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August 14, 2018

Chester Bowl Improvement Club 1801 East Skyline Parkway Duluth, MN 55812

Chester Bowl Improvement Club:

Enclosed is the 2017 federal return for a tax-exempt organization, prepared for Chester Bowl Improvement Club from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (218) 722-9993.

Sincerely,

Jesse D Frye Eagle Accounting Services Inc

Acknowledgement and General Information for 2017 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number Chester Bowl Improvement Club **-***0681 Entity address 1801 East Skyline Parkway Duluth, MN 55812 Thank you for participating in IRS e-file. 990 income tax return for Federal 1. X 2017 was filed electronically. The electronic filing services were provided by Eagle Accounting Services Inc 2. X income tax return was accepted on 08-14-2018using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 41554120182260fszh12PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Form **990**

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. 1545-0047 2017

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/Form990 for instructions and the latest information.

Open to Public

| IIILEII | iai iteveni | ie Service | | , 00 10 11 | vvvv.iis.gov/i oiii | 1330 101 111311 40 | otions a | ia the latest iii | Orman | | | mspection |
|-------------------------|--------------|------------------|-------------------|------------------------|----------------------------|-----------------------|-------------|-----------------------|----------|--------------------|-----------|-------------------------------|
| Α | For the | 2017 calend | ar year, or t | tax year begin | ning | | 05-01 | L , 2017, and e | nding | | 04 | -30 , 20 18 |
| В | Check if a | pplicable: | C Name of or | ganization Ches | ter Bowl Imp | provement (| Club | | | | | D Employer identification no. |
| Ш | Address c | hange | Doing busir | ness as | | | | | | | | 41-1410681 |
| | Name cha | inge | Number an | d street (or P.O. bo | x if mail is not delivered | to street address) | | | Room | n/suite | | E Telephone number |
| | Initial retu | rn | 1801 | East Skyl: | ine Parkway | | | | | | | (218)724-9832 |
| | Final retur | n/terminated | City or towr | n, state or province, | , country, and ZIP or fore | eign postal code | | | | | | G Gross receipts |
| | Amended | return | Dulut | h, MN 5583 | 12 | | | | | | | \$ 384,748 |
| $\overline{\sqcap}$ | Application | n pending | | address of principal | | | | | H(a | a) Is this a group | return fo | |
| _ | | , 3 | | | | | | | | b) Are all subo | | |
| | Tax-exem | nt status: X | 501(c)(3) | 501(c) (|) (insert no.) | 4947(a)(1) or | 52 | 7 | | • | | a list. (see instructions) |
| | Website: | | sterbow | |) 4 (moore no.) | | | •• | ш/, | c) Group exe | | , |
| | | | Corporation | | ociation Other | | | Vacuation. | | | | |
| | rt I | | | Trust Ass | ociation Uther | | L | Year of formation: | 1980 | IVI State | or lega | al domicile: MN |
| Г | | Summar | • | | | | | | | | | |
| | 1 | - | _ | | ion or most signific | | | | able | , quali | ty p | programs for all |
| ø | | Chester | Bowl Par | rk users i | n a healthy | and safe | enviro | onment. | | | | |
| Activities & Governance | | | | | | | | | _ | | | |
| ž | | | | | | | | | | | | |
| Š | 2 | Check this be | ox ▶ 📙 if tl | he organizatior | n discontinued its o | perations or dis | posed of | more than 25% | of its n | et assets. | | |
| ر م | 3 | Number of v | oting member | ers of the gove | erning body (Part V | /I, line 1a) | | | | | 3 | 11 |
| Se | 4 | Number of in | ndependent v | voting member | s of the governing | body (Part VI, li | ine 1b) | | | | 4 | 11 |
| įįį | 5 | Total numbe | er of individua | als employed ir | n calendar year 20 | 17 (Part V, line | 2a) . | | | | 5 | 52 |
| Ę | 6 | Total numbe | r of voluntee | ers (estimate if | necessary) | | | | | | 6 | 800 |
| ⋖ | 7a | | | | Part VIII, column (| | | | Χ | | 7a | 0 |
| | | | | | from Form 990-T, | | | | | | 7b | 0 |
| | | | | | , | | | | | Prior Year | | Current Year |
| | 8 | Contributions | s and arants | (Part VIII line | 1h) | | | | | | ,85 | |
| ō | 9 | | | | e 2g) | | | | | | ,90' | |
| nue | | | | | | | | | | | | |
| Revenue | 10 | | , | , | A), lines 3, 4, and 7 | | | | | | ,178 | |
| œ | 11 | | | | nes 5, 6d, 8c, 9c, 1 | | | | | | ,59 | - |
| | 12 | | | | must equal Part VI | | | | | 380 | ,53 | 355,692 |
| | | | | | IX, column (A), line | | | | | | | 0 |
| | 14 | | | | X, column (A), line | | | | | | | 0 |
| s | 15 | Salaries, oth | er compens | ation, employee | e benefits (Part IX, | column (A), line | es 5-10) | | | 179 | ,54 | 189,833 |
| Expenses | 16a | Professional | I fundraising | fees (Part IX, | column (A), line 11 | e) | | | | | | 0 |
| ber | b | Total fundrai | ising expens | es (Part IX, co | lumn (D), line 25) | > | | 0 | | | | |
| й | 17 | Other expen | ses (Part IX, | , column (A), lir | nes 11a-11d, 11f-2 | 4e) | | | | 108 | ,602 | 120,346 |
| | 18 | Total expens | ses. Add line | es 13-17 (must | equal Part IX, colu | umn (A), line 25) |) | | | 288 | ,14 | 310,179 |
| | 19 | Revenue les | s expenses. | Subtract line | 18 from line 12 . | | | | | 92 | ,38 | 45,513 |
| - 2 | ß | | | | | | | | Beginn | ing of Current | Year | End of Year |
| Net Assets or | 20 | Total assets | (Part X, line | (16) | | | | | | 375 | ,80' | 7 424,112 |
| Ass | 21 | Total liabilitie | | | | | | | | | ,31 | |
| E S | 22 | | | , | line 21 from line 20 | 0 | | | | | ,49 | |
| Pa | rt II | | re Block | | | | | | | | , | |
| | | | | examined this retu | rn, including accompany | ying schedules and s | statements, | and to the best of my | knowledg | ge and belief, i | t is | |
| true | , correct, a | and complete. De | claration of prep | earer (other than off | icer) is based on all info | rmation of which prep | parer has a | ny knowledge. | | | | |
| | | Tonn | ifer Jac | draon | | | | | | | | |
| Sig | ın | | re of officer | KSOII | | | | | | | Date | <u> </u> |
| | | | | | | | | | | | Dan | • |
| He | E | | print name and | kson, Tre | asurer | | | | | | | - |
| | | , | | uue | | | Т | Data | | | | |
| | | | eparer's name | | Preparer's signature | | | Date | | Check | if | PTIN |
| Pai | | Jesse I | Frye | | Jesse D Frye | | | 8-14-2018 | | self-employe | ed | P00638600 |
| | parer | | > | Eagle Ac | counting Se | rvices Inc | | | Firm's | s EIN ► | | |
| Us | e Only | Firm's addres | ss ► | 306 West | Superior St | treet Suit | e 507 | | Phone | e no. | | |
| | | | | Duluth M | IN 55802 | | | | | 2 | 18-7 | 22-9993 |
| May | the IRS | S discuss this | retum with t | he preparer sh | nown above? (see | instructions) | | | | | | 🛛 Yes 🗌 No |

