#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

A For the 2017 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change Name change PLAYERS PHILANTHROPY FUND 27-6601178 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1122 KENILWORTH DRIVE 502 410-825-0995 City or town, state or province, country, and ZIP or foreign postal code 1,953,041. **G** Gross receipts \$ Amended return 21204 TOWSON, MD H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SETH A. MCDONNELL for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.PPF.ORG **H(c)** Group exemption number ▶ X Trust Association Other > L Year of formation: 2010 M State of legal domicile: MD K Form of organization: Corporation Part I Summary Briefly describe the organization's mission or most significant activities: PLAYERS PHILANTHROPY FUND Activities & Governance PROVIDES PROFESSIONAL ATHLETES, CELEBRITIES AND OTHER HIGH-PROFILE if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7h **Current Year Prior Year** 1,137,372. 1,245,116. Contributions and grants (Part VIII, line 1h) 8 39. 54,868. Program service revenue (Part VIII, line 2g) 69,687. 131,942. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 330,225. 364,810. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,796,736. 1,537,323. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 230,004. 648,903. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 40,761. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 823,215. 943,469. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,053,219. 1,633,133. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 484,104. 163,603. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,133,403. 969,007. 20 Total assets (Part X, line 16) 48. 842 21 Total liabilities (Part X, line 26) 三年 968,959. 22 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SETH A. MCDONNELL, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ALAN S. HELFER P00194206 Paid self-employed Firm's name ► HELFERBELL, LLC Firm's EIN ▶ 82-2363929 Preparer Firm's address 1101 CONNECTICUT AVE NW, SUITE 410 Use Only WASHINGTON, DC 20036 Phone no. (202) 629-5190 X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2017)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 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	Х	
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		Х
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		X
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,			
	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	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		Х
			000	(0017)

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# Form 990 (2017) PLAYERS PHILANTHROPY FUND Part IV Checklist of Required Schedules (continued)

			Yes	_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	X	
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		Х
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<del></del>
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
07	complete Schedule L, Part II	26		<u> </u>
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			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):	00	Х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		7
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	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			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		3,7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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	Х	<del> </del>
	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		<u> </u>
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	Х	
		_	$\Omega\Omega\Omega$	

# Form 990 (2017) PLAYERS PHILANTHROPY FUND Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	<u></u>			
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming				
	(gambling) winnings to prize winners?			1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b			
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 a	ccoun	t)?	4a		X	
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 Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Report of Foreign Bank Action 114, Report of Foreign	ccount	s (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit				
	any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X		
				7b	Х		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			37	
	to file Form 8282?			7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				v	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e 7f		X	
	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 Fo			7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			0			
0	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any tayable distributions under section 49662			9a			
a h	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?			9a 9b			
10	Section 501(c)(7) organizations. Enter:			JU			
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	.50					
 а	Gross income from members or shareholders	11a					
	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	$\overline{}$	,	12a			
	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.						
а	In the consequent in the consequence of the consequ			13a			
	<b>Note.</b> 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	13b					
С	Enter the amount of reserves on hand	13c					
	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	e O		14b			
_				Form	990	(2017)	

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	4							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b	4							
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?	5		X					
5	0 , 0								
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			٦,					
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37						
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
800	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.)		.,	·					
40-	Did the constant is the best based of each of each of the constant of the cons	40-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21						
С		12c	х						
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	17							
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
b	Other officers or key employees of the organization	15b	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		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶MD								
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	vailable	e						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request X 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	financ	ial						
	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:								
	SETH A. MCDONNELL - 410-825-0996								
	1122 KENILWORTH DRIVE, STE 502, TOWSON, MD 21204								

Form **990** (2017)

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

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

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

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

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

<b>(A)</b> Name and Title	(B) Average	(C) Position						<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and The	hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				an	compensation from	compensation from related	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) SETH A. MCDONNELL PRESIDENT	5.00 5.00	Х		х				0.	0.	0
(2) MATT STOVER	5.00								•	
VICE-PRESIDENT/TREASURER	5.00	Х		Х				0.	0.	0
(3) PAM SHRIVER TRUSTEE	1.00	Х		Х				0.	0.	0
(4) ELEANOR SHRIVER MAGEE	5.00	Λ		Δ				0.	0.	0
SECRETARY	5.00			Х				37,660.	0.	0
				_	1	1	1	1		

Form **990** (2017)

