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

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 Inspection

Α	For the	e 2017 calendar year, or tax year beginning	and	lending	_		
В	Check if applicab	c Name of organization			D Employer id	entificat	tion number
Г	Addre	ss ANGEL FOUNDATION					
	Name chang	e Doing business as			4:	1-199	90883
Ļ	lnitial return		ivered to street address)	Room/suite	E Telephone no	umber	
	Final return	1155 CENTRE POINTE DRI	VE	7	6.3	<u>12-62</u>	<u> 27-9000 </u>
	termir ated				G Gross receipts \$		2,863,691.
L	Amen	MENDOTA DETGUTS, MIN 3	5120		H(a) Is this a gro		
L	Application pendi	F Name and address of principal officer: DAN	IEL WENINGER		for subordi	nates? .	Yes X No
		SAME AS C ABOVE			H(b) Are all subordi	nates inclu	ded? Yes No
************				or 527	If "No," atta	ach a list	t. (see instructions)
		te: ► WWW.MNANGEL.ORG			H(c) Group exer		
	Form of art I	organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 200	00 м s	tate of legal domicile: MN
α	1	Briefly describe the organization's mission or most	significant activities: TO P	ROVIDE	E EDUCATION	IA NC	ND OTHER
Governance		SERVICES TO IMPROVE THE Q	UALITY OF LIFE	THROUG	HOUT THE	CAN	CER
rna	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its	net asse	ts.
o e	3	Number of voting members of the governing body	(Part VI, line 1a)			3	14
ত প্		Number of independent voting members of the go				4	14
		Total number of individuals employed in calendar y				5	14
Activities		Total number of volunteers (estimate if necessary)				6	315
Ę		Total unrelated business revenue from Part VIII, co				7a	0.
⋖		Net unrelated business taxable income from Form				7b	0.
					Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			2,020,49	98.	2,385,174.
	i			l l		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4			51,02	25.	162,687.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-197,20		-334,707.
		Total revenue - add lines 8 through 11 (must equal		l l	1,874,33		2,213,154.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,060,85		795,809.
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		719,0	55.	781,283.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), lin					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d			442,04		378,731.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		2,221,95		1,955,823.
		Revenue less expenses. Subtract line 18 from line	12		-347,63	36.	257,331.
O.S.				Ве	ginning of Current	Year	End of Year
sets	20	Total assets (Part X, line 16)			2,800,75	51.	3,044,425.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			388,29	94.	410,692.
		Net assets or fund balances. Subtract line 21 from	line 20		2,412,45	57.	2,633,733.
P	art II	Signature Block					
Und	ler pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the bes	t of my kr	nowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge	•	
		0. (6.					
Sig	n ·	Signature of officer	•		Date		
Hei	re	DANIEL WENINGER, TREAS Type or print name and title	URER				
		Print/Type preparer's name	Preparer's signature] [Date ch	eck	PTIN
Paid	d	KAREN GRIES			if self	i-employed	P00078514
	parer	Firm's name CLIFTONLARSONALL	EN LLP		Firm's EI		11-0746749
Use	Only	Firm's address 220 SOUTH SIXTH		00		-	
		MINNEAPOLIS, MN			Phone no	.612-	-376-4500
Ma	y the If	RS discuss this return with the preparer shown abo					X Yes No
	01 11-2			ons.			Form 990 (2017)

Form 990 (2017)

Form 990 (2017) ANGEL FOUNDATION
Part IV Checklist of Required Schedules

			V	NI-
4	In the executation described in section E01(a)(2) or 4047(a)(1) (ather then a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١. ا	37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
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, 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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, VIII, 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		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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 "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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
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	40	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	21	
10	complete Schedule G, Part III	19		Х
		- 10		

Form **990** (2017)

Form 990 (2017) ANGEL FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	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	27		X
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):	No.		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	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	28c	**	X
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			37
04	contributions? If "Yes," complete Schedule M	_30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	04		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
OŁ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- J		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		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	35b		
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	