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 284,170 4e

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | _ | | 3.7 |
| • | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | _ | | v |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | | X |
| 7 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | - | | Λ |
| Ü | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | • | | 21 |
| J | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Χ | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Χ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 40. | | 37 |
| 40 | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? | 13 | | X |
| 14a | | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 170 | | - 71 |
| 13 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | .5 | | - 22 |
| . • | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |

Part IV Checklist of Required Schedules (continued)

| 200 but the organization operate one or more hospital facilities? If "Ves," complete Schedule If 200 but the "ves" to line 28, did the organization attach a copy of its audiced financial statements to this return? 200 but the organization report more than \$5,000 of grants or other assistance to any demestic organization or domestic operation of the organization and comment of the 200 but the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operation of the organization and the 200 but the organization around and former officers, discretize, flustees, key employees, and highest compensated employees? If "Nes," complete Schedule Is Parts I and III 21 but the organization around former officers, discretize, flustees, key employees, and highest compensated employees? If "Nes," complete Schedule Is Parts I and III 22 but the organization around the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 244 and complete Schedule Is III and a constituting principal amount of more than \$1,000,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 244 and complete Schedule Is III and III | | | | Yes | No |
|---|-----|---|------|-----|------|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. Column (A), line 21 if 11 '/Feys, 'completer Schedule Parts I and II 22 Did the organization any port more than \$5,000 of grants or other assistance to or far domestic individuals on Part IX. Column (A), line 21 '/Feys, 'complete Schedule Parts I and II 23 Did the organization anywer 'Yes' to Part VIII. Section A, line 3.4, or 5 about compensation of the organization anywer 'Yes' to Part VIII. Section A, line 3.4, or 5 about compensation of the organization anywer yes' to Part VIII. Section A, line 3.4, or 5 about compensation of the organization anywer and the year, that was issued after December 31, 2002 II' 'Yes', 'complete Schedule Parts I 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization and an escrow account other then a refunding escrow at any time during the year? 24 Did the organization and as an 'on behalf of issuer for bonds custanting at any time during the year? 24 Did the organization and as an 'on behalf of issuer for bonds custanting at any time during the year? 25 Did the organization and as an 'on behalf of issuer for bonds custanting at any time during the year? 26 Did the organization and as an 'on behalf of issuer for bonds custanting at any time during the year? 26 Did the organization and as an 'on behalf of issuer for bonds custanting at any time during the year? 27 Did the organization and as an 'on behalf of issuer for bonds custanting at any time during the year? 28 Section 50 (5(5), 50 ft(1/4), and 50 ft(1/29) organizations. Did the organization and the analysis of the year is a section of year is an organization and the part is an organization and the part is a section of year is an organization and the part is a section of year is a section | 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | Х |
| domestic government on Part IX, column (A), line 19 if Yes,** complete Schedule I. Parts I and II. 2 | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), the 22 II "Yes," complete Schedule I, Parts I and III 22 I X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the complete Schedule II was completed annoylogies "I "Yes," complete Schedule II was all rights of the set of set of the set of set of the year, that was set of all the December 31, 2002 II "Yes," answer lines 24b strough 24d and complete Schedule II was all the set of the set of set of the year, that was set after December 31, 2002 II "Yes," answer lines 24b strough 24d and complete Schedule II "Yes," or to line 25a 24a X Did the organization maintain an escrow account other than a refunding escrow at any time during the year 1 of delease any trace-event bonds? 4 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 5 Did the organization and as an "on behelf of" issuer for bonds outstanding at any time during the year? 5 Did the organization and as an "on behelf of" issuer for bonds outstanding at any time during the year? 6 Did the organization and as an "on behelf of" issuer for bonds outstanding at any time during the year? 7 Did the organization and as an "on behelf of" issuer for bonds outstanding at any time during the year? 8 Did the organization and the set of year? If "yes," complete Schedule II, Part II 9 Did the organization and the set of year? If "yes," complete Schedule II, Part II 9 Did the organization provide person during the year? If "yes," complete Schedule II, Part II 9 Did the organization provide a grant or other assistance to an officer, director, trustee, key amplyees, ustasturial contributor or employee thereof, a grant selection committee members, to to a \$55, complete Schedule II. 9 Did the organization provide a grant or other assistanc | 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 | | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Χ |
| 23 Did the organization areawer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key emptyoes, and highest compensated employees? If "Yes," complete Schedule J | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| 23 Did the organization areawer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key emptyoes, and highest compensated employees? If "Yes," complete Schedule J | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," completes Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", of to line 25e 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any invest dependent of the same and the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-127 25b If "Yes," complete Schedule L. Part II "Yes," com | 23 | | | | |
| employees? If "Yes," complete Schedule J 23 X 24a Did the organization have as care-empt bord issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b intrough 24d and complete Schedule K. If "No." go to line 25a Did the organization maintain an ascrow account other than a refunding service was any time during the year to defease any trace-exerpt bonds? Did the organization maintain an ascrow account other than a refunding service was any time during the year to defease any trace-exerpt bonds? 24c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and that any "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and that any "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and that any "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization any are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Form's \$600 x 590-527. Did the organization envare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Form's \$600 x 590-527. Did the organization provide a grant or other assistance to an officiar, director, trustee, key employee, or disqualified person in provide a grant or other assistance to an officiar, director, trustee, key employee. The organization provide a grant or other assistance to an officiar, director, trustee, key employee. Did the organization organization aparty to a business transaction with ore of the following parties (see Schedule L., Part IV. Part IV instructions for application in prior-cash contributions of an expension of | | | | | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization navas are non-behalf of issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d Did the organization avain and "on-behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization avain that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person if the program of year, and that the transaction has not been reported on any of the organization spinor Forms 990 to 990-E27 If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, business and person of If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, or to 36% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 A cannot be organization approached in the properties of the following parties (see Schedule L, Part IV 28 Was the organization applicable filing thresholds, conditions, and exceptions). 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 A complete Schedule L, Part IV 29 A complete Schedule L, Part IV 29 Did the organization release contribu | | | 23 | | X |
| S100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tise-exempt bonds? Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(2)3, 501(24), 40 and 501(2/3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a Is the organization wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations provide 990-827; If "Yes," complete Schedule L. Part I 25b Is the organization provide a year or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereol, a grant selection committee member, or to a 36% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II 27 X 28 Was the organization party to a business transaction with ore of the following parties (see Schedule L. Part IV 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule R. Part IV 29 Did the organization receive more than \$25,000 in pon-cash contributions? If "Yes," complet | 24a | | | | |
| through 24d and complete Schedule K. If "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d Did the organization as an o'no behalf of 'issuer for bonds oustanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I b is the organization aware that the transaction has not been reported on any of the organization's prior Forms 990' or 900-E2? If "Yes," complete Schedule I. Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule I. Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial conflibutor or employee thereof, a grant selection committee member, or to a \$5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part IV 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV) 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 29 Did the organization receive more than \$25,000 in non-gash contributions? If "Yes," complete Schedule L. Part IV 29 Did the organization receive more than \$25,000 in non-gash contributions? If "Yes," complete Schedule R. | | | | | |
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| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I yes, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I yes, complete Schedule L, Part II yes, complete Schedule L, Part IV yes, yes, complete Schedule L, part IV yes, yes, yes, yes, yes, yes, yes, yes, | | | | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II . 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV . 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28 A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28 A tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28 C X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II . 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III. or IV, and Part V, line | | | 25a | | X |
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| # "Yes," complete Schedule L, Part I 25b X 2 2 2 3 2 3 2 3 3 3 | ~ | | | | |
| Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | | 25h | | X |
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| disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization iguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organizatio | | | | | |
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| substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | | | 21 |
| entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 J X 30 Did the organization receive contributions? If "Yes," complete Schedule M. 30 J X 31 Did the organization injuidate, terminate or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 31 A X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 A X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 1 1. 36 Section 501(c)(3) organizations. Did the organization make | | | | | |
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| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of; or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | а | | 28a | | x |
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| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28 | | | 28h | | x |
| was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Z 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and | c | | | | -21 |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and | · | | 28c | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and | 29 | | | | |
| conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Westion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and | | | | | 21 |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 00 | | 30 | | x |
| Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 31 | | | | - 21 |
| Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | ٠. | | 31 | | X |
| complete Schedule N, Part II | 32 | | | | -21 |
| Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | - | | 32 | | X |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | | | -21 |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 00 | | 33 | | x |
| or IV, and Part V, line 1 | 34 | | | | -21 |
| Did the organization have a controlled entity within the meaning of section 512(b)(13)? | • | | 34 | | X |
| b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35a | | | | |
| controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | | | -21 |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | | 35h | | x |
| related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 300 | | |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 55 | | 36 | | x |
| and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i> Part VI | 37 | | - 55 | | 21 |
| Part VI | ٠. | | | | |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | 37 | | x |
| | 38 | | J. | | 22 |
| | | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |

17) Chester Bowl Improvement Club
Statements Regarding Other IRS Filings and Tax Compliance Part V

| | Check if Schedule O contains a response or note to any line in this Part V | | | Ш |
|----------|--|------------|-----|-----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| _ | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | | 37 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 20 | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | 20 | | v |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 3b | | |
| 4a | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country: | -ru | | 21 |
| - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | 3.5 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g | | X |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | Λ |
| 0 | sponsoring organizations maintaining donor advised runds. Did a donor advised rund maintained by the | 8 | | Х |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 21 |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | Χ |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 0 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 1 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| _ | the organization is licensed to issue qualified health plans | | | |
| C 142 | Enter the amount of reserves on hand | 140 | | v |
| l4a h | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a 14b | | X |
| b | ii 103, has it iiioa a 1 0iiii 720 to Tepoit tilese payments: ii 170, provide ali explanation iii Sorieddie 0 | 14D | | |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | |
|------------|--|------------|-----|------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | - | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | _ | | v |
| , | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization become aware during the year of a significant diversion of the organizations assets: | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | _ | | 21 |
| <i>,</i> u | one or more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members. | | | |
| _ | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | 3.7 | |
| | describe in Schedule O how this was done | 12c | X | 37 |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| _ | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 150 | Х | |
| a b | The organization's CEO, Executive Director, or top management official | 15a 15b | Λ | Х |
| D | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 130 | | <i>Δ</i> Σ |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| ·ou | with a taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► Minnesota | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | Chester Bowl Improvement Club (218)724-9832, 1801 E Skyline Parkway, Duluth, MN 55 | 312 | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | | | (| (C) | | | | |
|----------------------------|-------------------------------|-------------|-----------------------|---------|--|------------|------------|-----------------------|-----------------------------|
| (A) | (B) | | | | sition | | (D) | (E) | (F) |
| Name and Title | Average | | | | nore than one rson is both ar | | ortable | Reportable | Estimated |
| | hours per | | | | rector/trustee) | comp | ensation | compensation from | amount of |
| | week (list any hours for | | | | | | rom the | related organizations | other compensation |
| | related | or d | Inst | Officer | Higi emp Key | organ | nization | (W-2/1099-MISC) | from the |
| | organizations below dotted | irect | itutio | er | nest oloye | ਰੂ (W-2/10 | 99-MISC) | | organization and related |
| | line) | or director | nal t | | Highest compo employee Key employee | | | | organizations |
| | | stee | Institutional trustee | | Highest compensated employee Key employee | 4) ` | | | |
| | | | Ď | | ated | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (1) Jessica Hehir | 1.25 | 37 | | 37 | | | | _ | _ |
| Secretary | | X | | X | | | 0 | 0 | 0 |
| (2) Michelle Balthazor | 1.00 | 77 | | | | | | _ | _ |
| Director | | X | | | | | 0 | 0 | 0 |
| (3) Jim Gearns | 1.00 | 7. | | | | | | _ | _ |
| Director | | X | | | | | 0 | 0 | 0 |
| (4) Jenny Jackson | 3.00 | | | | | | | | |
| Treasurer | | Х | | X | | | 0 | 0 | 0 |
| (5) Kevin Rappana | 1.00 | | | | | | | _ | _ |
| Director | | Х | | | | | 0 | 0 | 0 |
| (6) Todd Baumann | 1.00 | | | | | | | _ | _ |
| Director | | X | | | | | 0 | 0 | 0 |
| (7) Scott Mayer | 1.50 | | | ٠, | | | | _ | _ |
| Board Chair | | Х | | Х | | | 0 | 0 | 0 |
| (8) Andrea Mistelske | 1.00 | | | | | | | _ | _ |
| Director | | Х | | | | | 0 | 0 | 0 |
| (9) Amy Kranig | 1.25 | | | ٠, | | | | _ | _ |
| Vice Chair | | Х | | Х | | | 0 | 0 | 0 |
| (10)Chris Hill | 1.00 | 3.7 | | | | | | _ | _ |
| Director | | X | | | | | 0 | 0 | 0 |
| (11)Rachel Loeffler-Kemp | 1.00 | 3.7 | | | | | | _ | _ |
| Director | | Х | | | | | 0 | 0 | 0 |
| (12)David N Schaeffer | 40.00 | | | | 3.7 | | | _ | _ |
| Executive Director | | | | | X | | 65,600 | 0 | 0 |
| (13)Samuel P Luoma | 40.00 | | | | 3.7 | | | _ | _ |
| Program Operations Manager | | | | | X | | 47,500 | 0 | 0 |
| <u>(14)</u> | | | | | | | | | |
| | | | | | | | | | |