	1990 (2017) PLAYERS E									27-66	01	178	Pa	age 8
Pai	t VII   Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		,	$\neg$		<b>(F)</b>	
	(A)  Name and title  Average hours per week (list any			Position (do not check more than one box, unless person is both ar officer and a director/trustee					( <b>D)</b> Reportable compensation from the	(E) Reportable compensatior from related organizations		an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	org and	om the anizati d relate anizatio	ion ed
С	Sub-total  Total from continuation sheets to Part VII  Total (add lines 1b and 1c)	, Section A						> > >	37,660. 0. 37,660.		0. 0.			0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for st</i> For any individual listed on line 1a, is the su	uch individual				· 						3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes, accrue comper	" co satio	<i>mple</i> on fr	ete S rom	Sche any	edule unre	J f	for such individual ed organization or individ	dual for services		4		X
Sec	rendered to the organization? If "Yes." com	plete Schedule	e <i>J t</i> o	or st	ıch r	oers	on .					5		Λ
1	Complete this table for your five highest conthe organization. Report compensation for t	•	•						the organization's tax y	•	ensat ——			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(Compe		n
	Total number of independent contractors (ir \$100,000 of compensation from the organize	ŭ	ot lin	nited	d to t	thos (		ted	above) who received mo	ore than		Form	990 c	2017)

Form 990 (2017) PLAYERS
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran	b	Membership dues						
S, G	С	Fundraising events	1c					
ar A	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution	ons) 1e					
	f	All other contributions, gifts, grant						
but		similar amounts not included above	/e <b>1f 1 ,</b>	245,116.				
n d G	g	Noncash contributions included in lines 1		<u>44,733</u> .				
a Su a	h	Total. Add lines 1a-1f		<u></u>	1,245,116.			
				Business Code				
စ္ပ	2 a	PROGRAMS		525920	53,793.	53,793.		
e Ķ	b	·						
Sen	С	·						
ran Sev	d	·						
Program Service Revenue	е	·						
٩		All other program service rever			1,075.			1,075.
		Total. Add lines 2a-2f			54,868.			
	3 Investment income (including dividends, interest, and				2 060			2 060
		other similar amounts)			2,969.			2,969.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of		(ii) Other				
	/ a		(i) Securities 128,973.	(ii) Other				
	h	assets other than inventory  Less: cost or other basis	120,575					
	, ,	and sales expenses	0.					
	c	Gain or (loss)	128.973.					
	d	Net gain or (loss)		<b>•</b>	128,973.	128,973.		
		Gross income from fundraising			220/3/30	22075750		
Jue	o u	including \$						
Other Reven		contributions reported on line						
æ		Part IV, line 18	•	521,017.				
i.	b	Less: direct expenses		156,305.				
δ		: Net income or (loss) from fund		<b>&gt;</b>	364,712.			364,712.
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less i	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sales	s of inventory	<u></u>				
]		Miscellaneous Revenue	9	Business Code				
		MISCELLANEOUS		900099	98.	98.		<u> </u>
	b							
	С							
		All other revenue			0.0			
		Total. Add lines 11a-11d			98. 1,796,736.	182,864.	^	368,756.
	12	<b>Total revenue.</b> See instructions.			<b>止,/ 20 , / 30 •</b>	1 104,004•	U •	1 200, /20•

# Form 990 (2017) PLAYERS PHILANTHROPY FUND Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			nplete column (A).	
	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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	648,903.	648,903.		
2	Grants and other assistance to domestic	0.20,0000	020,000		
3	individuals. See Part IV, line 22  Grants and other assistance to foreign				
3	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	37,660.	28,245.	5,649.	3,766.
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,101.	2,326.	465.	310.
11	Fees for services (non-employees):				
а	Management	75,583.	56,687.	11,338.	7,558. 6,124.
b	Legal	30,618.	12,247.	12,247.	6,124.
С	Accounting	27,612.		27,612.	
d	Lobbying				
е	, F				
f	Investment management fees	4,209.		4,209.	
g	,	40.040		44 505	0.70
	column (A) amount, list line 11g expenses on Sch 0.)	43,910.	2,050.	41,587.	273.
12	Advertising and promotion	23,766.	17,824.	3,565.	2,377.
13	Office expenses	4,224.	3,168.	634.	422.
14	Information technology				
15	Royalties	20 247	10 760	17 150	1 425
16	Occupancy	29,347.	10,760.	17,152.	1,435.
17	Travel	2,296.	1,722.	344.	230.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 000	5,250.	1 050	700.
19	Conferences, conventions, and meetings	7,000.	5,250.	1,050.	/00.
20	Interest Payments to offiliates				
21	Payments to affiliates				
22		853.	640.	128.	85.
23 24	Insurance Other expenses. Itemize expenses not covered	0.5.5	040•	120.	0.5
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  SPECIAL EVENTS	266,219.	199,664.	39,933.	26,622.
b	PROGRAM EXPENSES	210,746.	158,059.	31,612.	21,075.
C	CONSULTANTS	185,389.	139,042.	27,808.	18,539.
d	SUBCONTRACTOR	28,021.	21,016.	4,203.	2,802.
	All other expenses	3,676.	2,757.	551.	368.
25	Total functional expenses. Add lines 1 through 24e	1,633,133.	1,310,360.	230,087.	92,686.
26	Joint costs. Complete this line only if the organization	,,	, , , , , , , , ,	,	- ,
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	,,,, (,,,)	L			Form <b>990</b> (2017)

