Department of the Treasury

Internal Revenue Service

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.

A	For the	e 2017 calendar year, or tax year beginning and	ending								
B	Check if applicabl	AMERICAN FONDOOR MAINIENANCE COMMITIE.	Е,	D Employer identifie	cation number						
	Addre										
	Name Chang	e Doing business as	04-6	043108							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number								
	Final return	350 SOUTH HUNTINGTON AVENUE		617-	522-7400						
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,661,065.						
	Amen	eturn									
	Applic tion pendi	F Name and address of principal officer: KATITEEIN K. COLLIN	S	for subordinates							
	-	SAME AS C ABOVE		H(b) Are all subordinates ir							
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) (a)(1) (b) (b) (c) (c)$	or 🛄 527		list. (see instructions)						
		te: WWW.FONDOUK.ORG		H(c) Group exemption	,						
		forganization: X Corporation Trust Association Other	L Year	of formation: 1929	State of legal domicile: NY						
Pa	art I	Summary									
e	1	Briefly describe the organization's mission or most significant activities: THE	AMERIC	AN FONDOUK	IS A NOT						
Governance		FOR PROFIT CORPORATION WHICH PROVIDES A									
/err		Check this box		1 1	sets. 14						
ğ			Imber of voting members of the governing body (Part VI, line 1a)								
ø		Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>							
ties		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		14							
Activities &		Total number of volunteers (estimate if necessary)			0.						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
	0	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year						
-	8	Contributions and grants (Part VIII, line 1h)		267,005.	400,005.						
nue	9			0.	50,419.						
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		375,575.	389,726.						
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		83,113.	0.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		725,693.	840,150.						
		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)		0.	0.						
ŝ	15			350,651.	359,568.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		98,484.	117,176.						
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $117, 1$	76.								
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		693,774.	680,652.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,142,909.	1,157,396.						
	19	Revenue less expenses. Subtract line 18 from line 12		-417,216.	-317,246.						
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year						
set	20	Total assets (Part X, line 16)		14,376,806.	15,690,078.						
it As	21	Total liabilities (Part X, line 26)		67,610.	14,495.						
_		Net assets or fund balances. Subtract line 21 from line 20		14,309,196.	15,675,583.						
P	art 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.

Sign Here	Signature of officer KATHLEEN K. COLLINS, T Type or print name and title	FREASURER	Date
	Print/Type preparer's name	Preparer's signature	Date Check DTIN
Paid	CARLA M. MCCALL	CARLA M. MCCALL	06/28/18 self-employed P00535908
Preparer	Firm's name 🕨 ALEXANDER, ARONS	SON, FINNING & CO.,	P.C. Firm's EIN ▶ 04-2571780
Use Only	Firm's address 📐 50 WASHINGTON S	TREET	
	WESTBOROUGH, MA	Phone no. 508 - 366 - 9100	
May the IF	RS discuss this return with the preparer shown at	oove? (see instructions)	X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Not		Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	AMERICAN FONDOUK MAINTENANCE COMMITTEE,	
Form	1990 (2017) INC. 04-6043108 Pa	ige 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE AMERICAN FONDOUK IS A NOT FOR PROFIT CORPORATION WHOSE MISSION IS	
	TO BETTER THE LIVES OF THE WORKING ANIMALS OF FEZ, MOROCCO AND THE	
	FAMILIES WHO DEPEND ON THEIR LABOR. FOR OVER 90 YEARS, THE AMERICAN	
	FONDOUK HAS PROVIDED FREE MEDICAL CARE TO THE WORKING ANIMALS OF THE	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	-
4a	(Code:) (Expenses \$ 765,362. including grants of \$) (Revenue \$ 50,41.	
	AMERICAN FONDOUK ANIMAL HOSPITAL: LOCATED IN FEZ, MOROCCO, DURING 201	7,
	APPROXIMATELY 10,000 ANIMALS RECEIVED CARE FROM HOSPITAL STAFF. OUR	
	MEDICAL SERVICES, EQUIPMENT AND TECHNOLOGY INCLUDES: DIGITAL X-RAY,	
	ULTRASOUND, VIDEO ENDOSCOPY, VIDEO GASTROSCOPY, I-STAT FOR BLOOD GASE	
	BIOCHEMISTRY, HEMATOLOGY, AUTOCLAVE, HORSE WEIGH UNIT, OPHTHALMOSCOPE	,
	SURGERY, FARRIER EQUIPMENT AND AMBULANCE SERVICES. THE COMMITTEE ALSO	
	SERVES AS AN EDUCATIONAL INSTITUTION BY PROVIDING PROGRAMS TO THE	
	VETERINARY COMMUNITY AND FOR VISITING VETERINARIANS AND STUDENTS. THE	
	COMMITTEE ALSO PROVIDES FUNDING TO A SELECT NUMBER OF NEWLY GRADUATED	- ~
	MOROCCAN VETERINARIANS INTERESTED IN PURSUING POST-DOCTORAL INTERNSHI	PS
	AND RESIDENCIES IN OTHER COUNTRIES.	
4b	(Code:) (Expenses \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 765, 362.	
	- 000	

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Form 990 (2017)

Par	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 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	Х	
	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	Х	
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	Х	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	Х	
	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
	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
	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	Х	
	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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

Form	990 (2017) INC.	04-6043	3108	P	age 5					
Pai										
	Check if Schedule O contains a response or note to any line in this Part V									
				Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a C)							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C)							
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 0)							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b							
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	account)?	4a	Х						
b	If "Yes," enter the name of the foreign country: MOROCCO									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).								
5a	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 transa	action?	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 t	he organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions 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 se	rvices provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required								
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the								
			8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_							
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a	_							
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	11								
	organization is licensed to issue qualified health plans	13b	-							
	Enter the amount of reserves on hand	13c			17					
			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le О	14b							

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Form	990 (2017) INC .		04-6043			age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		"No" r	respon	se
	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	1a	14			
	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	11	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					37
0	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 Re	evenu	e Code.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		_ <u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y beto	bre filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i>			120	- 23	
C				100	x	
10	in Schedule O how this was done			12c 13	X	
13 14	Did the organization have a written document retention and destruction policy?			14	X	
14 15	Did the process for determining compensation of the following persons include a review and approva			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ar by n	laependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	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).			10.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	with a			
iou	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			iou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
	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 MA, AL, AK, AR, C	A,C	T, DC, FL, GA	,HI	,IL	,KS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T					
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records:			
	KATHLEEN K. COLLINS - 617-522-7400					
	350 SOUTH HINTTNETON AVENUE BOSTON MA $0.2130 - 1.80$	-				

Form 990 (2	2017)	INC.					04-60
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
·	Employees, an	d Independe	ent Contra	ctors			

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

INC.