EEA Form **990** (2017)

| | (A) Name and title | (B) Average hours per week (list any hours for related | Position (do not check more than one box, unless person is both an officer and a director/trustee) Or directification of the director of the | | | | | . Form | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the | | on |
|----------------|--|---|---|-----------------------|--------------|--------------|------------------------------|--------------|--|---|---|--------------------------------------|----|
| | | organizations below dotted line) | Individual trustee or director | Institutional trustee | r | Key employee | Highest compensated employee | 31 | (W-2/1099-MISC) | | orç ar | ganization d related anization | t |
| <u>(15)</u> | | | | | | | | | | | | | |
| <u>(16)</u> | | | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | 1 | | | | | | | |
| <u>(24)</u> | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| 1b c | Sub-total | | | | | | | ▶ | | | | | |
| d 2 | Total (add lines 1b and 1c) | | | | | | | | 113,100 e than \$100,000 of | 0 | | | 0 |
| | reportable compensation from the organization | | | | | | | | | 0 | | Yes | No |
| 3 | Did the organization list any former officer, director | | - | | | | - | | • | | | | 37 |
| 4 | employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of rep | | | | | | | | | | 3 | | X |
| | organization and related organizations greater than individual | | | s," c | ompi | lete | Sched | lule | J for such | | _ | | X |
| 5 | Did any person listed on line 1a receive or accrue co | | | ny u | · · nrela | · · ated | organ | · · izati | on or individual | | 4 | | |
| Cooti | for services rendered to the organization? If "Yes," | complete So | chedul | le J f | or su | ıch | persor | 1 | | | 5 | | X |
| <u>Section</u> | on B. Independent Contractors Complete this table for your five highest compensated | d independer | nt cont | racto | ors th | nat r | eceive | d m | ore than \$100.000 | of | | | |
| | compensation from the organization. Report comper year. | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business address | | | | | | | | Description of s | services | Comp | ensation | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including largerized more than \$100,000 of compensation from | | | ose • | liste | d ab | ove) w | vho | | | | | |

Form 990 (2017) Chester Bo
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or no | ote to any line in this | s Part VIII | | | |
|---|--------|--|-------------------------|----------------------|--|---|---|
| | | · | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a | Federated campaigns 1a | | | | | 5.2 5.1 |
| ants | b | Membership dues 1b | | | | | |
| ָם פֿ <u>ו</u> | С | Fundraising events 1c | | | | | |
| iifts ar A | d | Related organizations 1d | | | | | |
| s, iii | е | Government grants (contributions) 1e | 36,824 | | | | |
| tion er Si | f | All other contributions, gifts, grants, | , . | | | | |
| έξ | | and similar amounts not included above 1f | 89,257 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in lines 1a-1f: \$ | | | | | |
| O a | h | Total. Add lines 1a-1f | | 126,081 | | | |
| | | | Business Code | | | | |
| nue | 2a | Winter Activities | 713990 | 115,591 | 115,591 | | |
| eve | b | Summer Activities | 713990 | 64,038 | 64,038 | | |
| Se | С | | | | | | |
| Serv | d | | | | | | |
| Program Service Revenue | е | | | | | | |
| rogr | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 179,629 | | | |
| | 3 | Investment income (including dividends, interest, | | | | | |
| | | and other similar amounts) | ▶ │ | 1,461 | 1,461 | | |
| | 4 | Income from investment of tax-exempt bond proce | eeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 1,355 | | | | | |
| | b | Less: rental expenses | | | | | |
| | С | Rental income or (loss) 1,355 | | | | | |
| | d | Net rental income or (loss) | | 1,355 | 1,355 | | |
| | 7a | Gross amount from sales of assets other than inventory | (ii) Other | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | |
| | l . | Gain or (loss) | | | | | |
| ø. | l . | Net gain or (loss) | | | | | |
| Other Revenue | ва | Gross income from fundraising events (not including \$ | | | | | |
| <u>ہ</u> ج | | of contributions reported on line 1c). | | | | | |
| the state | | See Part IV, line 18 a | 33,490 | | | | |
| O | l . | Less: direct expenses b | 19,139 | | | | |
| | | Net income or (loss) from fundraising events . | • | 14,351 | | | 14,351 |
| | 9a | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 a | | | | | |
| | | Less: direct expenses b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10a | Gross sales of inventory, less | 15.54 | | | | |
| | | returns and allowances a | | | | | |
| | | Less: cost of goods sold b | 9,917 | T 000 | T 000 | | |
| | C | Net income or (loss) from sales of inventory | | 7,829 | 7,829 | | |
| | 11- | Miscellaneous Revenue | Business Code | 24 225 | 24 225 | | |
| | | Prior Period Adjustment | 713990 | 24,986 | 24,986 | | |
| | b | · | | | | | |
| | ر 2 | All other revenue | | | | | |
| | | All other revenue | | 24 000 | | | |
| | 12 | Total revenue. See instructions | + | 24,986 355,692 | | | 0 14,351 |
| | | TOTAL TOTAL COO ITION CONTON | | 333,034 | 213,200 | ' | <u> </u> |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 174,253 156,828 17,425 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 14,022 15,580 1,558 11 Fees for services (non-employees): b Legal...... 5,517 4,965 552 Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion Office expenses 13 1,129 113 1,016 Information technology 14 15 Royalties 16 17 264 264 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24,616 24,616 23 38,210 34,389 3,821 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Winter Program Direct Exp 15,921 15,921 Summer Program Direct Exp 18,344 18,344 Repairs and Maintenance 6,332 6,332 С d е All other expenses 10,013 7,737 2,276 Total functional expenses. Add lines 1 through 24e . 25 310,179 284,170 26,009 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