Form 990 (2017)
Part X Balance Sheet

ar_	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		756,278.	1	942,006
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	, ,			
		employers and sponsoring organizations of sect				
,		employees' beneficiary organizations (see instr).	·		6	
	7	Notes and loans receivable, net			7	
[ ]	8	Inventories for sale or use			8	
	9				9	
		Land, buildings, and equipment: cost or other				
	104	basis. Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		212,729.	11	191,397
	12	Investments - other securities. See Part IV, line 1	2227,234	12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	F		14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		969,007.	16	1,133,403
1	17	Accounts payable and accrued expenses		30370071	17	1/100/10
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete		21		
	22	Loans and other payables to current and former			21	
	22	key employees, highest compensated employee				
					22	
	23	Secured mortgages and notes payable to unrela	ated third portion		23	
	23 24	Unsecured notes and loans payable to unrelated			24	
	2 <del>4</del> 25				24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines Schedule D		48.	25	842
	26	Total liabilities. Add lines 17 through 25	·····	48.	26	842
+	20	Organizations that follow SFAS 117 (ASC 958		10.	20	04/
		complete lines 27 through 29, and lines 33 an				
	27	Unrestricted net assets		968,959.	27	1,132,563
	28	Temporarily restricted net assets		30073331	28	1,132,301
	29	D			29	
	23	Organizations that do not follow SFAS 117 (A	SC 958) check here		23	
		and complete lines 30 through 34.	30 330), Check here			
	30	Capital stock or trust principal, or current funds			30	
		Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in			32	
	.3/	netained earnings, endowment, accumulated in	come, or other lunas		ა∠	
	33	Total net assets or fund balances		968,959.	33	1,132,561

Form **990** (2017)

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	1,79					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,63	3,1 3,6				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	968	3,9	<u>59.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,13	2,5	<u>62.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			Х			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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	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 Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		<b>3</b> a		<u> X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990 (	(2017)			

732012 11-28-17

#### **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** PLAYERS PHILANTHROPY FUND 27-6601178 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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). 11 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? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 201  1 Gifts, grants, contributions, and	7 <b>(f)</b> Total
manufacturing face received /De act	
membership fees received. (Do not	
include any "unusual grants.") 424,613. 388,501. 322,387. 1137372. 12189	37. 3491810.
2 Tax revenues levied for the organ-	
ization'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	37. 3491810.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	
6 Public support. Subtract line 5 from line 4.	3491810.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 201	7 <b>(f)</b> Total
7 Amounts from line 4 424,613. 388,501. 322,387. 1137372. 12189	37. 3491810.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 47,488. 6,648. 2,537. 2,018. 4,0	44. 62,735.
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.) 71. 38,985. 69,4	40. 108,496.
11 Total support. Add lines 7 through 10	3663041.
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	<b>&gt;</b>
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	95.33 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	96.35 %
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 the	nis box and
stop here. The organization qualifies as a publicly supported organization	<b>▶</b> X
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, ch	eck 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	
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	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI h	ow the
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instru	ictions

Schedule A (Form 990 or 990-EZ) 2017

### 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.)

16 Public support percentage from 2016 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	Sec	ction A. Public Support									
membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose  3 Gross receipts from admissions, merchandise sold or services perany activity that is related to the organization's tax-exempt purpose  3 Gross receipts from admissions, merchandise sold or septical on the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts included on lines 1, 2, and 3 received from disqualified persons  9 Amounts from the services and secrete from other than discussified persons to deal or the services of the secrete from other than discussified persons to the services of the services o	Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total			
include any "unusual grants.")  2 Gross receipts from achinissions, merchandles sold or services perany activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's tax-exempt and the part of the organization's tax-exempt and either part 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 Anounts included on lines 1, 2, and 3 received from disqualified persons  b answard included on lines 1, 2, and 3 received from disqualified persons  b answard included on lines 1, 2, and 3 received from disqualified persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceed the grade of \$5,000 or 100 file are not on the tradiciated persons as exceeded to grade of \$5,000 or 100 file are not on the second or exceeded or securities loans, rents, royatties, and increme from similar sources and on come from interest, dividends, payments received or securities loans, rents, royatties, and increme from similar sources are not seen from similar sources and the second or securities loans, rents, royatties, and increme from similar sources are not seen from similar sources and the second or securities loans, rents, royatties, and increme from similar sources are not seen from similar sources and the second or	1	Gifts, grants, contributions, and									
2. Gross receipts from admissions, merchandis sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513.  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its behalf that the the organization without change 6. Total. Add lines 1 through 5. Total way governmental unit to the organization without change 6. Total. Add lines 1 through 5. A amounts included on lines 1, 2, and 3 received from disqualified persons but acceived from the third disqualified persons but acceived from disqualified persons but acceived from disqualified persons but acceived from the third disqualified persons but acceived from the from the from the second to the second but acceived from the from the from the second to the secon		membership fees received. (Do not									
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		include any "unusual grants.")									
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 organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 9 Announts included on lines 1, 2, and 3 received from disqualified persons 10 Area included on lines 1, 2, and 3 received from disqualified persons lines of the second of	2	Gross receipts from admissions,									
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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 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9		,									
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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 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	11										
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 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9		whether or not the business is									
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 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  17 9	40										
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 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	12										
14 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  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9		assets (Explain in Part VI.)									
Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9		• • • • • • • • • • • • • • • • • • • •									
Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	14	•	· ·			•					
15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 9	800							<b></b>			
16 Public support percentage from 2016 Schedule A, Part III, line 15     16       Section D. Computation of Investment Income Percentage       17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))     17					al (f)\		45	0/			
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)								<u>%</u>			
17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 9							16	<u>%</u>			
		•			20 12 column (fl)		47	04			
49 Investment income percentage from 9046 Cabadula A. Dart III. line 17											
18 Investment income percentage from 2016 Schedule A, Part III, line 17								7 is not			
	ıya										
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	l-										
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ū										
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20										