Page 5

Form 990 (2017) ANGEL FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response or note to any line in this Part V					
1a Enter the number reported in Box 3 of Form 1096. Enter-OF in not applicable 1b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						Yes	No
be Enter the number of Forms W26 included in line 1s. Enter of Line of applicable or Diff the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize witners? 2a Enter the number of employees reported on Form W3, Transmitted of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization like all required federal employment tax returns? 2b If the calendar year end of the federal employment tax returns? 2c If the organization have unrelated businesses gross income of \$1,000 or more during the year? 3a If the organization have unrelated businesses gross income of \$1,000 or more during the year? 3b If If Yes, it field a form \$900 Tor for the year? If No! * * * * * * * * * * * * * * * * * * *	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			SPA
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garwing (gambling) winnings to prize winners? 2a Etter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by the return Note. If the sum of lines 1a and 2a is greater than 250, you may be required idental employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-Re (see instructions) 3a Did the organization have unrelated business greater than 250, you may be required to e-Re (see instructions) 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O. 3b If "Yes," and during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country? 5a instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBATI). 5b Was the organization have the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 88861? 6b Does the organization have armad gross receipts that are normally greater than \$100,000, and did the organization acciding any contributions that were not tax deductible as charitable contributions? 6c If "Yes," to line the organization that it was or is a party to a prohibited tax shelter transaction? 6c Did the organization start any receive deductible contributions under section 170(c). 6d If "Yes," indicate the number of Formes 8282 filed during the year 6d Party organizations that may receive deductible contribution and party for poods and sarvices provided to the pega? 7c If If yes," indicate the number of Formes 8282 filed during the year 6d Did the organ	_		1b	0			
2a Earter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If the organization have unstated business gross income of \$1,000 or more during the year? 3a Did the organization have unstated business gross income of \$1,000 or more during the year? 3a A any time during the calendar year, did the organization fall was an explanation in Schedule O 3b If **Yes,** has if filed a form 990* for this year? If **Ne,** for line 3b, provide an explanation in Schedule O 3b If **Yes,** for the name of the freeign country.* 5a Vas the organization a party to a prohibited tax sharks account, securities account, or other financial account;? 5a Was the organization a party to a prohibited tax sharks transaction at any film during the tax year? 5b If **Yes,** for line Sa or Sb, did the organization file Form 8866*17 6c If **Yes,** to line Sa or Sb, did the organization file Form 8866*17 6c If **Yes,** to line Sa or Sb, did the organization file Form 8866*17 6d Does the organization and year year year year year year year year	С		eporta	ble gaming			
2a Earter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year anding with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b Ich the organization have unstated business gross income of \$1,000 or more during the year? 3c Ich the vignatization have unstated business gross income of \$1,000 or more during the year? 3c Ich in Vesa, has it filed a form 950°1 for this year? If "No," to line 3b, provide an explanation in schedule O 3c Ich and A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c Ich 1 **Yes, **Ich line for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5d Was the organization a party to a prohibted tax shefer transaction at any time during the tax year? 5d Ich 1 **Yes, **Ich line 5a or 5b, did the organization file Form 886617 6d Does the organization and party to a prohibted tax shefer transaction at any time during the tax year? 5d Did any taxable party notify the organization file Form 886617 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d If **Yes, **Ich the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Ich were not tax deductible? 7d Ich 1 **Yes, **Ich the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Ich 1 **Yes, **Ich the organization include with every solicitation an express statement that was required to the payor? 7d Ich 1 **Yes, **Ich the organization include with every solicitation and express statement that such contributions organiz		(gambling) winnings to prize winners?	······		1c		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gress income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 950-T for this year? If "No," to film 3b, provide an explanation in Schedule O. 3b If "Yes," and uning the calendary says did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time the name of the foreign country. ► 5b If "Yes," a first the anamodist of the foreign country. ► 5c If Yes, and the organization are provided tax shelter transaction at any time during the tax year? 5c If Yes, to line is a rost, bid the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, to line is a rost, bid the organization file Form 8886-17 6c If Yes, to line is a rost, bid the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, to line is a rost, bid the organization file Form 8886-17 6c If Yes, to line is a rost, bid the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, to line is a rost, bid the organization file Form 8886-17 6d If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 6d If the organization solice apartment in exacts of \$75 made partly set a contributions or gifts were not tax deductible? 7c Organization solice apartment in exacts of \$75 made partly set a contribution and partly for goods and services provided to the payor? 7b If If Yes, and the organization is exacts of \$75 made partly set a contribution or payor than the payor to receive the payor than the payor than the pa	2a						
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If "Yes," has it filed a Form 990 T for this year? If "No," to line \$3, provide an explanation in Schedule O 3 the financial account? If year or year of the organization have an interest in, or a signature or other authority over, a financial account in a forcing country [who has a bark account, even from a count in a forcing country.] 4 As A arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? Year of the financial account in a forcing country. If year organization as a bark account, even from the financial account in forcing and interest of the financial accounts (FBAR). 5 West the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Lat Year, "to line Sa or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 Lat Year, "to line Sa or 50, did the organization line Form 8980-T? 6 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 chariatable contributions? 6 Lat Year, "I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Use organization state and solicity and the organization include with every solicitation and party for goods and services provided to the payor? 7 The X Year, "Indicate the rumber of Forms 8282 filed during the year 9 If "Yes," indicate the rumber of Forms 8282 filed during the year 10 Life the organization received a contribution of customic file organization for that Contribution of customic file organization for that Contribution of		filed for the calendar year ending with or within the year covered by this return	2a	14			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filed a Form 990°T for this year? If "No," to fine 3b, provide an explanation in Schedule O 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If "Yes," note the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," in ine 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," in the organization related an enual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d bif the organization receive apprent in secses of \$75 made party as contribution and party for goods and services provided to the payor? 7a X Y 7b If "Yes," indicate the number of Forms 8282 filed during the year 9c Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8d Sponsoring organization received an contribution of cars, boats, airpl	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	•••••	2b	X	
b if "Yes," has it filled a Form 990-T for this year? If "No." to fine 3b, provide an explanation in Schedule O A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securibes account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5b If "Yes," in the same that the same is a party to a prohibited tax shelter transaction? 5c Comparization have annual gas a charitable contributions. 6a Was the organization have annual gas a charitable contributions. 6b If "Yes," indicate the number of the same seems of \$75 made party as a contribution and party for goods and services provided to the province of the organization receive a payment in access of \$75 made party as a contribution and party for goods and services provided to the province of the organization receive a payment in access of \$75 made party as a contribution and party for goods and services provided to the province of the organization receive any funds, directly or indirectly, to any personal property for which it was required to the Form 8882 filed during the year 6b If "Yes," indicate the number of Forms 8826 filed during the year 7c Views," indicate the number of Forms 8826 filed during the year 7d If the organization received any funds, directly or indirectly, to any personal benefit contract? 77 Yes, If the organization received any funds, directly or indirectly, or a personal benefit contract? 77 Yes, If the organization recei		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	•••••			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR), See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions of the organization that it was or is a party to a prohibited tax shelter transaction? See If Yes, ** to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? See If Yes, ** to line 5a or 5b, did the organization financial accounts with a service of the organization relation and accounts and contributions of the service of the organization include with every solicitation and party for goods and services provided to the payor? Organization receive a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor? The Section 50 (FPs, **) did the organization notity the donor of the value of the goods or services provided? 7a X X or 15 Fee, ** did the organization notity the donor of the value of the goods or services provided? 7a X X or 15 Fee, ** did the organization notity the donor of the value of the goods or services provided? 7a X X or 15 Fee, ** did the organization received a payment in excess of \$75 mate party as a contribution of payment and the payor? 7a X X or 15 Fee, ** did the organization received a payment in excess of \$75 mate party as a contribution of the good or services provided? 7a X X or 15 Fee, ** did the organization notity in the donor of the services provided? 7a X X or 15 Fee, **	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		•••••	За		Х
thrancial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF), b f "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements for financial Accounts (FBAF), See instructions for filing requirements (FBAF), See instructions for filing requirements (FBAF), See instructions for advised funds and party torgods and services provided to the party of the filing filing form filing form sonal benefit contract? Tell X if the organization received a contribution of qualified intellectual property, did the organization filing Form 8999 as required? If the organization received a contribution of	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	•••••	3b		
b if Yes,* enter the name of the foreign country: ► See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X b Idl any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 16** 5c 18** 5	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
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 shelfer transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 882e? 7d If "Yes," indicate the number of Forms 8282 filed during the year 6b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f Did the organization received a contribution of qualified intellectual property, did the organization file form 8899 as required? 7f If If the organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distribution sunder section 4966? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have access business holdings at any time during the year? 9 Sponsoring organization have access business holdings		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization life Form 8886-17 5c 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? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 7d Did the organization and party the donor of the value of the goods or services provided? 7d Did the organization shall be seen to sale of the goods or services provided? 7d Did the organization shall be seen to sale of the goods or services provided? 7d Did the organization shall be seen to sale of the goods or services provided? 7d Did the organization shall be seen to sale of the goods or services provided? 7d Did the organization shall be seen to sale of the goods or services provided? 7d Did the organization shall be seen to sale of the goods or services provided? 7d Did the organization shall be seen to sale of the goods or services provided? 7d Did the organization shall be seen to sale of the goods or services provided? 7d Did the organization during the year pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? 7d Did the sponsoring organization make any taxable distributions under section 4966? 7d Did the sponsoring organization make any taxable distributions under section 4966? 7d Did the sponsoring organization make any taxable distributions under section 4966?	b	If "Yes," enter the name of the foreign country: ►					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 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 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 c View, indicate the number of Forms 8282 filed during the year 7 c If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X 7 f If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 T X 7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Fores received from them) 10 Section 4947(a)(1) non-exempt ch		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	its (FBAR).			4914
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 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? 6	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a_		
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? Yes If 'Yes, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? Ya X	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		X
any contributions that were not tax deductible as charitable contributions? If Y'es, 'di di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To X 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? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report o	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit			
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 X b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8898? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization nave excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a linitiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders for sos income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization included information the organization must report on Schedule					6a		X
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 A X 7 B	b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts			
a 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c					6b		1970 F700
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	7	- · · · · · · · · · · · · · · · · · · ·				ASSESSED FOR	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	а						
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c					7b	X	
d if "Yes," indicate the number of Forms 8282 filed during the year Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 X 77 X 78 JX 79 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 79 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 70	С		as req	uired	_		**
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h 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 sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: a 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 Did b Gross income from members or shareholders B Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Did If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 E Hotel the amount of reserves on hand 13a It a Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization is lic			 I	I	7c	sine in	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization. Enter: a 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 11 Did 11 Section 501(c)(12) organizations. Enter: a 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.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13b C Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b C				-10			37
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a 10 Section 501(c)(7) organizations. Enter: a 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 10b 11a 12c Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13b 11b 12c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b							
h 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 sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13b C Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X It has a done or the surface of the surfa							Λ
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 15 11a 15 11b 15 11b 16 11b 17 12c 16 11b 17 12c 16 11b 17 12c 16 11c 17 12c				***			
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 10b Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					///	855X	
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 10c	•		-		Ω	40,689,67	
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a 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 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders foross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9		••••••		- (a)		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a 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 10b Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					Qa	trevent seri	
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12							
a 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 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 1s 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. 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	· · · · · · · · · · · · · · · · · · ·	10a				
11 Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	а	*** * *	11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				MENS!	
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 Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а				13a		110000
organization is licensed to issue qualified health plans							
c Enter the amount of reserves on hand	b		ı	,			
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13b				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c		VMARK		
							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000	