41-1410681

Part X **Balance Sheet**

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|--|-------------------|-----|-------------|
| | | | (A) | | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 91,813 | 1 | 140,586 |
| | 2 | Savings and temporary cash investments | 194,374 | 2 | 134,834 |
| | 3 | Pledges and grants receivable, net | - | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| | | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ets | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | 8,481 | 9 | 7,973 |
| • | 10a | Land, buildings, and equipment: cost or | 0,401 | 9 | 7,973 |
| | IUa | | | | |
| | L | other basis. Complete Part VI of Schedule D 10a 209,400 Less: accumulated depreciation 10b 93,619 | 70.053 | 400 | 115 501 |
| | b | | 79,953 | 10c | 115,781 |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 1,186 | 15 | 24,938 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 375,807 | 16 | 424,112 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | Y | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ies | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| Lial | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 16,310 | 25 | 19,102 |
| | 26 | Total liabilities. Add lines 17 through 25 | 16,310 | 26 | 19,102 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and | | | |
| Se | | complete lines 27 through 29, and lines 33 and 34. | | | |
| anc | 27 | Unrestricted net assets | 332,889 | 27 | 349,620 |
| 3ala | 28 | Temporarily restricted net assets | 26,608 | 28 | 55,390 |
| Jd F | 29 | Permanently restricted net assets | | 29 | |
| Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and | | | |
| ō | | complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| let | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| ~ | 33 | Total net assets or fund balances | 359,497 | 33 | 405,010 |
| | 34 | Total liabilities and net assets/fund balances | 375,807 | 34 | 424,112 |

| Farm | 000 | (2017) | |
|------|-----|--------|--|
| ⊢orm | 990 | (2017) | |

| Chaster | BOw1 | Improvement | Club |
|---------|------|----------------|------|
| Chester | POMT | THISTOVEHIETIC | CIUD |

| 11 | _1 | 41 | Λ | _ | 01 | |
|----|----|----|---|---|----|--|

Page **12**

| Pa | rt XI Reconciliation of Net Assets | | | | |
|-----|---|---------|------|-------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 355, | 692 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 310, | 179 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 45, | 513 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 359, | 497 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 405, | 010 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u>. 🗆 </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🔲 Other | _ | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| EEA | | | Form | 990 (| 2017) |

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

| Che | ste | r Bowl Improvement Club | | | | | 41-14106 | | |
|-------|------|---|---------------------------------------|--|------------------------|------------------|-------------------------------------|------------------------|--------|
| Pa | rt I | Reason for Public Charity | / Status (All or | ganizations must co | omplete | this part | See instruction | ns. | |
| The | orga | nization is not a private foundation bec | ause it is: (For lines | s 1 through 12, check onl | y one box. |) | | | |
| 1 | | A church, convention of churches, or | association of chu | rches described in sect | ion 170(b) | (1)(A)(i). | | | |
| 2 | | A school described in section 170(b | (1)(A)(ii). (Attach | Schedule E (Form 990 c | or 990-EZ) | .) | | | |
| 3 | | A hospital or a cooperative hospital s | ervice organization | n described in section 1 | 70(b)(1)(A | (iii). | | | |
| 4 | | A medical research organization ope | ŭ | | | , , | (1)(A)(iii). Enter the | | |
| | _ | hospital's name, city, and state: | | | | | (-)(-)(-) | | |
| 5 | | An organization operated for the bene | efit of a college or u | iniversity owned or opera | ated by a c | novernmen | tal unit described in | | |
| Ū | Ш | section 170(b)(1)(A)(iv). (Complete | _ | armiverency ewined or opera | atou by a g | 90 (011 11011 | iai anni accombca in | | |
| 6 | П | A federal, state, or local government | • | unit described in coation | 170/b\/1\ | (A)(w) | | | |
| 6 | = | | · · | | ` ' ' ' | . , , , | m the general public | | |
| 7 | Ш | An organization that normally receive | • | | vernmentai | unit or noi | n the general public | | |
| • | | described in section 170(b)(1)(A)(vi | | , | | | | | |
| 8 | Н | A community trust described in secti | | | | | | | |
| 9 | Ш | An agricultural research organization | | | | | | iege | |
| | | or university or a non-land-grant colle | ge of agriculture (s | see instructions). Enter th | e name, cr | ty, and stat | e of the college or | | |
| 4.0 | 57 | university: | (4) (1 00 | 1/00/ 1: | | | | | |
| 10 | X | An organization that normally receive | . , | • • | | | | SS | |
| | | receipts from activities related to its e | | | | | | | |
| | | support from gross investment income | | | | | rom businesses | | |
| | | acquired by the organization after Ju | • | | | | | | |
| 11 | 닏 | An organization organized and opera | | | | | | | |
| 12 | Ш | An organization organized and operate | • | | | | | | |
| | | of one or more publicly supported org | | | | | • | | |
| | | Check the box in lines 12a through 12 | | | | | | - | |
| | а | Type I. A supporting organization | | | | _ | | ving | |
| | | the supported organization(s) the | power to regularly | appoint or elect a major | rity of the o | directors or | trustees of the | | |
| | | supporting organization. You mu | st complete Part | IV, Sections A and B. | | | | | |
| | b | | n supervised or co | entrolled in connection w | ith its supp | orted orga | anization(s), by havin | ıg | |
| | | control or management of the sup | porting organization | on vested in the same pe | rsons that | control or r | nanage the supporte | d | |
| | | organization(s). You must comp | lete Part IV, Sect | ions A and C. | | | | | |
| | С | | A supporting orga | anization operated in cor | nnection w | ith, and fu | nctionally integrated | with, | |
| | | its supported organization(s) (see | e instructions). You | u must complete Part I | V, Section | ıs A, D, ar | nd E. | | |
| | d | Type III non-functionally integr | ated. A supporting | g organization operated i | in connecti | ion with its | supported organizat | tion(s) | |
| | | that is not functionally integrated. | The organization of | generally must satisfy a d | istribution i | requiremer | nt and an attentivenes | s | |
| | | requirement (see instructions). Y | ou must complet | e Part IV, Sections A a | nd D, and | Part V. | | | |
| | е | Check this box if the organization | received a written | determination from the IF | RS that it is | a Type I, | Type II, Type III | | |
| | | functionally integrated, or Type III | non-functionally in | ntegrated supporting orga | anization. | | | | |
| | f | Enter the number of supported organ | zations | | | | | | |
| | g | Provide the following information about | ut the supported or | ganization(s). | | | | | |
| | (i | Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the o | Ü | (v) Amount of monetary | (vi) Amou | |
| | | | | (described on lines 1-10 above (see instructions)) | listed in you docum | 0 0 | support (see instructions) | other supp instruct | • |
| | | | | above (see instructions)) | docum | iont: | instructions) | instruct | 10113) |
| | | | | | Yes | No | | | |
| /۸۱ | | | | | | | | | |
| (A) | | | | | | | | | |
| /B) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| | | | | | | | | | |
| (E) | | | | | | | | | |
| Tota | ı | | | | | | | | |
| i Uld | | | | | | | İ | 1 | |

41-1410681 F

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.)