X

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.

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

(A)	(B) (C)							(D)	(E)	(F)			
Name and Title Average			Position (do not check more than one					Reportable	Estimated				
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation	amount of			
	week	<u> </u>	cer ar	nd a d	recto	or/trus	itee)	from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation			
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization			
	organizations	truste	al trus		yee	mpen		(W 2/1000 WIGO)		and related			
	below	id ual 1	Institutional trustee	5	mplo	est co oyee	er			organizations			
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(1) J. ROBERT COLEMAN, JR.	2.00												
PRESIDENT		X	-	X				0.	0.	0.			
(2) ROBERT S. CUMMINGS	1.00												
SECRETARY		Х		х				0.	0.	0.			
(3) KATHLEEN K. COLLINS	2.00												
TREASURER		Х		X				0.	0.	0.			
(4) CARTER LUKE	4.00												
VICE PRESIDENT		Х		Х				0.	0.	0.			
(5) JOHN J. BOWEN	1.00									_			
BOARD MEMBER		Х						0.	0.	0.			
(6) SCOTT H. COLEMAN	1.00												
BOARD MEMBER		х						0.	0.	0.			
(7) BONNIE JARM	1.00												
BOARD MEMBER		X						0.	0.	0.			
(8) CARLA SKINDER	1.00												
BOARD MEMBER		X						0.	0.	0.			
(9) DR. JAY MERRIAM	1.00									0			
BOARD MEMBER	1 00	X						0.	0.	0.			
(10) MARY B. CRANSTON, ESQ.	1.00									0			
BOARD MEMBER	1 00	X						0.	0.	0.			
(11) DR. DANIEL BIROS	1.00	.,								0			
BOARD MEMBER	1 00	X						0.	0.	0.			
(12) KARL ZACHAR	1.00							0		0			
BOARD MEMBER	1 00	X						0.	0.	0.			
(13) DR. MELISSA MAZAN	1.00	x						0.	0.	0			
BOARD MEMBER	1.00	<u> </u>						0.	0.	0.			
(14) RAFFAELLA TORCHIA	1.00	x						0.	0.	0.			
BOARD MEMBER (15) ROSALIND GIGI KAY	40.00							0.	0.	0.			
	40.00					x		121,108.	0.	1,288.			
DIRECTOR		<u> </u>	-	-	<u> </u>	^	<u> </u>	141,100.	0.	I,200.			
	1	I	L				L		1	- 000 (00)			

T110	FONDOU	K 1	MA:	INT	CE1	NAN	1C:	E COMMITTEE,	04 6	0 4 2	1 0 0	. 0
Form 990 (2017) INC.									04 - 6	043	100	Page 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C					(E)
(A)	(B)			(C Pos		n		(D)	(E)			(F)
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable			imated
	week	offi	, unle cer ar	ss pe nd a d	rson irecto	is botl pr/trus	n an tee)	compensation from	compensatio from related			ount of other
	(list any	tor						the	organization			pensation
	hours for	Individual trustee or director				ed		organization	(W-2/1099-MIS			om the
	related	stee ol	ustee			en sat		(W-2/1099-MISC)			orga	anization
	organizations	altrus	Institutional trustee		ƙey employee	Highest compensated employee						related
	below line)	ivid u	titutic	Officer	emp	hest (ploye	Former				orga	nizations
		Ind	lns	9ff	Key	Hig em	For					
		4										
		<u> </u>										
		4										
		<u> </u>										
		4										
		-										
		-										
		1										
		<u> </u>										
			4				_					
1b Sub-total					· · · · · ·			121,108.		0.	-	L,288.
c Total from continuation sheets to Part V	II, Section A				·····]	►	0.		0.		0.
d Total (add lines 1b and 1c)								121,108.		0.	-	L,288.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wł	io r	eceived more than \$100	,000 of reportab	le		
compensation from the organization												1
												Yes No
3 Did the organization list any former officer					•	•		• ·				
line 1a? If "Yes," complete Schedule J for s	such individual										3	X
4 For any individual listed on line 1a, is the set								-	-			
and related organizations greater than \$15											4	X
5 Did any person listed on line 1a receive or					-			-			_	v
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Schedui	eJī	or si	ucn	pers	son .					5	X
1 Complete this table for your five highest co	monated in	don	ando	nt o	ont	rooto	ro t	that received more than	¢100.000 of oon		otion f	om
the organization. Report compensation for										pens	alion	OIII
(A)	the calendar y	ear	enui	ng v	vitii			(B)	year.		(C	<u>, </u>
(~) Name and business	address							رط) Description of s	ervices	С		<i>i</i> isation
DAVINCI DIRECT, 36 CORDA	GE PARK	C	IRC	CLE	Ξ,			<u>_</u>				
SUITE 339, PLYMOUTH, MA								FUNDRAISING	COUNSEL		114	1,735.
2 Total number of independent contractors (\$100,000 of compensation from the organ		not li	mite	d to		se lis 1	stec	d above) who received m	nore than			

INC.

Form 990 (2017)

Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response or no					
				(A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Noncash contributions included in lines 1a-1f: \$	400,005. ▶ ness Code 0099	400,005. 50,419.	50,419.		
Pro	e f	All other program service revenue					
	a	Total. Add lines 2a-2f		50,419.			
	3 4 5	Investment income (including dividends, interest, an other similar amounts) Income from investment of tax-exempt bond proces	nd eds	65,989.			65,989.
	b	Royalties (i) Real (ii) Gross rents	Personal				
	d 7 a	Net rental income or (loss)Gross amount from sales of assets other than inventory(i) Securities 3,144,652.	i) Other				
	с	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	►	323,737.			323,737.
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
Other	с	Less: direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities. See					
	с	Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities					
	b	and allowances a b b	······ ►				
			ness Code				
	11 a						
	b	·					
	c						
		All other revenue					
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.		840,150.	50,419.	0.	389,726.
				, = · · ·	· · / •	- •	,