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
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10b		

ı u	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		i
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	1 71 3 7	٥.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2017

Par	LV	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organi	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
i	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in <b>Part VI.</b> See instructions.			
6	Rema	ining underdistributions for 2017. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions.			
7	Exces	ss distributions carryover to 2018. Add lines 3j			
	and 4	с.			
8	Break	down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
С	Exces	s from 2015			
d	Exces	s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

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

Department of the Treasury Internal Revenue Service

**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

Name of the organization **Employer identification number** PLAYERS PHILANTHROPY FUND 27-6601178 Organization type (check one):

_	,	
Filers of:	s	ection:
Form 990 or	990-EZ	501(c)( 3) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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
Check if your	organization is co	overed by the <b>General Rule</b> or a <b>Special Rule</b> .
		(8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	•	
	-	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or e contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rule	s	
sect any	ions 509(a)(1) and one contributor, d	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; e 1. Complete Parts I and II.
year	r, total contribution	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for lty to children or animals. Complete Parts I, II, and III.
year is ch purp	r, contributions <i>ex</i> necked, enter here nose. Don't comple	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the clusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box the total contributions that were received during the year for an exclusively religious, charitable, etc., ete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively tc., contributions totaling \$5,000 or more during the year
but it <b>must</b> a	nswer "No" on Pa	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), It IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

# PLAYERS PHILANTHROPY FUND

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	Name, address, and ZiF + 4	\$ 65,018.	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			
2		\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$345,963.	Person X Payroll			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	* 46,175.	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			
5		\$30,531.	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			
6		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

# PLAYERS PHILANTHROPY FUND

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
7		\$ <u>37,770.</u>	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
8		\$ 31,229.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 38,791.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$35,719.	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
12		\$\$0,266.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# PLAYERS PHILANTHROPY FUND

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
13_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$\$2,569.	Person Payroll Noncash X (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
	Name, address, and ZiF + 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.)

# PLAYERS PHILANTHROPY FUND

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			
14	STOCK					
		\$ 42,569.	04/20/17			
(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			
		\$				
700450 44 04		Oahadula D /Farra (	000 000 E7 or 000 DE\ (2017\			

Name of organization Employer identification number PLAYERS PHILANTHROPY FUND 27-6601178 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

PLAYERS PHILANTHROPY FUND

**Employer identification number** 27-6601178

Pai	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	14	
2	Aggregate value of contributions to (during year)	625,000.	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	625,000.	
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose co	
Pai	Tt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	-		
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
2	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the C	organization during the tax
4	year ► Number of states where property subject to conservation eas	ament is located	
5	Does the organization have a written policy regarding the peri		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
Ū		manding of violations, and officioning conce	water sassments daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
-	<b>▶</b> \$	g or notations, and emercing concertain	on eacoments as my and year
8	Does each conservation easement reported on line 2(d) above	e satisfy 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 organizat	ion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publ	ic service, 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 trea		gain, provide
	the following amounts required to be reported under SFAS 1	-	<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
		for Form 000	
ᆸ	For Paperwork Reduction Act Notice, see the Instructions	101 F0[1]] 990.	Schedule D (Form 990) 2017