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.

	to line bu, ob, or rob below, describe the circumstances, processes, or changes in correduce of oce instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		18360 NO1	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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		X
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 have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
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	2000
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		4550	1838
а	The governing body?	8a	X	•
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	•	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		11a	X	, virintela
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Willes.
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	Х	
С				
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	-sadical
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?		77	
		15a	X	**
b	Other officers or key employees of the organization	15b	As take	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	HERION.	_X_
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			
<u>C</u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN			
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) a	vailab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	finan	cial	
	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:			
	ANDREW ROSEN - 612-627-9000			
	1155 CENTRE POINTE DRIVE, NO. 7, MENDOTA HEIGHTS, MN 55120			

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.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MIKE BUTTRY	3.00	X		x				0.	0.	0.
CHAIR (2) DAWN M. KESSLER	3.00	27		-22		 	 	0.	•	
VICE CHAIR & SECRETARY	3.00	x		x				0.	0.	0.
(3) S. VINCENT O'BRIEN	3.00			^^			-	Ŭ.		0.
TREASURER	3100	X		х				0.	0.	. 0.
(4) MARGIE SBOROV	10.00								-	
FOUNDER AND DIRECTOR		X		х				0.	0.	0.
(5) SHELLY ESPINOSA	1.00									
DIRECTOR		X						. 0.	0.	0.
(6) KARIN BULTMAN	1.00									
DIRECTOR		X						0.	0.	0.
(7) CATHY CASEY, MD	1.00									
DIRECTOR		X						0.	0.	0.
(8) MARY C. COOK, PHARM.D.	1.00								_	
DIRECTOR	1 00	X				-		0.	0.	0.
(9) KELLY GROSKLAGS	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(10) JAMES KENT	1.00	X						0.	0.	0
DIRECTOR	1.00	Δ						0.	0.	0.
(11) STEVE A. MERWIN DIRECTOR	1.00	Х						0.	0.	0.
(12) STEVE PHILLIPS	3.00	22						0.	0.	
DIRECTOR	3.00	х						0.	0.	0.
(13) RAGHU PILLAI	1.00	==-						-		
DIRECTOR		x						0.	0.	0.
(14) DAN WENINGER	1.00									
DIRECTOR		X						0.	0.	0.
(15) ANDREW ROSEN	45.00									
PRESIDENT				X	L.,			118,379.	0.	9,750.
					ĺ					
		L	L	L	L	L	L			Form 990 (2017)

Part VII Section A. Officers, Directors, True	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)		
(A)	(B)			(0	C)			(D)	(E)		F)
Name and title	Average	١,.		Posi				Reportable	Reportable	1	nated
	hours per	box	, unle	ss pe	rson i	than is bot	h an	compensation	compensation		unt of
	week					or/trus		from	from related	1	her
	(list any	ctor						the	organizations	compe	ensation
	hours for	ndividual trustee or director				pa		organization	(W-2/1099-MIS	C) from	n the
	related	tee o	nstee			ensal		(W-2/1099-MISC)		orgar	nization
•	organizations	重	institutional trustee		Key employee	d mo				and	related
	below	vid ua	tutio	la:	dwa	loyer	삘			organ	izations
	line)	Indi	insti	Officer	Key	Highest compensated employee	Former				
		1									
		1									
		├─			 	 -					
		1									
		1									
	1						٠				
		1									
		1									
·											
1b Sub-total								118,379.		0. 9	,750.
c Total from continuation sheets to Part V								0.		0.	0.
								118,379.			,750.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·	000 of vanavtable		, 150.
2 Total number of individuals (including but	not limited to tr	iose	liste	ea ai	DOVE	e) wr	10 re	eceived more than \$100	,000 of reportable	,	1
compensation from the organization											
										Declare to	es No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or!	highest compensated e	mployee on	1888	
line 1a? If "Yes," complete Schedule J for	such individual									3	X
4 For any individual listed on line 1a, is the s	um of reportab	le co	ompe	ensa	ation	and	d otl	her compensation from	the organization		
and related organizations greater than \$15	0.000? <i>If "Yes.</i>	" co	mple	ete S	Sche	edule	e J f	for such individual	_	4	X
5 Did any person listed on line 1a receive or											
rendered to the organization? If "Yes," con	•				•			-		5	Х
	ipiete Scriedui	e 	UI SI	JUIT	pers	SOII .			************************	3	. 22
Section B. Independent Contractors		al	1			*		death as a fire of the control of	\$100.000 - f		
1 Complete this table for your five highest co										bensation fro	ıΠ
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthir	n the organization's tax	ear.		
(A)								(B)		(C)	- 45 -
Name and business	address							Description of s	ervices	Compens	ation
HILTON MINNEAPOLIS											
1001 S MARQUETTE AVE, MI	NNEAPOL:	IS.	, 1	M	5	54(3	EVENT VENUE		144	,241.
• .											
	-										
]				
	•										
·	· .										
2 Total number of independent contractors	including but n	ot li	mite	d to	tho	se lis	sted	d above) who received m	ore than		
\$100,000 of compensation from the organ						1.	-	,			
φ100,000 of compensation normale organ					-					- 0	20 (004.7)

