2016, if            |   |                                  |                 |  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater       |   |                                  |                 |  |
|       | than zero, explain in Part VI. See instructions                     |   |                                  |                 |  |
| 6     | Remaining underdistributions for 2016. Subtract lines 3h            |   |                                  |                 |  |
|       | and 4b from line 1. For result greater than zero, explain in        |   |                                  |                 |  |
|       | Part VI. See instructions   |   |                                  |                 |  |
| 7     | Excess distributions carryover to 2017. Add lines 3j                |   |                                  |                 |  |
|       | and 4c  |   |                                  |                 |  |
| 8     | Breakdown of line 7:  |   |                                  |                 |  |
| а     |   |   |                                  |                 |  |
| b     | Excess from 2013  |   |                                  |                 |  |
| С     | Excess from 2014  |   |                                  |                 |  |
| d     | Excess from 2015  |   |                                  |                 |  |
| _     | Excess from 2016  |   |                                  |                 |  |

Schedule A (Form 990 or 990-EZ) 2016

### **SCHEDULE 0**

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Inspection

Name of the organization

OREGON SYMPHONY FOUNDATION

**Employer identification number** 93-1225609

| FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:  |                         |
|--|-------------------------|
| DESCRIPTION OF OTHER REVENUE:  | AMOUNT:                 |
| TRANSFER FROM OREGON SYMPHONY ASSOCIATION  | 520.                    |
|  |                         |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:  |                         |
| DESCRIPTION OF OTHER EXPENSES:   | AMOUNT:                 |
| DONOR STEWARDSHIP MEETING EXPENSES   | 520.                    |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SUPPORT THE C                                       | REGON                   |
| SYMPHONY ASSOCIATION (THE ASSOCIATION) BY ACTING AS TRUSTEE OF T                                       | HE                      |
| OREGON SYMPHONY ENDOWMENT FUND AND BY IMPLEMENTING FUND-RAISING  |                         |
| PROGRAMS FOR THE EXCLUSIVE BENEFIT OF THE PROGRAMS AND ACTIVITIE                                       | S OF                    |
| THE ASSOCIATION.   |                         |
|  |                         |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:                                       |                         |
| THE FOUNDATION SUPPORTED THE OREGON SYMPHONY ASSOCIATION,  |                         |
| ACTING AS TRUSTEE FOR THE ASSOCIATION'S ENDOWMENT FUNDS,   |                         |
| MAINTAINING FIDUCIARY RESPONSIBIITY FOR INVESTMENT OF THE  |                         |
| FUNDS AND SEEKING OPPORTUNITIES TO RAISE NEW ENDOWMENT FUNDS ON  | BEHALF                  |
| OF THE ASSOCIATION.  |                         |
|  |                         |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONT                                       | RACTS:                  |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DI                                       | RECTLY,                 |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.   |                         |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DI                                       | RECTLY,                 |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.   |                         |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form | n 990 or 990-E7\ (2016) |

632211 08-25-16

### 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

Enter filerie identificies sumber

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.

|  |  |             |   | Enterme             | r's identity | nng number        |  |  |
|--|--|-------------|---|---------------------|--------------|-------------------|--|--|
| Type or  | or Name of exempt organization or other filer, see instructions.   |             | Employer identification number (EIN) or                 |                     |              |                   |  |  |
| print  |  |             |   |                     |              | 02 1225600        |  |  |
| File by the  |  |             | 93-1225609  |                     |              |                   |  |  |
| due date fo<br>filing your<br>return. See  | 921 SW WASHINGTON NO. 200  |             | Social security number (SSN)                            |                     |              |                   |  |  |
| instructions   |  |             |   |                     |              |                   |  |  |
| Enter the Return Code for the return that this application is for (file a separate application for each return)  |  |             |   |                     |              |                   |  |  |
| Applicat   | tion   | Return      | Application   |                     |              | Return            |  |  |
| Is For   |  | Code        | Is For  |                     |              | Code              |  |  |
| Form 990 or Form 990-EZ  |  | 01          | Form 990-T (corporation)                                |                     |              | 07                |  |  |
| Form 99  | 0-BL   | 02          | Form 1041-A   |                     |              | 08                |  |  |
| Form 47  | 20 (individual)  | 03          | Form 4720 (other than individual)                       |                     |              | 09                |  |  |
| Form 990-PF  |  | 04          | Form 5227   |                     |              | 10                |  |  |
| Form 99  | 0-T (sec. 401(a) or 408(a) trust)  | 05          | Form 6069   |                     |              | 11                |  |  |
| Form 990-T (trust other than above)  |  | 06          | Form 8870   |                     |              | 12                |  |  |
| Telep  If the  | cooks are in the care of ▶ $921$ SW WASHINGT whone No. ▶ $503-416-6319$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit C | in the Uni  | Fax No. ▶ <u>503-228-41</u> ited States, check this box | 50<br>If this is fo | r the whole  | group, check this |  |  |
| 1 I request an automatic 6-month extension of time until MAY 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ □ calendar year or ▶ ▼ tax year beginning JUL 1, 2016 , and ending JUN 30, 2017 .  2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return |  |             |   |                     |              |                   |  |  |
|  | Change in accounting period  |             |   |                     |              |                   |  |  |
|  | this application is for Forms 990-BL, 990-PF, 990-T, 4720, unrefundable credits. See instructions.   | or 6069, 6  | enter the tentative tax, less any                       | 3a                  | \$           | 0.                |  |  |
| <b>b</b> If t  | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and  |             |   |                     |              |                   |  |  |
| es   | estimated tax payments made. Include any prior year overpayment allowed as a credit.   |             |   | 3b                  | \$           | 0.                |  |  |
| с Ва   | alance due. Subtract line 3b from line 3a. Include your pay  | yment witl  | n this form, if required,                               |                     |              |                   |  |  |
| by   | by using EFTPS (Electronic Federal Tax Payment System). See instructions.  |             | 3с  | \$                  | 0.           |                   |  |  |
| Caution<br>instruction   | : If you are going to make an electronic funds withdrawal ons.   | (direct del | oit) with this Form 8868, see Form 84                   | 453-EO an           | d Form 887   | 9-EO for payment  |  |  |

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

Form **8868** (Rev. 1-2017)