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

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that a	are a sig	nificant u	se of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	i 🔲 L	oan or exc	hange prograr	ns					
b	Scholarly research	e	. 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatior	n's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or other	similar a	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	on answered "\	res" on F	orm 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other asse	ets not in	ncluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount	<u>:                                    </u>	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or co	ustodial accou	nt liabilit	y?	<u></u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Pai	rt V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	orm 990, Part I	V, line 10	O				
		(a) Current year	( <b>b)</b> Pr	rior year	(c) Two years	back (	<b>d)</b> Three y	ears back	(e) Four	years t	oack_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administere	ed for the	organiza	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)	$\rightarrow$	
	(ii) related organizations								3a(ii)	$\rightarrow$	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV,	line 11a. S	See Form 990,						
	Description of property	(a) Cost or o		. ,	t or other		cumulate		(d) Book	( value	;
		basis (investr	nent)	basis	(other)	dep	reciation	$\perp$			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Total	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X colum	n (R) line 1	Oc )						0.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 PLAYERS PH3	LANTHROPY FU	ND	27-6601178 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(2)			
(3)			
(5)			
(6)			
(8)			
Table (Oal (b) south and Faura COO Bort V and (B) line 10.)			
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 lir	ne 11d See Form 990 Part Y line 15	
	Description	ie 11d. See 1 Gill 930, 1 art X, iiile 13.	(b) Book value
(1)	, 2 000 ii piioii		(a) Doon value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		▶
Part X Other Liabilities.	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, li	ine 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) CREDIT CARD PAYABLE		492.	
(3) DUE TO EMPLOYEES		350.	
(4)			
(5)			
(6)			

842.  $\triangleright$ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2017

(7) (8)

Pai	Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 000 636
1				1	1,990,636.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	27 505		
а	Net unrealized gains (losses) on investments		37,595.	-	
b	Donated services and use of facilities	l I		-	
С	Recoveries of prior year grants		156 205	-	
d	Other (Describe in Part XIII.)	•	156,305.		102 000
е	Add lines 2a through 2d			2e	193,900. 1,796,736.
3	Subtract line 2e from line 1			3	1,/96,/36.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				0
C	Add lines 4a and 4b			4c	1,796,736.
D <sub>2</sub>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII   Reconciliation of Expenses per Audited Financial Stat	emente With	Evnenses ner E	5 Poturi	
Га			Exhelises her r	retuii	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			T . I	1 006 614
1	Total expenses and losses per audited financial statements			1	1,826,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities	l I		-	
b	Prior year adjustments			-	
С	Other losses		102 401	-	
d	, , , , , , , , , , , , , , , , , , , ,		193,481.		102 401
е	Add lines 2a through 2d			2e	193,481.
3	Subtract line 2e from line 1			3	1,633,133.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	1,633,133.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	*		; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inforn	nation.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
					456.005
<u>FUI</u>	NDRAISING REVENUE ADJUSTMENT				156,305.
	_				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
<u>ACC</u>	CRUED EXPENSES				37,176.
<u>FU1</u>	NDRAISING EXPENSE ADJUSTMENT				156,305.
	_				
TO:	TAL TO SCHEDULE D, PART XII, LINE 2D				193,481.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Name of the organization  PLAYERS	PHILANTHROPY FUND					Employer ide 27-6601	ntification number 178
	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17		
<ul> <li>1 Indicate whether the organization raise a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the experience.</li> </ul>	e X Solicitar f Solicitar g X Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	istody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<b>•</b>				
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontribu	utions	or has been notified	it is e	xempt from re	gistration

732081 09-13-17

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

Schedule G (Form 990 or 990-EZ) 2017

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2 DINE WITH MERCI (event type)	(c) Other events  10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	169,180.	-	320,260.	521,017.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	169,180.	31,577.	320,260.	521,017.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages				
ij	8	Entertainment Other direct expenses		9,473.	96,078.	156,305.
	9 10	Direct expense summary. Add lines 4 through		J, ±73•		156,305.
		Net income summary. Subtract line 10 from I	. ,		_	364,712.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		,		T
nue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
		Cash prizes				
Direct Expenses						
ct Exp		Noncash prizes				
Dire	4	Rent/facility costs				
$\dashv$	5	Other direct expenses	<u> </u>			
	6	Volunteer labor	Yes % No	Yes %  No	Yes %  No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	<sup>7</sup> from line 1, column (d)		<b>)</b>	
а	ls t	ter the state(s) in which the organization condute the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	ear?	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017 PLAYERS PHILANTHE	OPI FUND	27-0001170 Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a me	mber of a partnership or other entity t	formed
to administer charitable gaming?		Yes No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility		<b>13a</b>   %
<b>b</b> An outside facility		
14 Enter the name and address of the person who prepares the organiz		
Name ▶		
Address >		
<b>15a</b> Does the organization have a contract with a third party from whom	he organization receives gaming reve	enue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organize	ation • \$	nd the amount
of gaming revenue retained by the third party > \$		a the amount
c If "Yes," enter name and address of the third party:	<del></del>	
c ii Tes, entername and address of the tillid party.		
Name ▶		
Name		
Address		
Address		
4C Coming and a single and the singl		
<b>16</b> Gaming manager information:		
Name		
Gaming manager compensation  \$		
Description of services provided		
Director/officer Employee I	ndependent contractor	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distril	utions from the gaming proceeds to	
retain the state gaming license?		Yes No
<b>b</b> Enter the amount of distributions required under state law to be distr	buted to other exempt organizations	or spent in the
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations requi	red by Part I, line 2b, columns (iii) and	I (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additiona	information. See instructions.	