Form 990 (2017)

ANGEL FOUNDATION

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a respons	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats its	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
اؤيُّ	С	Fundraising events	1c	856,419.				
a ii		Related organizations						
S,E		Government grants (contribut						
Sign		All other contributions, gifts, gran	·					
he	•	similar amounts not included above	1 1	1,528,755.				
풀	a	Noncash contributions included in lines		•				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			2 385 174.			
				Business Code	THE RESERVE OF THE PARTY OF THE			
ø	2 a	l			Admin 0*4100 0.001 0.000 0 0			
ξ	b							
Ser	c							
E &	d			1				
Program Service Revenue	- -							
Pro	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
-	3	Investment income (including						
	•	other similar amounts)			46,471.			46,471.
	4	Income from investment of tax			10,1,1,			
	5	Royalties	' - '	· ·			,	
	J	noyumes	(i) Real	(ii) Personal				
	6 a	Gross rents	(I) FICAL	(ii) i cisoriai				
		Less: rental expenses						
		: Rental income or (loss)						
					es establishment extra desprishes	1 1954 A Signatur (1 1945 - 1951 - 19	·	
		Gross amount from sales of	(i) Securities				BARKARAKAN.	
	, a	assets other than inventory	368,94	1 ','				
	h	Less: cost or other basis	300,94	0.				
	D	and sales expenses	252 72	0				
	_	Gain or (loss)	252,73					
,		Net gain or (loss)			116,216.	principal forms of an instruction	STATE SAME STATE AND STATE OF THE	116 216
		Gross income from fundraising			110,210.			116,216.
ne l	o a	including \$ 856	•	ľ				
Ver		contributions reported on line	•					
ag		•	•	62 100				
Other Revenu	L	Part IV, line 18						
δ		Net income or (loss) from fund						324 707
		Gross income from gaming ac		·	-334,707.			-334,707.
	Эа	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam				100 St. 100 St	Company of the second	7597493454545441444144
		Gross sales of inventory, less	_					
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale					and Selection for an experience of the first	and the control of th
ł		Miscellaneous Revenu		Business Code				
	11 ~		IU	Business Code			The state of the s	
	11 a			-				
	b							
	C							
		All other revenue • Total. Add lines 11a-11d						350000000000000000000000000000000000000
		Total revenue. See instructions.			2 212 154	an research express pressions and agree	Lucia seles susceptibles segues	172 020
	12	TOTAL LEVELIUE. SEE HISH BURNOHS.			2,213,154.	0.	0.	-172,020,

Form 990 (2017) ANGEL FOUNDATION Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		охронова	general expenses	САРСИЗСЗ
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	795,809.	795,809.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	128,131.	51,252.	64,066.	12,813
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	566,877.	428,964.	53,730.	84,183
8	Pension plan accruals and contributions (include				_
	section 401(k) and 403(b) employer contributions)	17,572.		970.	2,693 2,344
9	Other employee benefits	15,583.		1,224.	2,344
10	Payroll taxes	53,120.	36,942.	8,626.	7,552
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	39,148.		39,148.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			Salata de Visigni	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	45,868.	226.	45,493.	149
12	Advertising and promotion	4,581.			The state of the s
13	Office expenses	30,454.	15,722.	8,076.	6,656
14	Information technology	25,350.	16,992.	4,435.	3,923
15	Royalties				
16	Occupancy	71,075.	52,136.	9,728.	9,211
17	Travel	24,248.	11,671.	3,504.	9,073
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	16			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			NEW COLUMN COLUM	
22	Depreciation, depletion, and amortization	16,183.	11,867.	2,232.	2,084
23	Insurance	4,625.	3,404.	629.	592
24	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.)				
_	SUPPLIES	102,148.	98,242.	1,259.	2,647
a b	BANK FEES	10,287.	4,236.	707.	5,344
C	TRAINING/EDUCATION	4,764.	455.	645.	3,664
	TIGITIATIO, EDOCULTON	4,704.	400.	040.	3,004
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,955,823.	1,558,423.	244,472.	152,928
25 26	Joint costs. Complete this line only if the organization	1,222,043.	1,330,443.	444,4/4.	134,348
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

rt X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	454,999.	1	554,418.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	14,870.	4	25,038.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L	TRANSPORTED TO THE STATE OF THE	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 instr). Complete Part II of Sch L	Markatan maratan 11 muliu 11 mali 18 ayil 193	6	
7	Notes and loans receivable, net		7	THE PERSON NAMED OF THE PE
8	Inventories for sale or use	5,553.	8	5,555.
9		34,846.	9	40,824
10a		34,040.	9	40,024
104	basis. Complete Part VI of Schedule D 10a 112,647.			
L	Less: accumulated depreciation 10b 91,378.	37,452.	40-	21 260
b		2,249,772.	10c	21,269. 2,394,062.
11	Investments - publicly traded securities	4,443,114.	11	4,354,004
12	Investments - other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	2 250	14	2 250
15	Other assets. See Part IV, line 11	3,259.	15	3,259
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,800,751.	16	3,044,425
17	Accounts payable and accrued expenses	89,856.	17	88,796
18	Grants payable	0.	18	86,306
19	Deferred revenue	298,438.	19	235,590
20	Tax-exempt bond liabilities	····VE/ARX	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	Manus, verski skalada (1986–1980) a salada
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		196	
	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		25	
26	Total liabilities. Add lines 17 through 25	388,294.	26	410,692.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,000,999.	27	2,020,638.
28	Temporarily restricted net assets	111,064.	28	131,643.
29	Permanently restricted net assets	300,394.	29	481,452.
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,412,457.	33	2,633,733.
34	Total liabilities and net assets/fund balances	2,800,751.	34	3,044,425.

