Form 990

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)

OMB No. 1545-0047

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

Open to Public
Inspection

A	For th	ne 2017 calendar year, or tax year beginning	, 2017, and ending		, 20
В	Check if a	C Name of organization		D Employer Identifica	ation number
-		THE OLANA PARTNERSHIP		14-182843	0
	Addr chan	ge Doing business as			
	Nam	e change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	_	P.O. BOX 199		(518) 828-1	.872
	term	return/ City or town, state or province, country, and ZIP or foreign postal code			
	Amei retur	110DSON, NI 12554		G Gross receipts \$	1,759,623
L_	Appli pend			H(a) Is this a group retu	
		P.O. BOX 199 HUDSON, NY 12534		subordinates? H(b) Are all subordinates in	ncluded? Yes N
L		xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 494	7(a)(1) or 527		ist (see instructions)
J		Ite: ▶ WWW.OLANA.ORG		H(c) Group exemption n	umber
K	Form	of organization: X Corporation Trust Association Other	L Year of for	rmation: 2001 M State	of legal domicile: NY
Р	art I	Summary	***		8
	1	Briefly describe the organization's mission or most significant activities: $\ ^{\mathrm{T}}$	O INSPIRE THE	PUBLIC BY PRES	ERVING AND
9		INTERPRETING OLANA, FREDERIC CHURCH'S ARTIST	IC MASTERPIECE		
nan					
Ver	2	Check this box ▶ ☐ if the organization discontinued its operations or	disposed of more than 2	25% of its net assets.	
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)		3	23.
တ္	4	Number of independent voting members of the governing body (Part VI, lin	e 1b)	4	23.
jŧ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2	0)	5	22.
Activities & Governance	٥ ا	Total number of volunteers (estimate if necessary)		6	51.
٧	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	
				Prior Year	Current Year
ā	8	Contributions and grants (Part VIII, line 1h)		1,051,787.	950,728.
Revenue	9	Program service revenue (Part VIII, line 2g)		0	0.
Re.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-75,488.	168,054.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		99,083.	178,454.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)	1,075,382.	1,297,236.
	13	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)	721,449.	826,883.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		82,092.	88,000.
х	D	Total fundraising expenses (Part IX, column (D), line 25) ▶ 355	,909.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		422,278.	582,440.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		1,225,819.	1,497,323.
L 0	19	Revenue less expenses. Subtract line 18 from line 12		-150,437.	-200,087.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
Sse	20	Total assets (Part X, line 16)	* *:*:* * * * *:*:	3,815,640.	3,809,153.
et A		Total liabilities (Part X, line 26)		71,819.	96,209.
		Net assets or fund balances. Subtract line 21 from line 20		3,743,821.	3,712,944.
	rt II	Signature Block			
true	, correc	alties of perjury, I declare that I have examined this return, including accompanying ct, and complete, Declaration of preparer (other than officer) is based on all information	of which preparer has an	s, and to the best of my kr	nowledge and belief, it is
		. 42-	- The property flat on	7 10 1	2410
Sig	n	Signature of officer		+/31/6	018
Her		Cocole of word		Date	
		Type or print name and title	SIDENT		
-			7 1-		
Paid		MATTHEW H VANDERBECK Preparer's signature MATTHEW H VANDERBECK	Date	Check if P7	IN
Prep	arer		CPA 7/31/18	self-employed	P00874499
Use	Only	Firm's name PATTISON KOSKEY HOWE & BUCCI CPA PC			46505
May	the !	Firm's address > 2880 ROUTE 9 VALATIE, NY 12184		Phone no. 518-7	758-6776
		RS discuss this return with the preparer shown above? (see instruc	tions)		X Yes No
For I	apen	work Reduction Act Notice, see the separate instructions.			Form 990 (2017)

Pa	art III	Statement of Program Service Check if Schedule O contains	e Accomplishments a response or note to any line in this Pari	t III	
1	Briefly o	lescribe the organization's missi			
	TO IN	SPIRE THE PUBLIC BY PR	ESERVING AND INTERPRETING O	LANA, FREDERIC	
	CHURCI	H'S ARTISTIC MASTERPIE	CE.		
	Did the	organization undertake any sig	nificant program services during the ye	ar which were not listed on the	<u> </u>
_	prior Fo				
3	Did the services	organization cease conduction?	ng, or make significant changes in h		
1		describe these changes on Sch	edule O. service accomplishments for each of i	ts three largest program service	ree as measured by
•	expense	es. Section 501(c)(3) and 501(c)(4) organizations are required to rep for each program service reported.		
4a			947,950. including grants of \$) (Revenue \$)
	ATTA	CHMENT 1			
46	(Cada:) /F.m.e.m.e.a. (*	including grants of C) (Paranua [©]	1
4D) (Expenses \$	including grants of \$) (Revenue \$,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			L. L. O.		
4d	Other p (Expens	rogram services (Describe in Sc les \$ including o	· · · · · · · · · · · · · · · · · · ·	e\$)	
4e	Total pr	ogram service expenses >	947,950.	·	Eart 000 (00/7)
	020 1.000				Form 990 (2017)