| Sec | tion 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.") | | | | | | |
| 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 Sec | Public support. Subtract line 5 from line 4 lion B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | (a) 2010 | (6) 2014 | (0) 2010 | (u) 2010 | (6) 2017 | (i) rotal |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | C | | | | |
| 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. (s | ee instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the o organization, check this box and stop here | | <u> </u> | | | | ▶ 🗌 |
| Sec | tion C. Computation of Public Sup | $\overline{}$ | | | | | |
| 14 | Public support percentage for 2017 (line 6, co | | | f)) | | 14 | % |
| 15 | Public support percentage from 2016 Schedu | | | • • • • • • • • | ! | 15 | % |
| 16a | 33 1/3% support test - 2017. If the organization | | | | | | . \square |
| | box and stop here. The organization qualifi | | | | | | ▶ ⊔ |
| D | 33 1/3% support test - 2016. If the organization are | | | | | | . □ |
| 17a | this box and stop here . The organization qu 10%-facts-and-circumstances test - 2017 | | | | | | 🕨 📙 |
| 174 | 10% or more, and if the organization meets | - | | | | | |
| | Part VI how the organization meets the "facts | | | | - | | |
| | organization | | _ | | | | ▶ □ |
| b | 10%-facts-and-circumstances test - 2016 | | | | | | |
| ~ | 15 is 10% or more, and if the organization n | J | | * | · · · · · | | |
| | Explain in Part VI how the organization meet | | | | • | clv | |
| | supported organization | | | = | | - | ▶ □ |
| 18 | Private foundation. If the organization did | | | | | | |
| | instructions | | | | <u></u> | <u> </u> | ▶ □ |

Page 3

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

(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 | | | | • | | |
|-----------|--|----------------------|---------------------|----------------------|----------------------|---------------------|------------------------|
| Cal | endar 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.") | 84,281 | 102,093 | 114,987 | 166,816 | 158,435 | 626,612 |
| 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 | 99,430 | 87,838 | | | 224,879 | 773,075 |
| 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 | Total. Add lines 1 through 5 | 183,711 | 189,931 | 257,008 | 385,723 | 383,314 | 1,399,687 |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 1,399,687 |
| Se | ction B. Total Support | | | | | | |
| Cale 9 | endar year (or fiscal year beginning in) Amounts from line 6 | (a) 2013 183,711 | (b) 2014 189,931 | (c) 2015 257,008 | (d) 2016 385,723 | (e) 2017 383,314 | (f) Total 1,399,687 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 231 | 4,451 | 91 | 3,178 | 1,461 | 9,412 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 231 | 4,451 | 91 | 3,178 | 1,461 | 9,412 |
| 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.) | 183,942 | 194,382 | 257,099 | 388,901 | 384,775 | 1,409,099 |
| 14 | First five years. If the Form 990 is for the o organization, check this box and stop here | | | | | | ▶ □ |
| Se | ction C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2017 (line 8, co | olumn (f) divided by | line 13, column (f) |) | | 15 | 99.33 % |
| | Public support percentage from 2016 Schedu | | | | | 16 | 99.60 % |
| | ction D. Computation of Investme | | | | | | |
| 17 18 | Investment income percentage for 2017 (line Investment income percentage from 2016 S | | - | | ı | 17 18 | 1.00 % 0.00 % |
| 19a | 33 1/3% support tests - 2017. If the organia 17 is not more than 33 1/3%, check this box | | | | | | ▶ 🏻 |
| b 20 | 33 1/3% support tests - 2016. If the organiline 18 is not more than 33 1/3%, check this Private foundation. If the organization did | box and stop here | e. The organization | n qualifies as a pul | olicly supported org | ganization | |

Part IV Supportin

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

- 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?
- 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.)

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| Pai | t IV Supporting Organizations (continued) | | | |
|------------|---|-------------|--------|-------|
| | | | Yes | No |
| | 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 | | |
| | 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 | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| _ | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | V | NI- |
| 4 | Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the | | 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 to | ıx | | |
| | 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 | | | |
| 3 | 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 | 3 | | |
| <u>Sac</u> | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se | | tions) | |
| ' a | ☐ The organization satisfied the Activities Test. Complete line 2 below. | , mon do | | • |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| C | | ity (see ir | struct | ions) |
| | Activities Test. <i>Answer (a) and (b) below.</i> | y (000 | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | -110 |
| _ | the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i> | | | |
| | 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 | ı | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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| Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | Pa | rt v Type III Non-Functionally integrated 509(a)(3) Supporting Org | | | | | | |
|---|-----|--|------|---|---------------------|--|--|--|
| Section A - Adjusted Net Income (A) Prior Year (coptional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 Portion of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 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 1 Average monthly value of securities 1 A vareage monthly value of securities 2 Policeout claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 1 C Total (add lines 1a, 1b, and 1c) 1 A Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by, 0.35. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Descritor C - Distributable Amount 1 Adjusted net income for prior year (from Section B, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 2 Enter 85% of line 1. 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 6 Filter greater of line 2 or line 3. 6 Distributable Amount. Subtract line 6 from line 4, unless subject to emergency temporary reduction (see instructions). | 1 | | | • | • | | | |
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| 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 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 other non-exempt-use assets b Average monthly cash balances 1 Tata a Verage monthly cash balances 1 Tata a Tata a Verage monthly cash balances 1 Tata a Tata a Verage monthly rule of other non-exempt-use assets 1 Tata a Tata a Verage monthly rule of other non-exempt-use assets 1 Tata a Verage monthly rule of other non-exempt-use assets 1 Tata a Verage monthly rule of other non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Adjusted net income for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 (from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 6 from line 4, unless s | Sec | - | | (A) Prior Year | ' ' | | | |
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| 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 Section B - Minimum Asset Amount 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 b Average monthly value of securities c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indetedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (fot greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 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) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see | СО | llection of gross income or for management, conservation, or | | | | | | |
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| a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (fot greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 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) 2 Enter 85% of line 1. 2 Income tax imposed in prior year 5 Income tax imposed in prior year 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)'s first as a non-functionally-integrated Type III supporting organization (see | 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | | |
| b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 S Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 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) 2 Enter 85% of line 1. 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | ins | structions for short tax year or assets held for part of year): | | | | | | |
| c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 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) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | а | Average monthly value of securities | 1a | | | | | |
| d Total (add lines 1a, 1b, and 1c) 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. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 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) 2 Enter 85% of line 1. 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | b | Average monthly cash balances | 1b | | | | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | С | Fair market value of other non-exempt-use assets | 1c | | | | | |
| factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 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) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 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-functionally-integrated Type III supporting organization (see | d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 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) 2 Enter 85% of line 1. 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | е | Discount claimed for blockage or other | | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 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) 2 Enter 85% of line 1. 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | | • | | | | | | |
| 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Cection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | | | 2 | | | | | |
| see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Current Year Current Year | 3 | Subtract line 2 from line 1d. | 3 | | | | | |
| see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Current Year Current Year | 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | | | |
| 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | se | | 4 | | | | | |
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| 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Henter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 6 | Multiply line 5 by .035. | 6 | | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Henter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 7 | Recoveries of prior-year distributions | 7 | | | | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | |
| 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 T Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | Sec | tion C - Distributable Amount | | | Current Year | | | |
| 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 T Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 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-functionally-integrated Type III supporting organization (see | 2 | | 2 | | | | | |
| 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 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-functionally-integrated Type III supporting organization (see | | | _ | | | | | |
| 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 T Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | 4 | | 4 | | | | | |
| 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-functionally-integrated Type III supporting organization (see | | | _ | | | | | |
| emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | | | | | | | | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see | en | | 6 | | | | | |
| | | | ntea | rated Type III supporting | g organization (see | | | |
| | | instructions). | 3 | 71 1175 | | | | |