Form **990** (2017)

	1990 (2011) ANGEL FOUNDATION	<u> </u>	<u> </u>	1 0	ye z		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,21	3,1	<u>54</u> .		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,95	5,8	23.		
3	Revenue less expenses. Subtract line 2 from line 1	3	25	7,3	31.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,41	2,4	<u>57.</u>		
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8	-10	0,3	38.		
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	2,63	3,7	33.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990:						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
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	d on a					
	separate basis, consolidated basis, or both:		1554.51 ECONT				
	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 separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audi	it				
	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	ired audi	t				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	*****	3b		<u> </u>		

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** ANGEL FOUNDATION 41-1990883 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

(Form 990 or 990-EZ) 2017 ANGEL FOUNDATION 41-1990883 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 1,505,063 1,626,370 1,616,261 2,020,498 2,414,059 9,182,255 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 40,368 52,612 124,835 44,854 46,471 309,140 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 Gross receipts from related activities, etc. (see instructions) 12 2,294,160 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 91.20 15 88.55 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	Sec	ction A. Public Support						
1 Gilfs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues level for the organization include any "unusual grants.") 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 1,505,063 1,625,370 1,615,261 2,020,498 2,414,059 9,182,25: 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 526,131 8,656,120 1,615,261 2,020,498 2,414,059 9,182,25: Section B. Total Support Cellendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Add income from interest, dividends, payments received on securities loans, ronts, royalties, and income from interest, dividends, payments received on securities loans, ronts, royalties, and income from include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines? Through 10 12 Total support decided 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? Through 10 12 Gross receipts from reclade activities, etc. (see instructions) 12 Consultation of Public Support Percentage Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage 14 Ordan Section Support percentage for 2016 Schedule A, Part II, line 14 15 Public support percentage for 2016 Schedule A, Part II, line 14 16 Sea. 55 16 Sa 31/3% support test – 2017. If the organization did not check the box on line 13, etc. 15 is 31/3% or more, check this box and stop here. The organization did not check a box on line 13, etc. 15 is 31/3% or more, check this box and and the Part VI how the organization meets the "facts-ad-circumstances test. 2016. If the organization did not check a box on l	Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,25* The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 8 Public support, support discovering the services of the amount shown on line 11, 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,25* Section B. Total Support Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (offsel year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) (d) 2018 (e) 2017 (f) (e) 2018	1	Gifts, grants, contributions, and				1		
Tax revenues levided for the organization benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either through 3		· -						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			1 505 063	1 626 370	1 616 261.	2 020 498	2 414 059	9 182 251
tazion's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Sustaint is feer line 4 8 .656. 12/ 8 .656. 12/ 8 .656. 12/ 8 .670. 1 .616. 261. 2 .020. 498. 2 .414. 059. 9 .182. 25: 1 Amounts from line 4 1 .505. 063. 1 .626. 370. 1 .616. 261. 2 .020. 498. 2 .414. 059. 9 .182. 25: 2 .6 Public support. Sustaint is feer line 4 8 .670s income from interest, dividends, payments received on securities learns, rents, royaties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assest (Explain in Part VI). 11 Total support. Add lines 1 through 10 12 .070s receipts from related activities, etc. (see instructions) 13 First five years. If the Form 900 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 .7 (line 14) 16 .7 (line 14) 17 a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 18. 55 18 .3 1/3% support etc - 2017 (line 6, column (f) divided by line 11, column (f)) 18 .3 1/3% support etc - 2017 (line 6, column (f) divided by line 11, column (f) is 14 19 .1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	2		, , , , , , , , , , , , , , , , , , , ,	, , , , , , ,				, 101, 101,
or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total, Add lines! through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtest line 6 from line 4 8 ESCTION B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,253 (d) 2016 (e) 2017 (f) Total 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,253 (d) 2016 (e) 2017 (f) Total 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,253 (d) 2016 (e) 2017 (f) Total 2,000 (f) 2016 (e) 2017 (f) 2016 (_					•	, ,
3 The value of services or facilities furnished by a governmental unit to the organization without charge to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support, Servincel line 5 from line 4 5 Pection B. Total Support Callendar year (or fiscal year beginning in) 7 Amounts from line 4 1,505,063, 1,526,370, 1,616,261, 2,020,498, 2,414,059, 9,182,25; dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Not income from inrelated 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 assests (Explain in Part VI). 11 Total support. Add lines 7 through 10 2 Pection C. Computation of Public Support Percentage 14 Public support percentage for 2016 (Schedule A, Part II, line 14. 15 Public support percentage for 2016 Schedule A, Part II, line 14. 16 Public support percentage for 2016 Schedule A, Part II, line 14. 18 B 88.55 19 33 1/3% support test - 2017. If the organization did not check the box on line 13, fiea, or 16b, and line 14 is 191.20 10 Other facts-and-circumstances test - 2017. If the organization did not check he box on line 13, fiea, or 16b, and line 14 is 190.40 19 Public support percentage from 2016 Schedule A, Part II, line 14. 19 Sa 31/3% support test - 2017. If the organization did not check he box on line 13, fiea, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The color support event, each this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The color hand of the check hos on line 13, fiea, or 16b, and line 14 is 10% or more, and if the								
funished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	3							
## Total. Add lines 1 through 3	٥							
4 Total. Add lines 1 through 3		-	ľ					
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, 526, 131 6 Public support subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)		· · · ·	1 505 062	1 606 270	4 646 064	0.000.400		
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)			1,505,063.	1,626,370.	1,616,261.	2,020,498.	2,414,059.	9,182,251.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 526_131 6 Public support. Subtract line 5 tom line 4 Section B. Total Support Calendar year (or fiscal year beginning in)	5							
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 526,131 6 Public support. Subtract line 5 from line 4. 8 656, 127 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,253 (d) 2016 (e) 2017 (f) Total 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,253 (d) 2016 (e) 2017 (f) Total 2,020,498, 2,414,059, 9,182,253 (e) 2017 (f) Total 2,020,498, 2,414,059, 9,182,253 (e) 2018 (e) 2018 (e) 2018 (e) 2018 (e) 2019		* *						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 526,131 6 Public support. Subtract line 5 from line 4. 8,655,12t Section B. Total Support 7 Amounts from line 4 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,253 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 40,368,52,612,124,835,44,854,46,471,309,140 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 2								
amount shown on line 11, column (f) 526, 131 8 Public support. Subtract line 5 from line 4. 8 extion B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Total Support B. Total Support B. Total Support B. 1, 505, 063, 1, 626, 370, 1, 616, 261, 2, 020, 498, 2, 414, 059, 9, 182, 253 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 40, 368. 52, 612. 124, 835. 44, 854. 46, 471. 309, 140 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 9, 491, 391 12 Gross receipts from related activities, etc. (see instructions) 12 2, 2,294, 160 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 88.55 15 a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization was 17 and 17 the organization did not check a box on line 13 in 18, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
column (f) 526,131 6 Public support. Subtract line 5 from line 4. 8,656,120 Section B. Total Support Calendar year (or fiscal year beginning in) \(\) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,253 (dividends, payments received on securities loans, rents, royalties, and income from similar sources 40,368,52,612,124,835,44,854,46,471,309,140 (e) 2016 (e) 2017 (f) Total 7 Amounts from line 8 (f) 4 (f)								
6 Public support. Subtract line 9 from line4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 1,505,663 1,626,370 1,616,261 2,020,498 2,414,059 9,182,253 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 40,368 52,612 124,835 44,854 46,471 309,140 9 Net income from unrelated business activities, whether or not the business is regularly carried on 40,368 52,612 124,835 44,854 46,471 309,140 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 9,491,391 2 Gross receipts from related activities, etc. (see instructions) 12 2,294,160 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 91.20 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 88.55 B 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
Section B. Total Support Calendar year (or fissal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,255 (d) 2016 (e) 2017 (f) Total 1,505,063, 1,626,370, 1,616,261, 2,020,498, 2,414,059, 9,182,255 (d) 2016 (e) 2017 (f) Total 2018 (f) Total 2017 (f) Tota		column (f)						526,131.
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 1,505,063 1,505,063 1,626,370 1,616,261 2,020,498 2,414,059 9,182,253 (in) Total 309,140 (in) Total 4 (in) Gens income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12							NEWS TOTAL	8,656,120.
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	Sec	ction B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2016 Schedule A, Part II, line 14 16 88.55 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources 40,368. 52,612. 124,835. 44,854. 46,471. 309,140 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	7	Amounts from line 4	1,505,063.	1,626,370.	1,616,261.	2,020,498.	2,414,059.	9,182,251.
securities loans, rents, royalties, and income from similar sources 40,368. 52,612. 124,835. 44,854. 46,471. 309,140 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 2,294,160 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	8	Gross income from interest,						
and income from similar sources		dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 9,491,391 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage form 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		securities loans, rents, royalties,						
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 9,491,391 12 Gross receipts from related activities, etc. (see instructions) 12 2,294,160 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 91.20 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 88.55 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		and income from similar sources	40,368.	52,612.	124,835.	44,854.	46,471.	309,140.
business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 a3 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 a 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	9	Net income from unrelated business				-	-	
business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 a3 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 a 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		activities, whether or not the						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	10				***************************************			
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 9 491, 391 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 88.55 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		_						
11 Total support. Add lines 7 through 10 9, 491, 391 12 Gross receipts from related activities, etc. (see instructions) 12 2, 294, 160 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 91.20 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 88.55 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		· · · · · · · · · · · · · · · · · · ·						
12 2, 294, 160 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	11							0 401 301
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 88.55 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		.,		```	· grown and who assume water, and		12 2	
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 88.55 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 88.55 16a 33 1/3% support test - 2016. If the organization did not check a box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		•	•	,			*	1274,100.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 3 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 19 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the			-			•	, , , ,	
15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	Sec	ction C. Computation of Publ	ic Support Per	centage				
15 Public support percentage from 2016 Schedule A, Part II, line 14 16 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	14	Public support percentage for 2017 (I	ine 6, column (f) div	rided by line 11, c	olumn (f))		14	91.20 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	b							
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	17a							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			_					,
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the					-	•	-	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	h							
	J		_				•	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18				•			.
Schedule A (Form 990 or 990-EZ) 201			g.cst snort a b		, , iru, or iru			

