Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Table 1			ar year, or tax year beginning October 1 , 2017, and ending		ptember	, 20 10
Bo	heck if a	pplicable:	C Name of organization	D Emp	loyer identific	ation number
	Address o	777	USA Track & Field Connecticut Association Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		20-389	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	Vame cha		E Telep	phone number		
	nitial retu	ırn rn/terminated	226 Guilds Hollow Road		203-266	-5402
	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exemptio	n
		on pending	Bethlehem, CT 06751	Nun	nber 🕨 📴	
G A	Accoun	ting Method:	☐ Cash ☑ Accrual Other (specify) ►	Check	► ✓ if the	organization is not
I V	Vebsite	e: ►		required	d to attach S	chedule B
J T	ax-exer	mpt status (ch	eck only one) — ☐ 501(c)(3)	(Form 9	90, 990-EZ,	or 990-PF).
		AND A STATE OF THE	: ☐ Corporation ☐ Trust ☑ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
(Par	t II, col	lumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		> \$	
P	art I	Revenu	ie, Expenses, and Changes in Net Assets or Fund Balances (see the	e instru	ctions for	Part I)
	_		the organization used Schedule O to respond to any question in this Part			
?	1		ons, gifts, grants, and similar amounts received		1	
?	2		ervice revenue including government fees and contracts		2	38,609
?	3		nip dues and assessments		3	27,084
?	4	Investmen			4	2,700,1
	5a		ount from sale of assets other than inventory 5a	30,000		
	ь		or other basis and sales expenses			
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	, Germani	5c	
	6		nd fundraising events			
	а	The second secon	ome from gaming (attach Schedule G if greater than			
9	_					
en	ь		ome from fundraising events (not including \$ of contribution)	ns		
Revenue			raising events reported on line 1) (attach Schedule G if the	/110		
ш			ch gross income and contributions exceeds \$15,000) 6b			
	c		ct expenses from gaming and fundraising events 6c			
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and si	uhtract	- x	
	-	line 6c)		abtract	6d	
	7a		es of inventory, less returns and allowances		ou	
	b		of goods sold			
			fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		enue (describe in Schedule O)		8	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	65,693
-	10		d similar amounts paid (list in Schedule O)		10	05,093
	11		aid to or for members		11	
ın	12	the second secon	ther compensation, and employee benefits 🔼		12	
Expenses			nal fees and other payments to independent contractors			-
ē	13			4 2	13	
×	14		y, rent, utilities, and maintenance	* 3	14	
-	15		ublications, postage, and shipping		15	00000
	16		enses (describe in Schedule O) 22		16	88,707
	17	Types	enses. Add lines 10 through 16	- x - Z	17	88,707
Ste	18		(deficit) for the year (Subtract line 17 from line 9)	n weith	18	-23,014
SS	19		s or fund balances at beginning of year (from line 27, column (A)) (must agre ar figure reported on prior year's return)		40	20.000
t A	00				19	51,423
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20	0
_	21		s or fund balances at end of year. Combine lines 18 through 20		21	28,409 n 990-EZ (2017)
HOL	Paper	Work Reduct	tion Act Notice, see the separate instructions. Cat No. 106421		Forr	n 330-EL (2017)