Schedule G (Form 990 or 990-EZ) PLAYERS PHILANTHROPY FUND	27-6601178 Page 4
Schedule G (Form 990 or 990-EZ) PLAYERS PHILANTHROPY FUND  Part IV   Supplemental Information (continued)	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

PLAYERS P	HILANTHRO	PY FUND					27-6601178
Part I General Information on Grants a	nd Assistance					•	
Does the organization maintain records or criteria used to award the grants or assis     Describe in Part IV the organization's propert II     Grants and Other Assistance to	stance? ocedures for monit Domestic Organia	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than S	T '	· ·	1		(f) Method of	1	
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACEING AUTISM INC							GENERAL SUPPORT TO
2001 S. BARRINGTON AVE, SUITE 320							FURTHER THE
LOS ANGELES, CA 90025	26-2688140	501(C)(3)	5,000.	0.			ORGANIZATION'S PURPOSE.
AMERICAN BRAIN TUMOR ASSOCIATION							GENERAL SUPPORT TO
8550 W. BRYN AVE, STE. 550							FURTHER THE
CHICAGO, IL 60631	23-7286648	501(C)(3)	10,296.	0.			ORGANIZATION'S PURPOSE.
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION -							GENERAL SUPPORT TO
225 E CHICAGO AVE. BOX 282 -							FURTHER THE
CHICAGO, IL 60611	36-3357006	501(C)(3)	50,000.	0.			ORGANIZATION'S PURPOSE.
ATTACK POVERTY							GENERAL SUPPORT TO
P.O. BOX 1509							FURTHER THE
RICHMOND, TX 77406	45-2401548	501(C)(3)	10,000.	0.			ORGANIZATION'S PURPOSE.
AUTISM RESCUE ANGELS							GENERAL SUPPORT TO
22106 CLARADON POINT LANE							FURTHER THE
KATY, TX 77450	47-2053011	501(C)(3)	5,000.	0.			ORGANIZATION'S PURPOSE.
AUTISM SPEAKS							GENERAL SUPPORT TO
1 E 33RD ST, 4TH FLOOR							FURTHER THE
NEW YORK, NY 10016	20-2329938	501(C)(3)	10,000.	0.			ORGANIZATION'S PURPOSE.
2 Enter total number of section 501(c)(3) a		I			l	1	<b>▶</b> 28.
3 Enter total number of other organization:	•	•					
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE COMMUNITY FOUNDATION, INC 2 E. READ STREET, 9TH FLOOR - BALTIMORE, MD 21202	23-7180620	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
CAL RIPKEN SR FOUNDATION 1427 CLARVIEW RD, STE 100 BALTIMORE, MD 21209	52-2310500	501(C)(3)	15,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
COMPEER INC 24 LUDINGTON STREET BUFFALO, NY 14206	41-1956286	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
CROHN'S & COLITIS FOUNDATION 733 THIRD AVE, SUITE 510 NEW YORK, NY 10017	13-6193105	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
EASTER SEALS OF GREATER HOUSTON 4888 LOOP CENTRAL DRIVE, STE 200 HOUSTON, TX 77081	74-1238418	501(C)(3)	20,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
FACES (FOUNDATION FOR AUTISM CARE, EDUCATION AND SERVICES) - 18702 AUTUMN BREEZE DRIVE - SPRING, TX 77379	20-4767823	501(C)(3)	15,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
FIRST BREAK ACADEMY 18400 AVALON BLVD CARSON, CA 90746	47-1940265	501(C)(3)	30,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
HIGH SOCKS FOR HOPE 3617 MCFARLAND BLVD NORTHPORT, AL 35476	46-1490170	501(C)(3)	20,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
HOUSTON INDEPENDENT SCHOOL DISTRICT FOUNDATION - 4400 WEST 18TH STREET - HOUSTON, TX 77092	76-0424529	501(C)(3)	20,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION - 30 S MERIDIAN, STE 200 - INDIANAPOLIS, IN 46204	35-0868147	501(C)(3)	25,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
LARDARIUS WEBB FOUNDATION 801 KEY HIGHWAY, UNIT 341 BALTIMORE, MD 21230	30-0678633	501(C)(3)	11,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE, STE 200 RYE BROOK, NY 10573	13-5644916	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
MONUMENTAL SPORTS & ENTERTAINMENT FOUNDATION - 627 NORTH GLEBE RD - ARLINGTON, VA 22203	52-2215790	501(C)(3)	9,379.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
MUSICRX FOUNDATION 1122 KENILWORTH DRIVE, STE 502 TOWSON, MD 21204	27-6601178	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
SMARTIE PANTS ACADEMY HOUSTON 4512 HWY 6 NORTH SUITE C HOUSTON, TX 77084	45-5279101	501(C)(3)	65,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
ST. MATTHEWS PARISH DAY SCHOOL 221 S. 28TH AVE WAUSAU, WI 54401	39-6030252	501(C)(3)	18,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
TANDEM FAMILY RESOUCE CENTER 4105 CHICAGO AVE MINNEAPOLIS, MN 55407	41-1327946	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
THE SEED SCHOOL OF MD, INC. 200 FONT HILL AVE BALTIMORE, MD 21223	06-1818759	501(C)(3)	7,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.