	1990 (2017) INC .			04-60	43108 Page 10
Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	/ • • •			
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	335,240.	335,240.		
7	Other salaries and wages	555,240.	555,240.		
8	Pension plan accruals and contributions (include	3,600.	3,600.		
•	section 401(k) and 403(b) employer contributions)	1,288.	1,288.		
9	Other employee benefits	19,440.	19,440.		
10	Payroll taxes	19,440.	19,440.		
11	Fees for services (non-employees):	122,415.		122,415.	
a L	Management	7,454.		7,454.	
b		18,157.		18,157.	
	Accounting	10,157.		10,157.	
d	Lobbying Professional fundraising services. See Part IV, line 17	117,176.			117,176.
e 4	Investment management fees	68,883.		68,883.	11/,1/0.
ı g				00,003.	
y	column (A) amount, list line 11g expenses on Sch 0.)	22,031.	648.	21,383.	
12	Advertising and promotion		0100		
13	Office expenses				
14	Information technology	579.	579.		
15	Royalties				
16	Occupancy	60,512.	60,512.		
17	Travel	48,127.	48,127.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,073.	37,073.		
23	Insurance	25,761.		25,761.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedula O.)				
а	amount, list line 24e expenses on Schedule 0.) MEDICAL SUPPLIES	221,444.	221,444.		
a b	ALL OTHER EXPENSES	16,169.	13,701.	2,468.	
2	MINOR EQUIPMENT	9,792.	9,792.	_,	
d	FOREIGN EXCHANGE LOSS	8,337.	_ , •	8,337.	
	All other expenses	13,918.	13,918.		
25	Total functional expenses. Add lines 1 through 24e	1,157,396.	765,362.	274,858.	117,176.
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)

	n 990 () rt X	2017) INC. Balance Sheet			6043108 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
		· · · ·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	88,362.	1	47,030
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,962.	4	20,314
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\ldots\ldots}$		6	
SS	7	Notes and loans receivable, net		7	
~	8	Inventories for sale or use		8	10 104
	9	Prepaid expenses and deferred charges	7,357.	9	12,184
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,264,542.Less: accumulated depreciation10b431,393.	011 161		833,149
			811,161. 3,422,770.	10c	3,564,173
	11	Investments - publicly traded securities	9,988,731.	11 12	11,100,905
	12	Investments - other securities. See Part IV, line 11	5,500,751.	12	11,100,903
	13	Investments - program-related. See Part IV, line 11		13	
	14 15	Intangible assets	44,463.	14	112,323
	16	Other assets. See Part IV, line 11	14,376,806.	16	15,690,078
	17	Accounts payable and accrued expenses	67,610.	17	14,495
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Ĕ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	11.105
	26	Total liabilities. Add lines 17 through 25	67,610.	26	14,495
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
ces		complete lines 27 through 29, and lines 33 and 34.	14,004,101.		15,324,268
aŭ	27	Unrestricted net assets	101,901.	27	121,901
Ba	28	Temporarily restricted net assets	203,194.	28 29	229,414
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	205,194.	29	449,414
ш Б		and complete lines 30 through 34.			
ts o	30	Capital stock or trust principal, or current funds		30	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ξ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	14,309,196.		15,675,583

Temporarily restricted net assets 28 203,194. 229,414. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 14,309,196. 14,376,806. 15,675,583. 33 Total net assets or fund balances 15,690,078. 34 Total liabilities and net assets/fund balances Form **990** (2017)

34

AMERICAN	FONDOUK	MAINTENANCE	COMMITTEE
THA			

	1990 (2017) INC.	04-	60431	.08	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				50.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	15	7,3	96.
3	Revenue less expenses. Subtract line 2 from line 1	3				46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				96.
5	Net unrealized gains (losses) on investments	5	1,	65	7,4	13.
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		20	6,2	20.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	15,	675	5,5	83.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
-			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	. [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		
				_	000	(0017)

Form **990** (2017)