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|-----|--|-----------------------------|--|---|
| Par | , , , |) Supporting Organia | zations (continued) | |
| Sec | tion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exem | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes | s of supported organizati | ons | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | organization is respons | ive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| S | section 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 | | | |
| а | | | | |
| | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | 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 | | | |
| С | 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: | | | |
| а | Excess from 2013 | | | |
| b | Excess from 2014 | | | |

c Excess from 2015d Excess from 2016e 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.) |
|---------|---|
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

| Name | of the organization | Employer identification number |
|--------|---|---------------------------------|
| Che | ester Bowl Improvement Club | 41-1410681 |
| Pa | | nts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) . | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | |
| - | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | |
| • | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | |
| Pai | rt II Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| • | Preservation of land for public use (e.g., recreation or education) Preservation of a historically | v important land area |
| | Protection of natural habitat Preservation of a certified hi | |
| | Preservation of open space | Storie Structure |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con- | servation |
| _ | easement on the last day of the tax year. | Held at the End of the Tax Year |
| 2 | Total number of conservation easements | 2a |
| a b | Total acreage restricted by conservation easements | 2b |
| | Number of conservation easements on a certified historic structure included in (a) | 2c |
| c d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | 20 |
| u | | 2d |
| 2 | historic structure listed in the National Register | |
| 3 | | ization during the |
| 4 | tax year ▶ Number of states where property subject to conservation easement is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| J | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | |
| U | Stan and volunteer mouls devoted to monitoring, inspecting, nanding or violations, and emorcing conservation | easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas | coments during the year |
| ′ | ** \$ | ernents during the year |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E | 3\/i\ |
| 0 | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem | |
| , | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that | |
| | organization's accounting for conservation easements. | describes the |
| Pai | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth | ner Similar Assets |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and | nd balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful | |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba | |
| D | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful | |
| | public service, provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, | |
| _ | | provide trie |
| _ | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | . ¢ |
| a h | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| IJ | Assets included in Form 990. Part X | |

| Pa | rt III Organizations Maintaining Collec | ctions of Art, Histo | rical Treasures, | or Other Similar As | sets (continued) |
|--------|---|------------------------------|-----------------------------|-----------------------------|-----------------------|
| 3 | Using the organization's acquisition, accession, and other | her records, check any o | f the following that are a | a significant use of its | |
| | collection items (check all that apply): | | | | |
| а | Public exhibition | d Loan or excha | nge programs | | |
| b | Scholarly research | e Other | | | |
| С | Preservation for future generations | | | | |
| 4 | Provide a description of the organization's collections | and explain how they furt | her the organization's e | exempt purpose in Part | |
| | XIII. | , | Ŭ | | |
| 5 | During the year, did the organization solicit or receive of | donations of art, historical | treasures, or other sin | nilar | |
| | assets to be sold to raise funds rather than to be main | | | | Yes No |
| Pa | rt IV Escrow and Custodial Arrangeme | | anization ochocion. | | |
| 1 4 | Complete if the organization answer 990, Part X, line 21. | | 90, Part IV, line 9 | , or reported an amo | unt on Form |
| 1a | Is the organization an agent, trustee, custodian or othe | r intermediary for contribu | utions or other assets n | not | |
| | included on Form 990, Part X? | | | | 🗌 Yes 🗌 No |
| b | If "Yes," explain the arrangement in Part XIII and comp | elete the following table: | | | |
| | J | 3 | | A | mount |
| С | Beginning balance | | | | |
| d | Additions during the year | | | | |
| e | Distributions during the year | | | | |
| f | Ending balance | | | | |
| | Did the organization include an amount on Form 990, F | | | | Yes No |
| 2a | | • | | | |
| b | If "Yes," explain the arrangement in Part XIII. Check he | ere if the explanation has | been provided on Part | XIII | |
| Pa | rt V Endowment Funds. | | 00 D 00 C | | |
| | Complete if the organization answer | ed "Yes" on Form 9 | | | |
| | (a) | Current year (b) Price | or year (c) Two year | s back (d) Three years back | k (e) Four years back |
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| С | Net investment earnings, gains, and | | | | |
| | losses | | | | |
| d | Grants or scholarships | 70 | | | |
| е | Other expenditures for facilities and | | | | |
| | programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
| 2 | Provide the estimated percentage of the current year e | nd halance (line 1g. colu | mn (a)) held as: | I | |
| – a | Board designated or quasi-endowment | % | (4)) 401 | | |
| b | Permanent endowment • % | | | | |
| | Temporarily restricted endowment | % | | | |
| С | | — 17 | | | |
| 0- | The percentages on lines 2a, 2b, and 2c should equal | | ald and administration of t | th - | |
| 3a | Are there endowment funds not in the possession of the | ne organization that are r | ieia ana administerea to | or the | N |
| | organization by: | | | | Yes No |
| | (i) unrelated organizations | | | • • • • • • • • • • • • • | 3a(i) |
| | (ii) related organizations | | | | 3a(ii) |
| b | If "Yes" on 3a(ii), are the related organizations listed a | • | ₹? | | . 3b |
| 4 | Describe in Part XIII the intended uses of the organiza | ation's endowment funds. | | | |
| Pa | rt VI Land, Buildings, and Equipment. | | | | |
| | Complete if the organization answer | ed "Yes" on Form 9 | 90, Part IV, line 1 | 1a. See Form 990, F | Part X, line 10. |
| | Description of property | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value |
| | | (investment) | (other) | depreciation | |
| 1a | Land | | | | |
| b | Buildings | | | | |
| C | Leasehold improvements | | | | |
| d | Equipment | 209,400 | | 93,619 | 115,781 |
| | Other | 403,400 | | 33,013 | 113,/01 |
| e | Other | orm 000 Part V salvers | (P) line 10e l | | 115 501 |
| ota | Add lines 1a through 1e. (Column (d) must equal Formula | ıııı 990, Ран Л, COlumn | , וווופ וטט.) | <u> ▶ </u> | 115,781 |