(b) EIN 2-0591543 3-3782331		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance  GENERAL SUPPORT TO FURTHER THE
		13,750.	0.			FURTHER THE
3-3782331	501(C)(3)				+	ORGANIZATION'S PURPOSE
		11,290.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
5-3685875	501(c)(3)	7,000.	0.			GENERAL SUPPORT TO FURTHER THE ORGANIZATION'S PURPOSE.
5	-3685875	5-3685875 501(C)(3)	-3685875 501(C)(3) 7,000.	-3685875 501(C)(3) 7,000. 0.	-3685875 501(C)(3) 7,000. 0.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
		·			

#### SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► 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

PLAYERS PHILANTHROPY FUND

Employer identification number

27-6601178

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected?

Yes No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization the organization that is a section 4958

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan		an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ault?	(h) Ap by bo comm	proved ard or ittee?	(i) W agreer	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No
Total Grants or As												

#### Part III | Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2017

(a) Name of interested person	n answered "Yes" on Form 990, Part IV, line 28a,  (b) Relationship between interested person and the organization		(d) Description of transaction	òrganiz	aring of zation's nues?
				Yes	No
SETH MCDONNELL	PRESIDENT/TRUSTEE	12,000.	SETH MCDONN		Х
MATT STOVER	VICE PRESIDENT/TRU	32,000.	THE STOVER		Х
Provide additional informat	nation on for responses to questions on Schedule L (se	e instructions).			
SCH L, PART IV, BUSI	NESS TRANSACTIONS INVOLVI	NG INTERESTE	ED PERSONS:		
(A) NAME OF PERSON:	SETH MCDONNELL				
(B) RELATIONSHIP BET	WEEN INTERESTED PERSON AN	D ORGANIZATI	ION:		
PRESIDENT/TRUSTEE					
(C) AMOUNT OF TRANSA	CTION \$ 12,000.				
(D) DESCRIPTION OF T	RANSACTION: SETH MCDONNEL	L IS A MEMBE	ER OF WAVERL	Y	
MANAGEMENT LLC AND T	HE PRESIDENT OF PLAYERS F	HILANTHROPY	FUND. WAVE	RLY	
MANAGEMENT LLC PROVI	DES OFFICE SPACE, MANAGEM	ENT SUPPORT	AND STAFF T	O TH	E
PLAYERS PHILANTHROPY	FUND.				
(E) SHARING OF ORGAN	IZATION REVENUES? = NO				
(A) NAME OF PERSON:	MATT STOVER				
(B) RELATIONSHIP BET	WEEN INTERESTED PERSON AN	D ORGANIZATI	ION:		
VICE PRESIDENT/TRUST	3E				
(D) DESCRIPTION OF T	RANSACTION: THE STOVER FA	MILY FOUNDAT	TION WAS CRE	ATED	
BY MATT STOVER, A BO	ARD MEMBER. FUNDS FROM T	HE STOVER FA	AMILY FOUNDA	TION	
WAS USED TO PAY PROG	RAM EXPENSES, AND MANAGEM	ENT AND GENE	ERAL EXPENSE	S FO	R
THE ORGANIZATON.					

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization PLAYERS PHILANTHROPY FUND Employer identification number 27-6601178

Pai	πι   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	 S
1	Art - Works of art			, e eee, r a r,e rg				
2	Art - Works of art 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 Intellectual property							
8		Х	146	12 569	COST BASIS			
9	Securities - Publicly traded	<u> </u>	140	42,303.	CODI DADID			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	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	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [	Oonee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	r related or	ganizations to solic	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
ΙЦΔ	For Danerwork Reduction Act Notice see t	ha Instruct	ione for Form 990	<b>)</b>	Schodula M	/Earm	agn)	2017

732142 09-07-17

#### 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.

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PLAYERS PHILANTHROPY FUND

Employer identification number 27-6601178

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILANTHROPISTS WITH A VEHICLE FOR COLLECTING AND DISTRIBUTING

CHARITABLE ASSETS IN SUPPORT OF QUALIFIED CAUSES THROUGH A SIMPLE,

RESPONSIBLE AND COST-EFFECTIVE PLATFORM.

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

THE FORM 990 IS COMPLETED ANNUALLY AND DRAFT COPIES ARE PROVIDED TO THE

ENTIRE GOVERNING BOARD, OUTSIDE COUNSEL AND PRESIDENT OF THE ORGANIZATION,

WHO REVIEW THE FORM 990 AND SUGGEST ANY CHANGES NEEDING TO BE MADE. THE

FINAL FORM 990 IS SIGNED BY THE PRESIDENT AND SUBMITTED PRIOR TO THE FILING

DEADLINE.