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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, 5 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 Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 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 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Χ **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			3.5
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.5
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		3.5	
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Λ
	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	24c		
	to defease any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	ZJa		21
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	235		
20	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			7.7
	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,	_		v
0.0	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Λ	

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 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 Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X **b** If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Х

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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 23	3		
	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 23	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	3.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Coati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo	1	Λ
Secu	on B. Folicies (This Section B requests information about policies not required by the internal Nevertue	Code	·/ Yes	No
40.	D'Athanana a' artha ha ar baad ab ar tara barrachas an affiliata o	10a		X
	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
i i a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O)			
4-		_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and
0.0	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record BETSY HENSON P.O. BOX 199 HUDSON, NY 12534	s: ▶		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any							(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)MEREDITH KANE	3.00									
CHAIR	0.	Х		x				0.	0.	0.
(2)STUART BRESLOW	.50									
VICE CHAIR	0.	Х		х				0.	0.	0.
(3)STEPHEN CLEARMAN	3.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(4)DAVID B. FORER	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(5)ROBIN M. KEY	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(6)SUSAN WINOKUR	1.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(7)RICHARD MCCARTHY	3.00									
TREASURER	0.	Х		Х				0.	0.	0.
(8)JANET SCHNITZER	1.00									
RECORDING SECRETARY	0.	Х		Х				0.	0.	0.
(9)MARGARET DAVIDSON	1.00									
CORRESPONDING SECRETARY	0.	X		Х				0.	0.	0.
(10)BELINDA KAYE	3.00									
TRUSTEE	0.	X						0.	0.	0.
(11)STEPHANIE ZHANG	0.									
TRUSTEE	0.	X						0.	0.	0.
(12)DAVID REDDEN	.50									
TRUSTEE	0.	X						0.	0.	0.
(13)CHRISTINE JONES	.50									
TRUSTEE	0.	X						0.	0.	0.
(14)DAVID H. DE WEESE	1.00									
TRUSTEE	0.	X						0.	0.	0.

JSA 7E1041 1.000

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than control en is both tor/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) KAREN ZUKOWSKI	.50					_				
TRUSTEE	0.	Х						0.	0.	0.
16) TANTIVY GUBELMANN	0.									
TRUSTEE	0.	Х						0.	0.	0.
17) KATE C. GUBELMANN	.50									
TRUSTEE	0.	Х						0.	0.	0.
18) KAY TOLL	1.00									
TRUSTEE	0.	Х						0.	0.	0.
19) KELLY M. WILLIAMS	.50									
TRUSTEE	0.	Х						0.	0.	0.
20) MEYER S. FRUCHER	.50									
TRUSTEE	0.	Х						0.	0.	0.
21) MONICA RAY	.50									
TRUSTEE	0.	Х						0.	0.	0.
22) PHOEBE GUBLEMANN	.50									
TRUSTEE	0.	Х						0.	0.	0.
23) RICHARD SHARP	.50									
TRUSTEE	0.	Х						0.	0.	0.
24) RICKY LARK	.50									
TRUSTEE	0.	Х						0.	0.	0.
25) ROBERT BEARD	.50									
TRUSTEE	0.	Х						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	154,336.	0.	0.
d Total (add lines 1b and 1c)							>	154,336.	0.	0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste				o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	. It	"Yes	s,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	

for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

Χ

Form 990 (2017)

Part VII Section A. Officers, Directors, T		∌y ⊏n	ibic			ana t	ııg		I	yees (Co	ontinue		
(A) Name and title	Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reporta compensati relate organiza	ion from ed	am	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org: and	om the anization d related anization	b
26) THEODORA SIMONS	.50												
TRUSTEE	0.	Х						0.		0.			0.
27)	0.												_
TRUSTEE	0.	X						0.		0.			0.
28) SEAN SAWYER	40.00	-		3,7				154 226					0
PRESIDENT	0.			X				154,336.		0.			0.
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						* * *						
Total number of individuals (including but no reportable compensation from the organization)	t limited to t	hose					o re	eceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former off	cer. directo	or. or	tru	uste	e.	kev e	emp	olovee, or highes	t compens	sated			
employee on line 1a? If "Yes," complete Sche											3		X
4 For any individual listed on line 1a, is the organization and related organizations gindividual.	reater than	\$15	50,0	00?	. If	"Yes	s,"				4	Х	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on f	fron	n any	un				5		X
Section B. Independent Contractors						20.011	,,,,,,		<u> </u>				
Complete this table for your five highest concompensation from the organization. Report year.													
(A) Name and business address (B) Description of services Compensation													
										1			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to an	y line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
oun	b	Membership dues	59,488.				
Am Am	C	Fundraising events 1c	346,066.				
<u>a</u>	d	Related organizations 11d					
ins,	е	Government grants (contributions) 1e	40,000.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
들		and similar amounts not included above . 1f	505,174.				
<u> </u>	g	Noncash contributions included in lines 1a-1f: \$ _	96,303.				
	h	Total. Add lines 1a-1f		950,728.			
Program Service Revenue			Business Code				
Seve	2a						
Se R	b						
Ž	С						
n Se	d	-					
Iau	е						
ĵo	f	All other program service revenue		0.			
<u></u>	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including divide and other similar amounts). ATTACHMEN	ends, interest, T 3	72,884.			72,884.
	4	Income from investment of tax-exempt bon		0.			12,002
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	` ,		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 179,000					
	b	Less: cost or other basis					
		and sales expenses 83,830					
	С	Gain or (loss) 95,170					
	d	Net gain or (loss)		95,170.			
ē	8a	Gross income from fundraising	ATCH 4				
/en		events (not including \$346,066.	AICH 4				
Other Revenue		of contributions reported on line 1c).					
her		See Part IV, line 18					
ŏ	b		283,672. ATCH 5	24.255			
	1	Net income or (loss) from fundraising events	S	34,365.			
	9a	Gross income from gaming activities. See Part IV, line 19	_				
	b	Less: direct expenses	b	0.			
	10a	Gross sales of inventory, less					
	lva	returns and allowances	199,261.				
	b	Less: cost of goods sold ATCH 6					
	C	Net income or (loss) from sales of inventory		104,376.			
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME		1,466.	1,466.		
	b	ADMISSIONS		38,247.	38,247.		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		39,713.			
	12	Total revenue. See instructions.		1,297,236.	39,713.		72,884.