| Part VII | Investments - Other Securities. Complete if the organization answere | d "Yes" on Form 990. Par | t IV. line 11b. See Form 990. | Part X. line 12. |
|--------------------|---|---------------------------|--|------------------|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market valuation | ı: |
| (1) Financial | derivatives | | | |
| (2) Closely-he | eld equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answere | d "Yes" on Form 990, Part | t IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market va | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. Complete if the organization answere | d "Ves" on Form 990 Pari | t IV line 11d See Form 990 | Part X line 15 |
| | | escription | 117, mic 11d. Gee 1 6mm 550, | (b) Book value |
| (1) Const | ruction In Progress | oscipion | | 24,938 |
| (2) | ruccion in Flogress | | | 24,330 |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| | | | | |
| (8) (9) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 1 | 5.) | | 24,938 |
| Part X | Other Liabilities. | d "Voo" on Form 000 D | t IV line 11e or 11f Cas E | 000 Port V |
| | Complete if the organization answere line 25. | a res on Form 990, Pan | tiv, line the or thi. See Form | 1 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federal i | ncome taxes | | | |
| (2) MN Sa | les and Use Tax Payable | 136 | | |
| (3) Custo | mer Deposits and Prepayments | 16,290 | | |
| (4) Payro | ll Liabilities | 2,676 | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) | must equal Form 990, Part X, col. (B) line 25.) | 19,102 | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return. | |
|--------|--|---------------|--|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments 2a | _ | |
| b | Donated services and use of facilities | _ | |
| С | Recoveries of prior year grants | _ | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | - | |
| b | Other (Describe in Part XIII.) | 4.0 | |
| с 5 | Add lines 4a and 4b | 4c 5 | |
| | rt XII Reconciliation of Expenses per Audited Financial Statements With Per Audited Financial Statemen | | |
| ı aı | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | oci iketairi. | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | • | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | - | |
| c | Other losses | - | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Par | rt XIII Supplemental Information. | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV, lines 1b and 2b | art X, line | |
| 2; Pa | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | | |
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EEA Schedule D (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions. Inspection

Employer identification number

Chester Bowl Improvement Club 41-1410681 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations **f** Solicitation of government grants b **c** Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, No Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through Fall Fest Sil. Auction None col. (c)) (event type) (event type) (total number) Revenue Gross receipts 33,490 19,667 13,823 Less: Contributions Gross income (line 1 minus 19,667 13,823 33,490 Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 15,468 3,671 19,139 19,139 Net income summary. Subtract line 10 from line 3, column (d) 14,351 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Employer identification number

41-1410681

Chester Bowl Improvement Club 01. Form 990 governing body review (Part VI, line 11) Submitted to governing board for review and approval at board meeting prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) Written conflict of interest policy reviewed and approved annually at board meeting 03. CEO, executive director, top management comp (Part VI, line 15a) Executive director salary set by governing body based on experience, organization goals, and industry comparables. 04. Governing documents, etc, available to public (Part VI, line 19) Paper copies of form 990 and financials statements are available upon request. Attorney General also provides electronic copies of form 990 on guidestar.org.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment

Sequence No. 179 Business or activity to which this form relates Name(s) shown on return FORM 990 - 1 41-1410681 Chester Bowl Improvement Club **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 21,888 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2017 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 2,728 С 7-year property Statement d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental 27.5 yrs. S/I MM property 27.5 yrs. MM Nonresidential real 39 yrs. MM S/L MM property Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 40-year 40 yrs. MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 24,616 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 For assets shown above and placed in service during the current year, enter the

23

(Rev. January 2017)

Department of the Treasury

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

Internal Revenue Service 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 www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Chairities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print Chester Bowl Improvement Club 41-1410681 Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 1801 East Skyline Parkway filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Duluth, MN 55812 0 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Chester Bowl Improvement Club, 1801 E Skyline Parkway, Duluth, MN 55812 The books are in the care of Telephone No. ▶ 218-724-9832 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and EINs of all members the extension is for I request an automatic 6-month extension of time until , 20 19 , to file the exempt organization return 03-15 for the organization named above. The extension is for the organization's return for: alendar year 20 X tax year beginning 05-01 , 20 17, and ending 04-30 ,20 18. 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 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2017)

3b

3c \$

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 05-01-2017

, and ending 04-30-2018

2017

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.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

Chester Bowl Improvement Club

41-1410681

| Name and title of officer | | |
|---------------------------|-----------|--|
| Jennifer Jackson, | Treasurer | |

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 one line in Part I.

| 1110 | applicable line below. Bo not complete more than one line in rate. | |
|------|--|--------|
| 1a | Form 990 check here b 🗓 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 355,69 |
| 2a | Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) | |
| 3а | Form 1120-POL check here ► D b Total tax (Form 1120-POL, line 22) | |
| | Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b | |
| 5a | Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c) | |
| | | |

Declaration and Signature Authorization of Officer

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 2017 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.

Off

| icer' | s PIN: check one box only | | |
|-------|---|--|-----------------|
| X | lauthorize Eagle Accounting Services I to enter my PIN | 49832 | as my signature |
| | ERO firm name | Enter five numbers, but do not enter all zeros | |
| | on the organization's tax year 2017 electronically filed return. If I have indicated within being filed with a state agency(ies) regulating charities as part of the IRS Fed/State 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 | • | , |

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 07-31-2018

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.

415541 55802 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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.

Date ▶ 08-14-2018 ERO's signature

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

| Name (a) an about an return | | ederal Supporting S | Statements | 2017 PG01 | | |
|--|---|---|---|---|--|--|
| Name(s) as shown on retuing Chester B | m owl Improveme | nt Club | | 41-1410681 | | |
| | | Form 4562 - Lin | e 19c | Statement #5 | | |
| Basis 9,455 3,307 4,285 4,418 316 2,218 9,441 1,891 930 739 1,203 | RP 7 7 7 7 7 7 7 7 7 | CV HY | Method SL | Deduction 675 236 306 316 23 158 674 135 66 53 86 | | |
| | | | | | | |

| 990 Overflow Statement | 2017 Page 1 |
|-------------------------------|-----------------------|
| Name(s) as shown on return | FEIN |
| Chester Bowl Improvement Club | 41-1410681 |

| Description | | Amount | |
|------------------------|----|--------|--|
| Winter Souvenier | \$ | 1,404 | |
| _Equipment Expense | | 4,508 | |
| Volunteer Appreciation | | 220 | |
| Training | | 615 | |
| License and Permits | | 990 | |
| Total: | \$ | 7,737 | |

| Description | | Amount | |
|-----------------------|--------|--------|-------|
| Bank Charges | | \$ | 55_ |
| Computer and Internet | | | 1,974 |
| Postage Expense | | | 247 |
| | Total: | \$ | 2,276 |