Public Charity Status and Public Support Complete if the organization is a section SU(6)0 organization or a section M47(e)(1) necessary that table to test M47(e)(1) necessary that table table M47(e)(1) necessary table tab	SC	HE	DULE A		Dublia	Cha	rity Status or		slia G	unnort		OMB No. 1545-0047
Description Open to Public Characterization Open to Public Impection Name of the organization MKR I CAN F (RADUOK MA1NPENANCE COMITYTEE, Complete The public Characterization and the latest information. Deprove inferring the public Characterization and the latest information. Deprove inferring the public Characterization and the latest information. Deprove inferring the public Characterization is and public Characterization is and public Characterization is and a public Characterization is action 1700b (140,10). Enclose inferring the public Characterization is action 1700b (140,10). A school descripted in section 1700b (140,10). A school descripted in section 1700b (140,10). A school descripted in section 1700b (140,10). A model research organization descripted in section 1700b (140,10). A model research organization descripted in section 1700b (140,10). 4 A model research organization descripted in section 1700b (140,10). A forderal, state or local governmental unit descripted in section 1700b (140,10). A forderal, state or local governmental unit descripted in section 1700b (140,10). 6 A forderal, state or local governmental unit descripted in section 1700b (140,10). A forderal, state or local section 1700b (140,10). 7 M organization descripted in section 1700b (140,00). Complete Part II 1 8 A commutify trust descripted in section 1700b (140,00). Complete Part II 1 9 M organization organization descripted in	(FOULD 330 OF 330-EZ D					-					2017	
Construction				Simplete in t					or a section		2017	
Name of the organization AMERICON FORDUCK MAINPENDANCE COMMETTER, Common status Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Employer identification number 104 – 604 3108 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. Employer identification number 104 – 604 3108 I Active, convection of durches do saccharide to section 700b(11/A)(0). A school described in section 1700b(11/A)(0). I Active, convection of durches, or association discribed in section 170b(11/A)(0). A model research organization operated in conjunction with a hospital described in section 170b(11/A)(0). I Active distriction operated in conjunction with a hospital described in section 170b(11/A)(0). I Active distriction operated in conjunction with a longitation described in section 170b(11/A)(0). I Active distriction operated in section 170b(11/A)(0). I Active distriction registration described in section 170b(11/A)(0). I Active distriction registration described in section 170b(11/A)(0). I Accommunity true described in section 170b(11/A)(0). Accommunity true described in section 170b(11/A)(0). I A community true described in section 170b(11/A)(0). Accommunity true described in section 170b(11/A)(0).							Attach to Form 990 or	Form 990-	EZ.			-
INC. 0.4 - 6043108 Part II Reson for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For ines 1 through 12, check only one box). A church, convention of churches, or association of diurches deactibed in section 700b(11(A)(i)). A church, convention of churches, or association described in section 700b(11(A)(ii)). A church, convention of churches, or association described in section 700b(11(A)(ii)). A church, convention of the benefit of a college or university owned or operated by a governmental unit described in section 700b(11(A)(ii)). A organization operated in the benefit of a college or university owned or operated by a governmental unit described in section 700b(11(A)(i)). A organization operated in conjunction with a long-tart college or university owned or operated in section 700b(11(A)(i). (Complete Part II) A community trust described in section 700b(11(A)(i). (Complete Part II) A community trust described in section 700b(11(A)(i). (Complete Part II) A community trust described in section 700b(11(A)(i). (Complete Part II) A community trust described in section 700b(11(A)(i). (Complete Part II) A organization degrated acclusively of the toppic safety. See section 5006(a)(2). Complete Part II). A organization degrated acclusively to the toppic safety. See												•
Part I Reason for Public Charity Status (All organizations must complete this part) See Instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b) (1/A)(i). A school described in section 170(b) (1/A)(ii). A modical research organization described in section 170(b) (1/A)(ii). A modical research organization described in section 170(b) (1/A)(iii). A modical research organization described in section 170(b) (1/A)(iii). A modical research organization described in section 170(b) (1/A)(iii). A modical research organization described in section 170(b) (1/A)(iv). TA norganization that mormally receives a substantial part of its support from a governmental unit described in section 170(b) (1/A)(iv). A norganization that mormally receives a substantial part of its support from contributors, methership tess, and grass neepists from activities: elited to its exempt functions: subject to certain exceptions, and (2), and subject of grass accurred by the organization described in section 509(a)(2). B norganization that normally receives: (1) more than 33 1/3% of its support from contributors, methership tess, and grass neepists from activities: elited to its exempt functions: subject to certain exceptions, and (2), and (2), and (2), and (2), and (2), and (2), and (2). B norganization organization described in section 509(a)(2). Norganization organization described in section 509(a)(2). <	Nan	ne of	the organizati			FONDO	UK MAINTENAN	ICE CO	MMITT	ΈΕ,		
The organization is not a private foundation because it is (For Ines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 770b(1)(A)(i). A church, convention of churches, or association of churches described in section 770b(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170b(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170b(1)(A)(iii). Enter the hospital's name, chy, and state:			Decen			Status /	AU					4-6043108
A church, convention of churches, or association of churches discribed in section 170(b)(1)(A)(i). A achool described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). A medical research organization operated to rub benefit of a college or university owned or operated by a governmental unit described in ection 170(b)(1)(A)(v). (Complete Part II) A organization that normally receives a substantial part of its support from a governmental unit of from the general public described in ection 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(v) operated in conjunction with a land grant college or university: A norganization that normally receives a substantial part of its support from contributions, membership kees, and gross receipts from achivites related to its seempt functions = subject to cortain exceptions: and (2) wills (of its support from contributions, membership levels, and gross receipts from achivites related in sevent functions = subject to cortain exceptions: and (2) wills (1) its (a) will be urganization organization organization deparated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more public/supported organization described in section 950(a) (2) section 509(a)(b). Section 509(a)(b): Complete Part II) An organization organization deparated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more public/supported organization deparated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more public/supported organization deparated exc											S.	
2 A school described in section 170(b)(1)(A)(ii), (Attails Schedule E (Form 990 or 900-E2)) 3 A hospital or a cooperative hospital sorvice organization described in section 170(b)(1)(A)(iii), 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 6 city, and state. 5 A noganization operated for the benefit of a colege or university owned or operated by a governmental unit described in 8 section 170(b)(1)(A)(ii). (Complete Part II) 6 A forderal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 A noganization that normally receives a substantial part of its support from a governmental unit or from the general public described in 8 section 170(b)(1)(A)(v). (Complete Part II) 9 A nagricultural neasarch organization described in section 170(b)(1)(A)(v). 7 Cmplet Part II) 9 A nagricultural neasarch organization described in section 170(b)(1)(A)(v) operated in conjunction with a land grant colege 9 or university or a non-land-grant colege of agriculture (see instructions. Enter the name, ohy, and state of the colege or 9 university or a non-land-grant colege of agriculture (see instructions, Enter the name, ohy, and state of the colege or 9 university: 1 A noganization organization described and escribed in taction 15(a) (onn businesses acquired by the organization after Junes 0) in 975. 1 See section 509(a)(2), (Complete Part II) 1 A noganization organization described in section 608(a)(2) on more than 30 175% of its support from granization after Junes 0) in 975. 1 See section 509(a)(2), (Complete Part II) 1 A noganization organization described in section 609(a)(2) on more than 30 175% of its support from granization after Junes 0) in 975. 1 See section 509(a)(2), (Complete Part II) 1 A noganization organization described in section 609(a)(2) on more than 30 175% of its support from granization after Junes 0) in 975. 1 See section 509(a)(2), (Complete Part II) 1 A noganization organization o		orgar					U	,	,			
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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, 12t, and 12g. a 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 supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization setsed in the same persons that control or manage the supported organization sprainization system in the same persons that control or manage the supported organization system in the same persons that control or manage the support of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type II, Type III functionally integrated, or Type III non-functionally integrated supported organizations. g Provide the following information about the supported organization(s). f. Type III non-functionally integrated organizations. Import the organization with advectore organization organization organization. <th></th> <th>H</th> <th>-</th> <th>-</th> <th>-</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>orre out the</th> <th>nurnesses of one or</th>		H	-	-	-						orre out the	nurnesses of one or
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Schedule A (Form 990 or 990-EZ) 2017 INC .

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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.)

Section A. Publi	c Support						
Calendar year (or fisca	l year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, co	ntributions, and						
membership fee	s received. (Do not						
include any "uni	usual grants.")	246,270.	2,450,287.	420,397.	267,005.	400,005.	3,783,964.
2 Tax revenues lev	vied for the organ-						
ization's benefit	and either paid to						
or expended on	its behalf						
3 The value of ser	vices or facilities						
furnished by a g	overnmental unit to						
the organization	without charge						
4 Total. Add lines	1 through 3	246,270.	2,450,287.	420,397.	267,005.	400,005.	3,783,964.
5 The portion of to	otal contributions						
by each person	(other than a						
governmental ur	nit or publicly						
supported orgar	nization) included						
on line 1 that ex	ceeds 2% of the						
amount shown o	on line 11,						
column (f)							1,836,154.
	Subtract line 5 from line 4.						1,947,810.
Section B. Total							, ,
Calendar year (or fisca		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from li		246,270.	2,450,287.	420,397.	267,005.	400,005.	3,783,964.
8 Gross income fr			, , .		,	,	, , -
	ients received on						
securities loans,							
	n similar sources	330,479.	365,909.	364,872.	140,487.	65,989.	1,267,736.
	unrelated business	00071700		001/0/20		,	
activities, wheth							
business is regu							
10 Other income. D							
	U U						
or loss from the							
assets (Explain i	1						5 051 700
11 Total support.						10	^{5,051,700.} 313,141.
•	rom related activities,		,			12	515,141.
-	If the Form 990 is for	•					
Section C. Com	eck this box and stop		rcontago			<u></u>	▶∟
		••	•				38.56 %
	percentage for 2017 (14	25 20
	percentage from 2016					15	35.32 %
	rt test - 2017. If the o						
	organization qualifies						
	rt test - 2016. If the o						is box
	The organization qual						
17a 10% -facts-and	I-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
and if the organi	zation meets the "fac	sts-and-circumstan	ces" test, check tł	nis box and stop h	ere. Explain in Pa	t VI how the organ	ization
meets the "facts	-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□]
b 10% -facts-and	I-circumstances tes	t - 2016. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
more, and if the	organization meets tl	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
organization me	ets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
	ion. If the organizatio						
more, and if the organization me	organization meets tl ets the "facts-and-cire	he "facts-and-circu cumstances" test.	mstances" test, cl The organization o	heck this box and qualifies as a publi	stop here. Explain	in Part VI how the	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 INC .