	Check if the organization used Schedu	and o to rooportal to s		(A) Beginning of year) End of year
90	Cook souther and investments					
22	Cash, savings, and investments			51,423	23	28,40
23 24	Land and buildings				24	
25	그는 계속하고 그 경기에 가는 시간에 가는 사람이 가득하게 되었다. 그는 사람이 가는 사람이 가는 사람이 없는 것이다.			£4.400	100	20.40
26	Total assets		* * * * * * * *	51,423	26	28,40
27	Net assets or fund balances (line 27 of colu	mn (P) must agree with		51,423		20.40
1000	t III Statement of Program Service Acco				21	28,40
rai	Check if the organization used Schedu			and the same of th	-1	Expenses
Mha	it is the organization's primary exempt purpose?	ale O to respond to a	iny question in this	raitiii	(Require	ed for section
		Alta markey a co	Sulf out in some make			3) and 501(c)(4)
as n	cribe the organization's program service accom neasured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe th			others.)	ations; optional fo
28	Provide T&F championships, certify officials, orga convention, membership administration - Sanction		ountry Grand Prix, att	end national		
9	/Cranta C	ent includes facilies as	anta abaali bara		20-	25.00
20		ınt includes foreign gr			28a	65,93
29	Provide age group competition for indoor and out	door track and field an	Junior Olympic Cros	ss Country		
	(Grants \$) If this amou	ınt includes foreign gr	ants check here		29a	15,02
30	Membership, Awards	int molados foreign gr	anto, oncor noro .		Lou	15,02
	membership, Awarus					
	(Grants\$) If this amou	ınt includes foreign gr			30a	7,74
31	Other program services (describe in Schedule 0	O)	4 4 7 4 6 6	4 4 6 5 4 5		
	(Grants \$) If this amou	int includes foreign gr	ants, check here .	▶□	31a	
32	Total program service expenses (add lines 28	Ba through 31a)	i i i i i i i i		32	88,70
	List of Officers, Directors, Trustees, and I Check if the organization used Schedu				IO CI GIOCIC	sile for i care it,
			(c) Reportable	(d) Health benefits,	Tr.ex	
	(a) Name and title	(b) Average hours per week devoted to position		(d) Health benefits, contributions to employ	ee (e) Es	
Robe	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
226 (ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
226 (ert Fontaine -President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
226 (Yvor	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
226 (Yvor 1 Be Willia	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751 nne Grimes - 1st VPresident nnett's Bridge Rd., Sandy Hook, CT 06482 am Mongovan - 2nd President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
226 (Yvor 1 Be Willia	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751 nne Grimes - 1st VPresident nnett's Bridge Rd., Sandy Hook, CT 06482	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount c
226 (Yvor 1 Be Willia 1169	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751 nne Grimes - 1st VPresident nnett's Bridge Rd., Sandy Hook, CT 06482 am Mongovan - 2nd President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
226 (Yvor 1 Be Willi 1169 Brad	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751 nne Grimes - 1st VPresident nnett's Bridge Rd., Sandy Hook, CT 06482 am Mongovan - 2nd President Hope St. B-4, Stamford, CT 06907	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
226 (Yvor 1 Be Willia 1169 Brad 136 (Robe	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751 nne Grimes - 1st VPresident nnett's Bridge Rd., Sandy Hook, CT 06482 am Mongovan - 2nd President Hope St. B-4, Stamford, CT 06907 Overturf - 3rd President Woodland Drive, Cromwell, CT 06416 ert Gemske - Teasurer	(b) Average hours per week devoted to position 15 5	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
226 (Yvor 1 Be Willia 1169 Brad 136 \ Robe 7 Do	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751 nne Grimes - 1st VPresident nnett's Bridge Rd., Sandy Hook, CT 06482 am Mongovan - 2nd President Hope St. B-4, Stamford, CT 06907 Overturf - 3rd President Woodland Drive, Cromwell, CT 06416 ert Gemske - Teasurer rset Rd. West Hartford, CT 06119	(b) Average hours per week devoted to position 15 5	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount c
226 (Yvor 1 Ber Willia 1169 Brad 136 (Robe 7 Do Jame	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751 nne Grimes - 1st VPresident nnett's Bridge Rd., Sandy Hook, CT 06482 am Mongovan - 2nd President Hope St. B-4, Stamford, CT 06907 Overturf - 3rd President Woodland Drive, Cromwell, CT 06416 ert Gemske - Teasurer rset Rd. West Hartford, CT 06119 es Barber- Membership	(b) Average hours per week devoted to position 15 5 5	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount o
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Villia Nillia 169 Brad 36 V Robe	ert Fontaine -President Guilds Hollow Rd., Bethlehem, CT 06751 nne Grimes - 1st VPresident nnett's Bridge Rd., Sandy Hook, CT 06482 am Mongovan - 2nd President Hope St. B-4, Stamford, CT 06907 Overturf - 3rd President Woodland Drive, Cromwell, CT 06416 ert Gemske - Teasurer rset Rd. West Hartford, CT 06119 es Barber- Membership	(b) Average hours per week devoted to position 15 5 5 5	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e) Es	timated amount