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 ANGEL FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar 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 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the		:				
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		`				*
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that				•		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		I.V. Land College College			Alaini ann an 1995 - I	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
, , , , , , , , , , , , , , , , , , ,						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	he organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here			·····		***************************************	>
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2017 (lin	ie 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2016				·····	16	%
Section D. Computation of Invest	tment Incom	e Percentage				
17 Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17.	%
18 Investment income percentage from 20)16 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the o	rganization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	d stop here. The	organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2016. If the o	rganization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization					-	

Voc No

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3a 3b 3c 4a 4b 4b 5c 5c 5c 5c 5c 9b 5c 7 8 8 9a 9b		Yes	No
2 3a 3b 3b 4c 4c 4c 5a 5b 5c 5c 6 7 8 8 9a 9b	1		
3a	70800000000		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 8	-		
3c			
4a			
4b			
5a 5b 5c 6 7 8 9a			
5a			
5b 5c 6 7 8 8 9a 9b			
6 7 8 9a 9b	5b		71,65
7 8 9a 9b			
9a 9b			250,000
9a 9b	8		
9b			
	9b		
00	90		
10a	10a		
10b		5.75	

AEO ONTAT

Sche	edule A (Form 990 or 990-EZ) 2017 ANGEL FOUNDA'LLON 41-	TAAAAR	3 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
		(100 to 100 to 1	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			THE STATES
	below, the governing body of a supported organization?	11a	 	-
	A family member of a person described in (a) above?	11b	<u> </u>	ļ
	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	L	<u> </u>
Sec	ction B. Type I Supporting Organizations			Т
		Sections	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	10111111111	l session	1251174
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1 (3.35-3da)	vástvátskí	
2	Did the organization operate for the benefit of any supported organization other than the supported		N	
	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,			0.35(4)
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Sec	tion C. Type II Supporting Organizations		r	1
		3,0,350,535	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	Ĺ	<u> </u>
Sec	tion D. All Type III Supporting Organizations	1		
		1 1000000000000000000000000000000000000	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		No.	13000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		117
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		COUNTRIAN
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u></u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions)	
2	Activities Test. Answer (a) and (b) below.	F-1212-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	113,000		
	that these activities constituted substantially all of its activities.	2a	1044045.000	<u> </u>
b				
	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	150000		
	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	953866		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in Pa	rt VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		-
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	150.00		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		****
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		•
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting organ	ization (see
	instructions)	-		•

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 а **b** From 2013 c From 2014 **d** From 2015 e From 2016 f Total of lines 3a through e g 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: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 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. Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

		•
AN	IGEL FOUNDATION	41-1990883
Organization type (check o	ne):	
Filers of:	Section:	·
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.
For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	· ·
year, contributions is checked, enter h purpose. Don't con	exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious inplete any of the parts unless the General Rule applies to this organization because it is, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 (Form 990, 990-EZ, or 990-PF).	* * * * * * * * * * * * * * * * * * * *

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

ANCTI.	FOUNDATION

41-1990883

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 231,288.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	realite, address, and 2st 7-4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

ANGEL	FOIDID	ΔጥT	വ

41-1990883

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization ANGEL FOUNDATION 41-1990883 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization ANGEL FOUNDATION Employer identification number 41-1990883

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		·
	:		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of greate from (during year)		
4	Aggregate value at and of year		,
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose confe	erring
Pai	t II Conservation Easements. Complete if the organ	ization 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 edu	cation) Preservation of a historicall	y important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
C	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired after		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	nization during the tax
	year >		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it has	11.0	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	***************************************	
U	b	naming of violations, and officing conservat	ion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation e	asements during the year
•	▶ \$	g of violations, and officially contours	addinioned during the year
8	Does each conservation easement reported on line 2(d) above s	eatisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the or	ganization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of A	art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhibi	tion, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			▶ \$
2	If the organization received or held works of art, historical treasure	ıres, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 $$		
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.	Schedule D (Form 990) 2017