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				4		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	1					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	() 0010	(1) 001 (() 0015	(1) 0010	() 0047	(0
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
						>
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did n	not check the box	on line 14, and line	e 15 is more than (33 1/3% , and line 1	7 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly :	supported organiz	ation	
b 33 1/3% support tests - 2016. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3% , che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a. or 19b. check tł	his box and see in:	structions	

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Schedule A (Form 990 or 990-EZ) 2017 INC. 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, Ioan, 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
1		
2		
3a		
Зb		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10-		
10a		
10b		

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Pa	rt IV 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		
	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		Vee	Na
4	Did the directory trustees, or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	(ana)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruct The organization satisfied the Activities Test. Complete line 2 below.	10115).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions	3)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	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				
~	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.			
a	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	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

04-6043108 Pag

Sche	dule A (Form 990 or 990-EZ) 2017 INC .		C	4-6043108 Page
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must com	nplete	Sections 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		
d	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		
ect	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990 EZ) 2017 INC.		(04-6043108 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	1
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	· · · · · ·		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	2	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(;)	(::)	(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017	~		
а				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

AMERICAN FONDO	UK MAINTENANCE	COMMITTEE,
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Schedule A	(Form 990 or 990-EZ) 2017 INC.	04-6043108	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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, 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	n C.
-			

SC	HEDULE D	Suppler	nent	al Financial Statement	ts		OMB No. 15	45-0047
	n 990)	Complete if	the or	ganization answered "Yes" on Form 99	0.		20 ⁻	17
Depart	ment of the Treasury			Ŏ, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ► Attach to Form 990.			Public	
-	I Revenue Service	ANDDIGAN DONDO		990 for instructions and the latest infor MAINTENANCE COMMITTEE		F	Inspecti	
Nam	e of the organizati	INC.	UK I	MAINTENANCE COMMITTEE	• ,		identificatio 4 - 6 0 4 3 1	
Pa	rt I Organiza	itions Maintaining Donor	Advis	ed Funds or Other Similar Fund	ds or A	ccounts.	Complete if th	ie
	organizatio	n answered "Yes" on Form 990, Pa	art IV, I		1 .			
				(a) Donor advised funds	(b) Funds and	d other accou	ints
1		nd of year						
2 3		f contributions to (during year) f grants from (during year)						
4		t end of year						
5				writing that the assets held in donor adv	/ised fun	ds		
	-			s exclusive legal control?			Yes	🗌 No
6	Did the organization	n inform all grantees, donors, and	donor	advisors in writing that grant funds can b	e used o	only		
	for charitable purp			or donor advisor, or for any other purpos		-		
De	impermissible priv	ate benefit?				<u></u>	Yes	No No
Pa		•		rganization answered "Yes" on Form 990	, Part IV,	line 7.		
1		servation easements held by the or of land for public use (e.g., recrea	•	· · · · · · · · · · · · · · · · · · ·	storically	important la	ind area	
		f natural habitat		Preservation of a ce				
		of open space						
2	Complete lines 2a	through 2d if the organization held	l a qua	lified conservation contribution in the for	n of a co	nservation e	asement on t	he last
	day of the tax yea					Held	at the End of th	e Tax Year
а						2a		
b	•	ricted by conservation easements				2b		
с				tructure included in (a)		2c		
d				d after 7/25/06, and not on a historic strue		2d		
3				eleased, extinguished, or terminated by t			a the tax	
Ũ	year ►		Sirea, i	ologood, oxtilligalorida, or terminated by t	ne organ		g the tax	
4		where property subject to conserv	ation e	asement is located ►				
5	Does the organiza	ion have a written policy regarding	g the p	eriodic monitoring, inspection, handling c	- of			
	,	orcement of the conservation ease					Yes	No No
6	Staff and voluntee	r hours devoted to monitoring, ins	pecting	g, handling of violations, and enforcing co	onservatio	on easement	ts during the	year
_								
7	Amount of expens	es incurred in monitoring, inspecti	ng, nar	ndling of violations, and enforcing conser	vation ea	sements du	ring the year	
8		vation easement reported on line	(d) abo	ove satisfy the requirements of section 17	70(h)(4)(E	3)(i)		
-							Yes	🗌 No
9				ition easements in its revenue and expen			lance sheet,	and
	include, if applicat	le, the text of the footnote to the c	organiz	ation's financial statements that describe	es the org	ganization's a	accounting fo	r
	conservation ease			· · · · · · · ·	<u></u>	<u></u>		
Pa		-		of Art, Historical Treasures, or	Other s	Similar As	ssets.	
10		the organization answered "Yes"		ASC 958), not to report in its revenue stat	omont or	d balanca a	hoot worke o	Fort
Ia	0	, 1	`	xhibition, education, or research in furthe				,
		note to its financial statements that					, provido, in	r arc / an,
b				ASC 958), to report in its revenue stateme	ent and b	alance shee	t works of art	, historical
				education, or research in furtherance of p				
	relating to these it							
	(i) Revenue inclu							
_	.,							
2	-			reasures, or other similar assets for finance	cial gain,	provide		
~	-			116 (ASC 958) relating to these items:		▶ \$		
a b								

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
732051	10-09-17

AMERICAN	FONDOUK	MAINTENANCE	COMMITTEE,
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Sche	dule D (Form 990) 2017 INC •					0	4-60	43108	Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures,	or Othe				
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following tha	at are a s	ignificant u	se of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progr	ams				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizat	ion's exe	mpt purpos	se in Par	t XIII.	
5									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	t IV Escrow and Custodial Arran		ete if the organizati	on answered	"Yes" on	1 Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custod							٦	—]
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			 _			
								Amount	
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance					1 f		Vee	
	Did the organization include an amount on F					• • • • • • • • • • • • • • • • • • • •	∟	Yes	No
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three ye	ars hack	(a) Four	years back
19	Beginning of year balance	203,194.	201,436		3,273.		0,308.		201,363.
b	Contributions	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,		
	Net investment earnings, gains, and losses	26,220.	1,758	-1	1,837.		7,035.		18,945.
	Grants or scholarships	,		-	_,,		.,		
	Other expenditures for facilities								
Ũ	and programs								
f	Administrative expenses								
g	End of year balance	229,414.	203,194	. 20	1,436.	21	3,273.		220,308.
2	Provide the estimated percentage of the cur				,				
а	Board designated or quasi-endowment		%	(//					
b	Permanent endowment > 100.00	%	_						
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administe	ered for t	he organiza	ation		
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R	?				3b	
	Describe in Part XIII the intended uses of the		wment funds.						
Pa	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 99	0, Part X,	, line 10.			
	Description of property	(a) Cost or o		st or other	. ,	ccumulated	1	(d) Book	value
		basis (investn	nent) basis	s (other)	de	preciation			
	Land			2,686.		100 1-			,686.
	Buildings		9	61,107.		193,45	7.	767	,650.
	Leasehold improvements				ļ				010
	Equipment		3	00,749.		237,93	0.	62	,813.
	Other							000	140
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)				833	,149.

