

**ATTACHMENT 9  
IRS FORM 990**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2017**

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning _____, 2017, and ending _____, 20																		
<b>B</b> Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> Address change</td> <td style="width:45%;">C Name of organization</td> <td style="width:40%;">D Employer identification number</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Doing business as</td> <td rowspan="2">E Telephone number</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td><input type="checkbox"/> Final return/terminated</td> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td colspan="2">G Gross receipts \$</td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td colspan="2">F Name and address of principal officer:</td> </tr> </table>	<input type="checkbox"/> Address change	C Name of organization	D Employer identification number	<input type="checkbox"/> Name change	Doing business as	E Telephone number	<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		<input type="checkbox"/> Amended return	G Gross receipts \$		<input type="checkbox"/> Application pending	F Name and address of principal officer:	
<input type="checkbox"/> Address change	C Name of organization	D Employer identification number																
<input type="checkbox"/> Name change	Doing business as	E Telephone number																
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite																	
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code																	
<input type="checkbox"/> Amended return	G Gross receipts \$																	
<input type="checkbox"/> Application pending	F Name and address of principal officer:																	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																		
J Website: ▶																		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: _____ M State of legal domicile: _____																	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VII, line 1a)	3
	4	Number of independent voting members of the governing body (Part VII, line 1b)	4
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
	9	Program service revenue (Part VIII, line 2g)	Current Year
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11)	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (C), line 12)	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	
b		Total fundraising expenses (Part IX, column (D), line 25)	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		
	19 Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
	21	Total liabilities (Part X, line 26)	End of Year
	22	Net assets or fund balances. Subtract line 21 from line 20	

Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
<b>Sign Here</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Signature of officer</td> <td>Date</td> </tr> <tr> <td colspan="2">Type or print name and title</td> </tr> </table>	Signature of officer	Date	Type or print name and title												
Signature of officer	Date															
Type or print name and title																
<b>Paid Preparer Use Only</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Print/type preparer's name</td> <td style="width:30%;">Preparer's signature</td> <td style="width:10%;">Date</td> <td style="width:10%;">Check <input type="checkbox"/> if self-employed</td> <td style="width:10%;">PTIN</td> </tr> <tr> <td>Firm's name ▶</td> <td colspan="2">Firm's EIN ▶</td> <td colspan="2"></td> </tr> <tr> <td>Firm's address ▶</td> <td colspan="2">Phone no.</td> <td colspan="2"></td> </tr> </table>	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	Firm's name ▶	Firm's EIN ▶				Firm's address ▶	Phone no.			
Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN												
Firm's name ▶	Firm's EIN ▶															
Firm's address ▶	Phone no.															
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No																

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2017)

Please submit fully completed Form 990.