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

THE ORGANIZATION REQUIRES ALL DIRECTORS AND OFFICERS TO REVIEW THE CONFLICT
OF INTEREST POLICY AND SIGN A DISCLOSURE STATEMENT ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNING BODY DETERMINES EMPLOYEE COMPENSATION BASED ON REVIEWING

COMPENSATION DATE FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THE

GOVERNING BODY REVIEWS EMPLOYEE COMPENSATION ON AN ANNUAL BASIS, AND

APPROVES ANY CHANGES IN COMPENSATION THROUGH A FORMAL VOTE.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FORM 990 ARE AVAILABLE UPON REQUEST THROUGH THE US POSTAL

SERVICE.

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

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

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PLAYERS PHIL	ANTHROPY FUND					27-66011	.78	
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year a	assets	Direct c	<b>(f)</b> controlling ntity	g
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, t	pecause it had one c	or more	e related tax-exer	npt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
PPF BENEVOLENT FUND INC 46-1004696	PROVIDE HARDSHIP AND			501(c)(3))			Yes	No
1122 KENILWORTH DRIVE, STE 502 TOWSON, MD 21204	MEDICAL GRANTS TO DISTRESSED AND INJURED.	MARYLAND	501(C)(3)					х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization  (b) Primary activity Primary activity Of related organization  (c) Legal domicile (state or foreign country)  Primary activity Of related organization  (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)  Share of total income Of related, unrelated, excluded from tax under sections 512-514)  (g) Share of total income Of rend-of-year assets  (h) Disproportionate allocations?  Yes No  (i) General or managing partner? Yes No
Name, address, and EIN of related organization  Primary activity  Primary activity  Primary activity  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Percentage ownership  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)  Primary activity  Predominant income (related, unrelated, excluded from tax under sections 512-514)
toreign country)    State of foreign country   excluded from tax under sections 512-514)   assets   20 of Schedule   Factor   Yes   No   Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No   Yes   No   Yes   No   Yes   No   Yes   Y
Country   Sections 512-514)   Yes   No   K-1 (Form 1065)   Yes   No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)		2				Yes	No
	-								
	-								
								<u> </u>	<u> </u>
	-								
	-								
								<u> </u>	<u> </u>
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								<u> </u>	
	]								

Schedule R (Form 990) 2017

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		_X_
С	Gift, grant, or capital contribution from related organization(s)				1c		_X_
d	Loans or loan guarantees to or for related organization(s)				1d		_X_
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		_X_
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		<u>X</u>
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
							77
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>
ı	Performance of services or membership or fundraising solicitations for related organization				<u>1i</u>	Х	
	Performance of services or membership or fundraising solicitations by related organization				<u>1m</u>		<u>X</u>
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		<u>X</u>
0	Sharing of paid employees with related organization(s)				10		_X_
	5						v
	Reimbursement paid to related organization(s) for expenses				1p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q		
							v
					1r		<u>X</u>
	Other transfer of cash or property from related organization(s)				1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who mus						
	(a) Name of related organization Tr.	(b) ransaction	(c) Amount involved	<b>(d)</b> Method of determining amount inv	olved		
	t	type (a-s)		Ç			
(1)							
(2)							
(3)							
(4)							
(E)							
(5)		-					
(6)							
(6)	33 09-11-17			Schedule	3 (For	n 990\	2017
JZ 10	3 05-11-10			Scriedule	. (1 011	990)	2017

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partne	(k) Percentage ownership
	-								
									+
									-
									-
	_								000) 0047

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Enter filesia identifisina prombas

**Electronic filing** (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					Enter mer's identifying number		
Type or	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print							
File by the	PLAYERS PHILANTHROPY FUND			27-6601178			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.  1122 KENTIWORTH DRIVE NO. 502			Social security number (SSN)			
instructions.	City, town or post office, state, and ZIP code. For a for TOWSON , MD $21204$	reign addı	ress, see instructions.				
Enter the Return Code for the return that this application is for (file a separate application for each return)						0 1	
Application			Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Teleph  If the	books are in the care of $\blacktriangleright$ $\frac{1122}{0.0000000000000000000000000000000000$	in the Uni Group Exe	Fax No. ▶ited States, check this box	f this is fo	or the whole g	roup, check this	
for	quest an automatic 6-month extension of time until the organization named above. The extension is for the c  X calendar year 2017 or  tax year beginning ne tax year entered in line 1 is for less than 12 months, ch  Change in accounting period	organizatio	d ending	e the exem	npt organizat  rn	ion return	
20 If #		or 6060 4	anter the tentative tay less any	$\neg$			
				За	\$	0.	
	nonrefundable credits. See instructions. <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				<b>3</b>	<u></u>	
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			30	<b>3</b>		
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.	
instruction:	If you are going to make an electronic funds withdrawal ns.	(uirect det	oig with this Form 6000, see Form 84	+SS-EU an	u roiii 68/8	-EO for payment	

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

Form 8868 (Rev. 1-2017)