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 INC.		04	-6043108 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) BENEFICIAL INTEREST IN			
(B) PERPETUAL TRUSTS	229,414.	END-OF-YEAR MARKET	VALUE
(C) HEDGE FUNDS	2,593,317.	END-OF-YEAR MARKET	VALUE
(D) PRIVATE INVESTMENTS	245,441.	END-OF-YEAR MARKET	
(E) BOND FUNDS	2,192,236.	END-OF-YEAR MARKET	
(F) OTHER NON-PUBLICLY TRADED	2,252,2000		
	5,840,497.	END-OF-YEAR MARKET	VALUE
(-)	5,040,457.		VADOD
(H)	11,100,905.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	11,100,905.		
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	d-of-year market value
(1)			
(2)			
(3)			
(4)	4		
(5)	(
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(a) Description of lightlifts		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►		
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements	that reports the
		here if the text of the footnote has been	
Ordanization's liability for uncertain tax positions update			

Schedule D (Form 990) 2017

AMERICAN	FONDOUK	MAINTENANCE	COMMITTEE
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	edule D (Form 990) 2017 INC .				6043108 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,454,900
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,657,413.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	26,220.		
е	Add lines 2a through 2d			2e	1,683,633
3	Subtract line 2e from line 1			3	771,267
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,883.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	68,883
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	840,150
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme			Retu	irn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	/ith Expenses per	Retu	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	/ith Expenses per	Retu 1	ırn.
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	/ith Expenses per		
1	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	/ith Expenses per		
1 2	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	/ith Expenses per		
1 2 a	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W 2a 2b	/ith Expenses per		
1 2 a b	Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	/ith Expenses per		1,088,513
1 2 a b	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	/ith Expenses per		1,088,513
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	/ith Expenses per	1	1,088,513
1 2 b c d e	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	/ith Expenses per	1 2e 3	1,088,513
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	/ith Expenses per	1 2e 3	1,088,513
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	/ith Expenses per	1 2e 3	1,088,513 0. 1,088,513
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	/ith Expenses per 68,883.	1 2e 3	1,088,513 0, 1,088,513 68,883
1 2 d e 3 4 b c 5	Image: Second state in the second state is second state in the second state is second state in the second state in	2a 2b 2c 2d 4a 4b	/ith Expenses per 68,883.	1 2e 3	1,088,513 0. 1,088,513

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO PROVIDE A SOURCE OF INCOME TO SUPPORT

PROGRAM ACTIVITIES OF THE AMERICAN FONDOUK MAINTENANCE COMMITTEE, INC.

PART X, LINE 2:

THE COMMITTEE ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED

ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX

POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION

UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR

POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE

UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY

ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN

AMERICAN FONDOUK MAINTENANCE COMMITTEE,
Schedule D (Form 990) 2017 INC. 04-6043108 Page 5 Part XIII Supplemental Information (continued)
TAX POSITIONS. INTEREST AND PENALTIES ASSESSED, IF ANY, ARE ACCRUED AS
INCOME TAX EXPENSE. THE COMMITTEE HAS IDENTIFIED ITS TAX STATUS AS A TAX
EXEMPT ENTITY AND ITS TREATMENT OF RELATED AND UNRELATED INCOME AS ITS
ONLY SIGNIFICANT TAX POSITION; HOWEVER, THE COMMITTEE HAS DETERMINED THAT
SUCH TAX POSITIONS DO NOT RESULT IN ANY UNCERTAINTY REQUIRING RECOGNITION.
THE COMMITTEE IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING
JURISDICTION. BUT ITS INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY
THE FEDERAL AND STATE JURISDICTIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN PERPETUAL
TRUSTS 26,220.

SCHEDULE F	Statomo	nt of Act	ivities Outside the Ur	nitad St	atas	OMB No. 1545-0047
(Form 990)		2017				
		the organizatio	n answered "Yes" on Form 990, Part ▶ Attach to Form 990.	. I v , IIIC 140,	10, 01 10.	
Department of the Treasury Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		Open to Public Inspection
Name of the organization					Employer id	lentification number
AMERICAN FONDOU					04-604	
		Activities Ou	tside the United States. Compl	ete if the orgar	nization answe	red "Yes" on
Form 990, Part I 1 For grantmakers. Does	•	- maintain raaar	ds to substantiate the amount of its gr	anto and other		
=	-		the selection criteria used to award the			Yes No
-	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and c	ther assistanc	e outside the
United States.	ika fallawina Davi					
			an be duplicated if additional space is			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describ	vity listed in (d gram service, e specific type e(s) in the regio	expenditures for and investments
MIDDLE EAST AND						
NORTH AFRICA -						
ALGERIA, BAHRAIN,						
DJIBOUTI, EGYPT,	1	22	PROGRAM SERVICES	ANIMAL CAR	E AND WELFA	RE 571,540.
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,	0	0	INVESTMENTS			4,182,562.
3 a Sub-total b Total from continuation sheets to Part I		22				4,754,102.
c Totals (add lines 3a						0.
and 3b)	1	22				4,754,102.