Scho	dule D (Form 990) 2017 ANGEL F (OUNDATION		·	41-19	22022	3 p	ago 2
	t III Organizations Maintaining Co		t Historical Tr	easures or Oth				aye Z
3	Using the organization's acquisition, accessic							18
Ü	(check all that apply):	ni, and other records	s, officer any of the	Tollowing that are a	significant asc of its	CONCOLIO	ar itori	13
а	Public exhibition	d	Loan or evo	hange programs				
b	Scholarly research	e e	Other	nange programs				
C		llactions and avalain	how though wther t	ha arganization!a av	ament auronaaa in Da	-4 VIII		
4	Provide a description of the organization's co	·	-	-		rt XIII.		
5	During the year, did the organization solicit or					٦.,		٦
Dai	to be sold to raise funds rather than to be ma					Yes_		<u>No</u>
Га	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizatio	n answered "Yes" o	n Form 990, Part IV	, iine 9, o	r	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other assets no	ot included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII a							
		•				Amoun	nt	
С	Beginning balance				1c	•		
d	Additions during the year					,		
e	Distributions during the year				1 1			
f	Ending balance				1 1			
-	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.							j
	t V Endowment Funds. Complete if							
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r vears	hack
1a	Beginning of year balance	1,693,309.	1,273,689.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				689.
b	Contributions	115,363.	1,213,003.	50,000	,			409.
c	Net investment earnings, gains, and losses	48,105.		30,000.	38,096			.591.
ď	Grants or scholarships	40,103.			30,030	•	41	, 391.
	Other expenditures for facilities					1		
C	. '							
	and programs Administrative expenses	-	-			<u> </u>		
٠ ~		1 056 777	1 272 620	1 077 600	1 002 600	1	100	
g	End of year balance Provide the estimated percentage of the curre		1,273,689.		1,223,689	.	,173	,689.
2	Board designated or quasi-endowment	74.07	% (interry, column (a	ij) neid as.				
a	Permanent endowment 25.93	%	_70					
D								
С	Temporarily restricted endowment							
_	The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization							
за		ssion of the organiza	tion that are held a	na aaministerea for	the organization			Γ
	by:						Yes	No
	(i) unrelated organizations							X
								X
_	If "Yes" on line 3a(ii), are the related organizat				•••••	3b		<u> </u>
<u>4</u>	Describe in Part XIII the intended uses of the	organization's endov	wment funds.			<u> </u>		
rai	t VI Land, Buildings, and Equipm		PS 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	Complete if the organization answered		ŀ	1				
	Description of property	(a) Cost or other basis (investment)	, , ,	1 ' '	Accumulated epreciation	(d) Boo	k valu	е
1a	Land							
	Buildings							

Schedule D (Form 990) 2017

2,733. 88,645.

c Leasehold improvements
d Equipment

8,292. 104,355.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

5,559. 15,710.

21,269.

Part viii investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part 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 value
(1)		
		, , , , , , , , , , , , , , , , , , , ,

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)_			
(8)			
(9)		, , , , , , , , , , , , , , , , , , , ,	
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	>	

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 X

THE FOUNDATION FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING
THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE
CLARIFIES THE ACCOUNTING FOR THE UNCERTAINTY IN INCOME TAXES RECOGNIZED IN
THE ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES
RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE
TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION
OF THIS STATNDARD HAS NO IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 ANGEL FOUNDATION	41-1990883 Page 5
Schedule D (Form 990) 2017 ANGEL FOUNDATION Part XIII Supplemental Information (continued)	
	,

	1
,	
	·
	\$ 0.00 m (1.00 m)
	*
· · · · · · · · · · · · · · · · · · ·	

12020710 121020 0E2 12200200

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

ANGEL F	OUNDATION				41-1990	883
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover iising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					·	
			***************************************	·		
	<u> </u>	<u> </u>			<u>. </u>	·
otal 3 List all states in which the organizatic or licensing.	on is registered or licensed to solicit o		utions	 s or has been notified	d it is exempt from re	<u>l</u> egistration
				· .		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 ANGEL FOUNDATION 41-1990883 Page 2 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 ANGEL GALA GOLF EVENT col. (c)) (event type) (event type) (total number) 615,576. 222,295. 81,648. 919,519. 1 Gross receipts 2 Less: Contributions 582,611. 192,160. 81,648, 856,419. 32,965. 30,135 3 Gross income (line 1 minus line 2) 63,100. 4 Cash prizes 11,536. 852. 48,708. 61,096. Noncash prizes Expenses Rent/facility costs 173,482. 173,482. Food and beverages 8 Entertainment 96,700. 9 Other direct expenses _____ 49,211. 17,318 163,229. 10 Direct expense summary. Add lines 4 through 9 in column (d) 397,807. 11 Net income summary. Subtract line 10 from line 3, column (d) -334,707.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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor J No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 ANGEL FOUNDATION 41-1	199088	3 Page 3
11			□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
L	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
_	e If "Yes," enter name and address of the third party:		
(en res, entername and address of the tillion party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ì	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•	
•	organization's own exempt activities during the tax year ▶ \$		
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	ines 9 9b ·	10h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	
	- Maria Additional Material Control of the Control		
-			

40000010 404000 0F0 4000000

Schedule G (Form 990 or 990-EZ) ANGEL FOUNDATION	41-1990883 Page 4
Schedule G (Form 990 or 990-EZ) ANGEL FOUNDATION Part IV Supplemental Information (continued)	
wave the same and	
	·
· · · · · · · · · · · · · · · · · · ·	
	<u></u>

Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection Employer identification number

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

ANGEL FOUNDALTON Part General Information on Grants and Assistance	JNDA'L'LON						41-1990883
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selection	;
criteria used to award the grants of assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	istance ? ocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domesti	c Governments.	Somplete if the orga	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant (ff applicable)	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					(1000)		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or s listed in the line	ganizations listed in th	le line 1 table				
1	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

Page 2

41-1990883

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ANGEL FOUNDATION PROVIDES FINANCIAL ASSISTANCE GRANTS TO ADULTS IN ACTIVE TREATMENT FOR CANCER. THE ORGANIZATION PAYS FOR NON-MEDICAL NEEDS SUCH AS GAS AND FOOD. CHECKS ARE MADE PAYABLE DIRECTLY Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. HOLIDAY GAS CARDS AND CUB CARDS ARE PROVIDED TO MEET N/A (d) Amount of non-cash assistance 795,809 (c) Amount of cash grant 1660 (b) Number of recipients TRANSPORTATION AND FOOD NEEDS. RENT, MORTGAGE, UTILITIES, (a) Type of grant or assistance PART I, LINE 2: TO THE VENDOR, CASH ASSISTANCE

Schedule I (Form 990) (2017)

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.Go to www.irs.gov/Form990 for the latest information.