Page 2

Part					
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V . Yes	No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		165	IVO	-
	detailed description of each activity in Schedule O	33		1	6
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	04			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34			
oou	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a			
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			-
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a				
b	Did the organization file Form 1120-POL for this year?	37b			71
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1	ı
	If "Yes," complete Schedule L, Part II and enter the total amount involved	300			ľ
39	Section 501(c)(7) organizations. Enter; Initiation fees and capital contributions included on line 9				ı
a b	Gross receipts, included on line 9, for public use of club facilities	+			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4955 ►	+			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	740			
- 2	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√	
С	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				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e			
41	List the states with which a copy of this return is filed ▶				-
42a	The organization's books are in care of ▶ Telephone no. ▶				
	Located at ► ZIP + 4 ►				-
Ь	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:	42b	Yes	No	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c			-
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	F (4)		> [
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			ĺ
С	Did the organization receive any payments for indoor tanning services during the year?	44c			-
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				Ī
	explanation in Schedule O	44d	1 =		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1		
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			

Form 990-E	EZ (2017)						F	age 4
				1000			Yes	No
46 D	id the organization engage, directly of	r indirectly, in political	campaign activities o	n behalf of or	in opposition			
Part VI	candidates for public office? If "Yes, Section 501(c)(3) organizatio		o, Parti	0 18 30 30 k	0 K K	46		√
	All section 501(c)(3) organization 50 and 51. Check if the organization used 5	ons must answer que			nplete the t	ables f	or lin	es
							Yes	No
	id the organization engage in lobbyir ear? If "Yes," complete Schedule C, P		section 501(h) electi		uring the ta	47		1
	the organization a school as described					48		1
	id the organization make any transfer				41 10 10 10	49a		
	"Yes," was the related organization a omplete this table for the organization					49b		d kev
	mployees) who each received more th							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health b contributions to benefit plans, a	o employee (e nd deferred) Estimate other con		
		dovated to position	(Fillio III El 1999 IIIIIeo	/ compens	ation			
		-						
		_						
51 C	otal number of other employees paid omplete this table for the organization 100,000 of compensation from the or	on's five highest comp	ensated independen	t contractors	who each re	eceived	more	than
	(a) Name and business address of each independent	endent contractor	(b) Type of service		(c) Compens			
52 D	otal number of other independent con id the organization complete Sche ompleted Schedule A	and the state of the first of the state of t	ection 501(c)(3) org	anizations mu	and the second second	a · Nes		No
Under pena	alties of perjury, I declare that I have examined that, and complete. Declaration of preparer (other t	is return, including accompa	nying schedules and staten	nents, and to the b		1	700-	9. 10.
Cian	Cim. 4.52 2. (C.22			D.0				
Sign Here _	Signature of officer			Date 01/2	2/2010			
nere ?	Robert Gemske Type or print name and title			01/2	2/2019			
Paid Prepar	Print/Type preparer's name	Preparer's signature	C	Pate	Check if	PTIN		