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

Schedule F (Form 990) 2017

04-6043108

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
			recognized as charities by the tion 501(c)(3) equivalency lette								
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

Schedule F (Form 990) 2017

Page **2**

04-6043108

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		$\left(\right)$					

Schedule F (Form 990) 2017

Page 3

Schedu	ile F (Form 990) 2017 INC .	04-6043108 Page 4
Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes 🔀 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes 🔀 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes 🔀 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 8865, <i>Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form</i> 8865)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes 🗴 No
		Schedule F (Form 990) 2017

AMERICAN FONDOUK MAINTENANCE COMMITTEE,		
Schedule F (Form 990) 2017 INC.	04-6043108	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accomposition investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting	ethod); and Part III, column (c)	
SCHEDULE F, PART IV, LINE 4		
THE COMMITTEE IS NOT REQUIRED TO FILE FORM 8621 AS THE P	PRIVATE FOREIGN	
INVESTMENT COMPANY (PFIC) RULES DO NOT APPLY TO TAX EXEM	МРТ	
ORGANIZATIONS.		

	unnlomo	ntal Information Regardin		draid	ing or Coming	A otiv	vition	OMB No. 1545-0047
(Form 990 or 990-F7)	nplete if the	e organization answered "Yes" o	n Form	990, I	Part IV, line 17, 18, o			2017
Department of the Treasury Internal Revenue Service	0	rganization entered more than \$ ► Attach to Form 99 ► Go to www.irs.gov/Form990	0 or Fo	orm 99	0-EZ.			Open to Public Inspection
Name of the organization A	MERICA	N FONDOUK MAINTEN						entification number
	NC.						04-6043	
Part I Fundraising A required to compl		 Complete if the organization answ t. 	/ered "`	es" o	n Form 990, Part IV,	line 17	7. Form 990-E	Z filers are not
 a X Mail solicitations b X Internet and email c Phone solicitations d In-person solicitation 2 a Did the organization have key employees listed in F 	solicitations ons e a written c Form 990, P st paid indiv	f Solicit. g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of al fundr al (inclu profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, true undraising services?	stees,	X Yes	
(i) Name and address of ind or entity (fundraiser)		(ii) Activity	or co	Did raiser custody ntrol of outions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
DAVINCI DIRECT - 36 COR PARK CIRCLE, PLYMOUTH,		DIRECT MAIL		No X	284,171.	1. 28,6		255,496.
,,							20,070	
			K					
Total				. ►	284,171.		28,675.	255,496.
3 List all states in which the or licensing.	organizatio	on is registered or licensed to solici	t contril	oution	s or has been notified	d it is	exempt from r	egistration

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Sch	edu	le G (Form 990 or 990 EZ) 2017 INC .			04-	6043108 Page 2
Pa	rt I					
		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anı			(event type)	(event type)	(total humber)	
Revenue	4	Gross receipts				
Re	1					
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
6	5	Noncash prizes				
sec						
per	6	Rent/facility costs				
Direct Expenses	-	Food and have not				
lirec	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	
	11	Net income summary. Subtract line 10 from li				
Pa	rt I	III Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
er			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billgo/progressive billgo		col. (a) through col. (c))
Re						
	1	Gross revenue				
	2	Cash prizes				
Expenses	-					
per	3	Noncash prizes				
сE						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Divert evenese eveneses, Add lines Othersus			•	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	U	Het gaming moorne sammary. Subtrast inter				
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
	<u></u>	· · · · · ·				
		ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	IT "	Yes," explain:				

Scł	nedule G (Form 990 or 990-EZ) 2017 INC . 04-6	50431	L08	Page 3
	Does the organization conduct gaming activities with nonmembers?		/es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	L Y	es	No No
	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	• An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		%
17				
	Name			
	Address			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<u> </u>	es	No No
I	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
0	If "Yes," enter name and address of the third party:			
	Name N			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	<u> </u>	/es	🗌 No
I	D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	RS:		
/ -				
(1) NAME OF FUNDRAISER: DAVINCI DIRECT			
(1) ADDRESS OF FUNDRAISER: 36 CORDAGE PARK CIRCLE, PLYMOUTH, MA	023	360	
<u> </u>		023		
PA	RT I, LINE 2B, COLUMN (V):			
ית	RING THE YEAR ENDED DECEMBER 31, 2017, THE AMERICAN FONDOUK MA	ד אזידי ד	ZN Z	NCE
<u> </u>	MING THE TEAM ENDER DECEMBER JI, 2017, THE AMERICAN FUNDOUR MA	7 1 1 1 1	771/27	

COMMITTEE, INC. REIMBURSED DAVINCI DIRECT \$86,060 FOR MAILING LIST RENTAL, PRINTING, MAILING AND POSTAGE COSTS. THIS AMOUNT WAS INVOICED BY

Schedule	e G (Form	n 990 or 990 oplement)-EZ) al Inforr	INC.			NDOUK	MA	INTEN	IANCE	E COMMITTEE	, 04-6043108 Page 4
							ADDT			mire	DDOFEGGION	
DAVII	NCT L	IRECT	, INC.	AND	WAS	IN	ADDI	<u>101</u>	N TO	THE	PROFESSION	AL FUNDRAISING
FEES	THAT	HAVE	BEEN	REPOI	RTED	ON	PART	I,	COLU	MN V	7.	
										1		
										•		
						-						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

AMERICAN FONDOUK MAINTENANCE COMMITTEE.

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 04-6043108

OMB No 1545-0047

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

INC.

VETERINARY SERVICES TO THE WORKING ANIMALS OF THE POOR IN MOROCCO.

THESE ANIMALS GENERALLY HAVE NO OTHER ACCESS TO MEDICAL CARE OR

VETERINARIANS. THE FONDOUK HAS AN AVERAGE OF 30 INPATIENT EQUINES PER

DAY AND SEES APPROXIMATELY 20-30 ADDITIONAL OUTPATIENTS DURING A

TYPICAL DAY. THE HOSPITAL SEES ANIMALS WITH SEVERE INJURIES AND

ILLNESSES THAT RANGE FROM LAMENESS AND TRAUMA TO RABIES AND TETANUS.

THE MEDICAL STAFF AIMS TO EDUCATE OWNERS IN CARING FOR THE WELFARE OF

THEIR ANIMALS. THE FONDOUK ALSO SERVES AS AN EDUCATIONAL INSTITUTION BY

PROVIDING PROGRAMS TO THE VETERINARY COMMUNITY AND FOR VISITING

VETERINARIANS AND STUDENTS. THE FONDOUK ALSO PROVIDES FUNDING TO A

SELECT NUMBER OF NEWLY GRADUATED MOROCCAN VETERINARIANS INTERESTED IN

PURSUING POST-DOCTORAL INTERNSHIPS AND RESIDENCIES IN OTHER COUNTRIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POOR IN THE REGION LOCATED AROUND FEZ, MOROCCO. THE HOSPITAL TREATS MOSTLY EQUINES INCLUDING MULES, DONKEYS, AND HORSES. THE FONDOUK ALSO HAS AN EDUCATIONAL MISSION. THE FONDOUK HELPS ANIMAL OWNERS LEARN ABOUT BETTER NUTRITION AND CARE OF ANIMALS. IN PARTNERSHIP WITH THE VETERINARY SCHOOL IN RABAT, IT IS FONDOUK'S GOAL TO IMPROVE THE OVERALL CAPABILITIES OF MOROCCAN DOCTORS. THE FONDOUK PROVIDES TRAINING COURSES AND INTERNSHIPS IN EQUINE MEDICINE. IN ADDITION, VETERINARY STUDENTS FROM MANY COUNTRIES ALSO ARE TRAINED BY THE FONDOUK STAFF DURING UNIVERSITY SPONSORED ELECTIVE COURSES.