Open To Public Inspection

Name of the organization

ANGEL FOUNDATION

Employer identification number 41 – 1 9 9 0 8 8 3

Pai	rt I Types of Property							000	
L		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contramounts report Form 990, Part V	rted on	(d) Method of de noncash contrib	etermir		s
1	Art - Works of art		nome continuation	1 om ooo, r are v	, <u>.</u> . g				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
• •	trust interests								
12	Securities - Miscellaneous								***************************************
13	Qualified conservation contribution -								*****
13	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22				<u>'</u>					
23	Scientific specimens								
23 24	Archeological artifacts		•						
	Other (AUCTION ITEMS)	X	219	60	,196.	EM77		******	
25 26	Other (GIFT CARDS &)	X	20		,543.	EWZ.			
26	Other (SUPPLIES)	X	353	17	,751.	E.WZA			
27			333		, / 51.	PMV			
<u>28</u> 29	Other () Number of Forms 8283 received by the organi	zation durin	a the tax year for a	ontributions	TT	I			
29	for which the organization completed Form 82		-		29				
	To which the organization completed form oz	.00, rait iv, i	Dollee Ackilowied(gernerit	29			Yes	No
302	During the year, did the organization receive b	v contributio	on any property rer	orted in Part I lin	ee 1 throu	ah 28 that it	Section 1	1 es	INU
Sua	must hold for at least three years from the dat								
				· · · · · · · · · · · · · · · · · · ·			00-	92 S.C	v
L	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	f '					30a	COCCUPACIO.	X
	Does the organization have a gift acceptance	nolicy that re	aguiros tha raviow	of any ponetanda	rd contribu	ıtione?	04	v	
31	Does the organization have a gift acceptance						31	_X	
o∠a	contributions?		•				32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which columi	n (a) is che	cked,			
	describe in Part II.			· · · · · · · · · · · · · · · · · · ·					
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule N	/ (Forr	n 990)	2017

Schedule M	(Form 990) 2017 ANGEL FOUNDATION	41-1990883	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution that the part for any additional information.	d 33, and whether the organizat combination of both. Also comp	ion lete
	·		

·		***************************************	
		·	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	
		77.4	
:			
. ,		79. 47. 17. 4	
*			

732142 09-07-17

Schedule M (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ANGEL FOUNDATION

Employer identification number 41-1990883

7H(CHE 1 COMPA11CH 41 1990003
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPERIENCE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
SUPPORTED BY A COMMUNITY OF THEIR PEERS.
FORM 990, PART VI, SECTION A, LINE 1:
THE FOUNDATION HAS AN EXECUTIVE COMMITTEE, COMPRISED OF SARAH MANES AND
KATHY TOLO, WHICH, TO THE EXTENT DETERMINED BY THE RESOLUTION OF THE BOARD,
SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE
BUSINESS OF THE FOUNDATION. THE EXECUTIVE COMMITTEE IS AT TIMES SUBJECT TO
THE CONTROL AND DIRECTION OF THE BOARD.
FORM 990, PART VI, SECTION A, LINE 2:
MARGERY SBOROV AND MARK SBOROV FAMILY RELATIONSHIP. KELLY GROSKLAGS AND
JEFF GROSKLAGS FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION SHALL HAVE NO FEWER THAN FIVE (5) DIRECTORS AND NO MORE
THAN SEVENTEEN (17) DIRECTORS, AT LEAST ONE (1) OF WHOM SHALL BE THE
PRESIDENT OF MINNESOTA ONCOLOGY HEMATOLOGY, P.A. OR, IF HE/SHE IS
UNAVAILABLE TO SERVE, ANOTHER PHYSICIAN WHO OWNS STOCK IN MINNESOTA
ONCOLOGY HEMATOLOGY, P.A.
FORM 990, PART VI, SECTION A, LINE 7B:
THE BOARD OF DIRECTORS SHALL HAVE THE AUTHORITY TO AMEND THE ARTICLES OR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

732211 09-07-17

BYLAWS TO ELIMINATE OR MODIFY THE REQUIREMENT THAT AT LEAST TWO (2) BOARD POSITIONS BE FILLED BY PHYSICIAN EMPLOYEES OF MINNESOTA ONCOLOGY

HEMATOLOGY, P.A., ONLY IF ALL DIRECTORS WHO ARE PHYSICIAN EMPLOYEES OF MINNESOTA ONCOLOGY HEMATOLOGY, P.A. VOTE IN FAVOR OF SUCH AMENDMENT AND ONLY UPON THE AFFIRMATIVE VOTE, INCLUDING THE VOTES OF THE DIRECTORS WHO ARE PHYSICIAN EMPLOYEES OF MINNESOTA ONCOLOGY HEMATOLOGY, P.A., OF AT LEAST TWO-THIRDS OF ALL THE DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

UPON COMPLETION OF FORM 990, A DRAFT IS GIVEN TO THE PRESIDENT WHO

DISTRIBUTES THE DRAFT TO THE FINANCE COMMITTEE FOR REVIEW. ONCE REVIEWED,

IT IS FORWARDED TO THE BOARD OF DIRECTORS FOR APPROVAL, ONCE APPROVED IT IS

FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY STAFF MEMBER WHO THINKS A CONFLICT OF INTEREST MAY EXIST MUST REPORT,

IN WRITING, TO THE BOARD OF DIRECTORS THE DETAILS OF THE POTENTIAL

CONFLICT. THE BOARD WILL THEN DETERMINE WHETHER A CONFLICT OF INTEREST

EXISTS BY ORDER OF A VOTE. IF THE BOARD VOTES THAT A CONFLICT OF INTEREST

DOES EXIST, THE BOARD WILL RECOMMEND ACTIONS DEEMED NECESSARY TO ADDRESS

THE CONFLICT AND PROTECT THE FOUNDATION'S BEST INTERESTS. ALL VOTES SHALL

BE A MAJORITY VOTE WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR,

EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT

LEAST ONE CONSENTING DIRECTOR IS DISINTERESTED. ALL STAFF MEMBERS ARE GIVEN

A COPY OF THE POLICY AND ARE REQUIRED TO SIGN THE POLICY UPON COMMENCEMENT

OF HIS/HER RELATIONSHIP WITH THE FOUNDATION. THE POLICY AND ANY DISCLOSURES

MUST BE FILED ANNUALLY BY ALL SPECIFIED PARTIES.

AES ONTET1

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization ANGEL FOUNDATION	Employer identification number 41-1990883
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION FOR THE PRESIDENT WAS REVIEWED AND APPROVED	BY THE BOARD OF
DIRECTORS. THE BOARD USED SALARY SURVEYS IN DETERMINING O	COMPENSATION AND
ALL DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED. THIS	PROCESS WAS LAST
UNDERTAKEN IN 2016 FOR PRESIDENT, A. ROSEN.	
	A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	

	· · · · · · · · · · · · · · · · · · ·