Preparer

Use Only

Firm's name

Firm's address ►

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

No

Yes

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

ISA	Track 8	Field Connecticut Associat						95201
	tl	Reason for Public Cha						ns.
The o		ation is not a private found						
1		church, convention of church						
2		school described in section						
3		nospital or a cooperative ho	A comment of the comm				The state of the s	ein makania
4		medical research organizat spital's name, city, and sta	the state of the s	conjunction with a nosi	pitai desc	cribed in s	section 170(b)(1)(A)	III). Enter the
5	☐ An	organization operated for ction 170(b)(1)(A)(iv). (Con	the benefit of	a college or university	owned c	r operate	ed by a government	al unit described in
6	□A	ederal, state, or local gove	rnment or gove	mmental unit described	in secti	on 170(b)	(1)(A)(v).	
7		organization that normally scribed in section 170(b)(1			port fron	n a gover	nmental unit or from	the general public
8	□ A	community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	or	agricultural research organuniversity or a non-land-grand-grandrity:						
10	red	organization that normally ceipts from activities related pport from gross investmen quired by the organization	d to its exempt to t income and u	functions – subject to c nrelated business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 331/3% of its
11	200	organization organized an			THE RESERVE AND ADDRESS.		A CONTROL May of Unit or Tall	
12		organization organized and						
		one or more publicly supp						
	Ch	eck the box in lines 12a thr						
а	Ш	Type I. A supporting orgathe supported organization supporting organization.	n(s) the power t	o regularly appoint or e	elect a ma	ajority of t		
b		Type II. A supporting orga control or management of organization(s). You must	the supporting	organization vested in	the same			
c		Type III functionally interits supported organization	grated. A suppo	orting organization ope	rated in c			ally integrated with,
d		Type III non-functionally that is not functionally interrequirement (see instructional see instruction)	egrated. The org	ganization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the orga functionally integrated, or						e II, Type III
f		r the number of supported				- e - e	10 10 10 10 10 10 10 10	5 4
g		ride the following information	1					
	(i) Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		1			Yes	No		
A)						111		
B)								
C)								
D)								
E)								
Cota								

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2014 (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . . levied revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,438	43,168	48,141	46,006	65,693	249,446
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	40,438	43,108	40,141	40,000	03,093	245,440
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5	46,438	43,168	48,141	46,006	65,693	249,446
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support	-146	-46	-44	in the second		
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10a	Amounts from line 6	46,438	43,168	48,141	46,006	65,693	249,446
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b , , , , ,						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	46,438	43,168	48,141	46,006	65,693	249,446
14	First five years. If the Form 990 is for the	e organization					
	organization, check this box and stop her			X X X	$\varepsilon = \varepsilon - \chi - \chi - \chi$	$\hat{\mathbf{r}} = (\hat{\mathbf{r}} - (\hat{\mathbf{r}} - \hat{\mathbf{r}})) - \hat{\mathbf{r}} = \hat{\mathbf{c}}$	🖹 🗓
17.65	on C. Computation of Public Suppor		77 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7) I /A\		TaeT	
15 16	Public support percentage for 2017 (line 8 Public support percentage from 2016 Sch					15	% %
	on D. Computation of Investment Inc			(-) - (- (-)		16	
17	Investment income percentage for 2017 (I			line 13. colum	nn (fi)	17	%
18 19a	Investment income percentage from 2016 331/3% support tests—2017. If the organi	Schedule A, P	art III, line 17 check the box	on line 14, an	d line 15 is mo	18 ore than 331/3%	%, and line
ь	17 is not more than 33½%, check this box 33½% support tests—2016. If the organiz	ation did not ch	eck a box on li	ne 14 or line 19	9a, and line 16	is more than 33	31/3%, and
20	line 18 is not more than 33½%, check this k Private foundation. If the organization die	C. T. C. C. C. C. C. C. C. C.	the state of the contract of the state of th		and the fact that the same of the same	and the second second	
LV	atc roundation. If the organization the	a not oncor a k	AN OH HILL 14,	100, 01 100, 0	TOOK HIID DOX 6	ALICE SCIENTING	HOLIO P

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

	- I-I		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	•		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	6		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
		ų.	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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
	1	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	-		
Sooti	on D. All Type III Supporting Organizations	1		
Secu	on b. 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		162	NO
•	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			
111	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ctions	s)
	The organization satisfied the Activities Test. Complete line 2 below.	,,ot. a.	01,01,0	٠,.
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization is the parent of each of its supported organizations. <i>Complete inte 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI</i> how you supported a government entity ('coo in	etruct	ionel
	The digunization supported a governmental entity. Describe in 1 art 41 now you supported a government entity (300 111		
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	226		
	that these activities constituted substantially all of its activities.	2a	0	
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			
40	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	OI.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ		The state of the s	and the second s
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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 instructions).	ly int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions	7 11		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	11	1899.17.000	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016 , , . ,			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
-i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	h		
а	Excess from 2013			
b	Excess from 2014 , , ,			
С	Excess from 2015			
d	Excess from 2016 ,			
е	Excess from 2017			

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