FORM 990, PART VI, SECTION A, LINE 2:

Schedule O (Form 990 or 990-EZ) (2017)	Pa	ge 2
Name of the organization AMERICAN FONDOUK MAINTENANCE COMM	MITTEE, Employer identification num 04-6043108	ber
J. ROBERT COLEMAN AND SCOTT H. COLEMAN HAVE A F	FAMILY RELATIONSHIP. BOTH	
INDIVIDUALS ARE BOARD MEMBERS. IN ADDITION, BOA	ARD MEMBERS KATHLEEN K.	
COLLINS, CARTER LUKE, BONNIE JAM, DR. DANIEL BI	IROS AND RAFFAELLA TORCHIA	
ARE ALL EMPLOYEES OF THE MASSACHUSETTS SOCIETY	FOR THE PREVENTION OF	
CRUELTY TO ANIMALS ("MSPCA"). CARTER LUKE IS TH	HE CEO AND PRESIDENT OF THE	
MSPCA.		

FORM 990, PART VI, SECTION A, LINE 6:

THE AMERICAN FONDOUK'S MEMBERS ARE THE DIRECTORS FOR THE ORGANIZATION, AND MEMBERS ARE THE PERSONS WHO ELECT THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7A:

THE AMERICAN FONDOUK'S MEMBERS ARE THE DIRECTORS FOR THE ORGANIZATION, AND MEMBERS ARE THE PERSONS WHO ELECT THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

AS THE AMERICAN FONDOUK'S MEMBERS ARE THE DIRECTORS, ALL ACTIONS REQUIRED TO BE TAKEN AND VOTED UPON BY THE DIRECTORS ARE THEREFORE APPROVED BY THE MEMBERS.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION AND REVIEWED BY MANAGEMENT AND BY AN INDEPENDENT ACCOUNTING FIRM. THE FINAL DRAFT OF THE FORM 990 IS THEN PRESENTED TO THE AUDIT COMMITTEE. THE BOARD OF DIRECTORS ASSIGNED THE RESPONSIBILITY TO THE AUDIT COMMITTEE TO REVIEW AND RECOMMEND ACTION TO THE FULL BOARD REGARDING THE FILING OF THE FORM 990. ONCE THE AUDIT COMMITTEE APPROVES THE FORM 990, IT IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW

Schedule O (Form 990 or 990-EZ) (2017) F									
Name of the organization		FONDOUK	MAINTENANCE	COMMITTEE,	Employer identification number				
	INC.				04-6043108				

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

ALL DIRECTORS AND OFFICERS OF THE ORGANIZATION ARE SUBJECT TO AND MUST COMPLY WITH THE CONFLICT OF INTEREST POLICY AND ACKNOWLEDGE THE SAME ON AN ANNUAL BASIS. PURSUANT TO THAT POLICY, DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS TO THE CHAIRMAN OF THE BOARD OR APPROPRIATE BOARD COMMITTEE (I.E. A FINANCIAL CONFLICT WOULD BE ADDRESSED BY THE AUDIT COMMITTEE) WHEN THEY BECOME AWARE OF A CONFLICT. IF THE CONFLICT INVOLVES AN OFFICER OR BOARD MEMBER, THAT INDIVIDUAL WOULD BE PROHIBITED FROM PARTICIPATING IN ANY VOTES OR DECISIONS REGARDING THE SITUATION. THE COMMITTEE WOULD THEN DETERMINE THE APPROPRIATE INVESTIGATION AND ACTION.

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

AT THIS TIME, NO COMPENSATION IS PAID TO ANY DIRECTOR OR OFFICER. THERE ARE NO KEY EMPLOYEES PER THE IRS DEFINITION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: MA,AL,AK,AR,CA,CT,DC,FL,GA,HI,IL,KS,KY,MD,MI,MN,MS,NH,NJ,NM,NY,NC,OK,OR,PA RI,SC,TN,UT,VA,WV,WI

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

THE AMERICAN FONDOUK WILL FURNISH FINANCIAL STATEMENTS, GOVERNING DOCUMENTS OR THE CONFLICT OF INTEREST POLICY TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A

PLEASE NOTE THAT THE AMERICAN FONDOUK MAINTENANCE COMMITTEE, INC. HAD

NO U.S. EMPLOYEES SUBJECT TO U.S. PERSONAL INCOME TAX. ALL EMPLOYEES

PERFORM SERVICES IN FEZ, MOROCCO AND ARE NON-U.S. CITIZENS (INCLUDING

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization AMERICAN FONDOUK MAINTENANCE COMMITTEE, INC.	Employer identification number 04-6043108
ROSALIND GIGI KAY AS DISCLOSED ON FORM 990, PART VII, SEC	TION A).
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF OUTSIDE MANAGED TRUSTS	26,220.

(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 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *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 file	er's identifyir	ng number			
Type or print	AMERICAN FONDOUK MAINTENAN	Employe	imployer identification number (EIN) o $04-6043108$						
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 350 SOUTH HUNTINGTON AVENU		tions.	Social se	curity numbe	er (SSN)			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02130-4803								
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)						
Applica	tion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99	0-BL	02	Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	0-PF	04	Form 5227			10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust other than above) KATHLEEN K. CO	06	Form 8870			12			
Telep If the	books are in the care of \blacktriangleright 350 SOUTH HUNT books are in the care of \blacktriangleright 350 SOUTH HUNT organization does not have an office or place of business is for a Group Return, enter the organization's four digit. . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No. \blacktriangleright 617-989-16 lited States, check this box emption Number (GEN) I	0 6 f this is fo	r the whole g	roup, check this			
fo	equest an automatic 6-month extension of time until r the organization named above. The extension is for the X calendar year 2017 or			the exen	npt organizati	on return			
	tax year beginning	, an	d ending						
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	'n				
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any						
no	onrefundable credits. See instructions.			3a	\$	0.			
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and						
es	timated tax payments made. Include any prior year over	payment a	llowed as a credit.	Зb	\$	0.			
	alance due. Subtract line 3b from line 3a. Include your pa			0.5	¢	0.			
	 using EFTPS (Electronic Federal Tax Payment System). If you are going to make an electronic funds withdrawal ons. 			3c 453-EO a	L				

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

Form 8868 (Rev. 1-2017)

OMB No. 1545-1709