JSA 7E1051 1.000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising					
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	0.								
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
_	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,	154,336.	98,775.	18,520.	37,041.					
	trustees, and key employees	134,330.	50,775.	10,320.	37,041.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	552,636.	313,864.	91,843.	146,929.					
	Pension plan accruals and contributions (include	,		, , , , , , , , , , , , , , , , , , , ,						
0	section 401(k) and 403(b) employer contributions)	0.								
9	Other employee benefits	65,044.	33,270.	11,267.	20,507.					
10	Payroll taxes	54,867.	32,933.	7,904.	14,030.					
11	Fees for services (non-employees):									
	Management	0.								
	Legal	0.								
c	Accounting	14,138.		14,138.						
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	88,000.			88,000.					
f	f Investment management fees	23,133.		23,133.						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	0.								
12	Advertising and promotion	0.	46.450	22 444	F 640					
13	Office expenses	74,545.	46,459.	22,444.	5,642.					
14	Information technology	0.								
15	Royalties	0.								
16	Occupancy	0.								
17	Travel	0.								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.								
10		0.								
19 20	Conferences, conventions, and meetings	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	14,030.	11,044.	1,493.	1,493.					
23	Insurance	19,823.	15,645.	2,722.	1,456.					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
<u>~</u>	CURATORIAL/EDUCATION	130,115.	130,115.							
~	LANDSCAPE/VIEWSHED	11,440.	11,440.							
_	PUBLIC RELATIONS AND MARKETI	29,785.	29,785.							
~	DEVELOPMENT	30,261.	004 500		30,261.					
	All other expenses <u>ATCH 7</u>	235,170.	224,620.	102 464	10,550.					
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,497,323.	947,950.	193,464.	355,909.					
20	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)	0.								
JSA		· · ·			F 000 (0047)					

JSA 7E1052 1.000

Part X Balance Sheet

Га	rt X	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	73,364.	1	162,537.
	2	Savings and temporary cash investments	754,323.	2	569,284.
	3	Pledges and grants receivable, net	411,086.	3	362,619.
	4	Accounts receivable, net	0.	4	9,804.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	5 6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	99,649.	8	93,724.
⋖	9	Inventories for sale or use Prepaid expenses and deferred charges	18,772.		16,300.
	-	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 139, 344.			
	b	Less: accumulated depreciation 10b 80,777.	65,006.	10c	58,567.
	11	Investments - publicly traded securities ATCH 9	2,393,440.		2,536,318.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.		0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,815,640.	16	3,809,153.
	17	Accounts payable and accrued expenses	71,819.	17	96,209.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	71,819.	26	96,209.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	446,711.	27	377,281.
Fund Balances	28	Temporarily restricted net assets	1,064,624.	28	1,192,337.
Ε	29	Permanently restricted net assets	2,232,486.	29	2,143,326.
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	3,743,821.	33	3,712,944.
_	34	Total liabilities and net assets/fund balances	3,815,640.	34	3,809,153.
					Form 990 (2017)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			97,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			97,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			00,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			43,8	
5	Net unrealized gains (losses) on investments	5		169,210.		
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,7	12,9	944.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			г		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 O.					37
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 con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			01	Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		-	2c	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20		
	If the organization changed either its oversight process or selection process during the tax year, each and the Company of the	xpıaır	ı ın			
•	Schedule O.					
за	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ıın	3a		Х
ь	the Single Audit Act and OMB Circular A-133?	orco	tho	Ja		
a	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		ine	3b		
	required addition addition, explain with the deficación of and describe any steps taken to didengo such ad	uito.		35		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

THE	OI	LANA	PARTNERSHIP					14-18284	30
Pa	τl	Re	ason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	<u> </u>
The	orga	anizat	ion is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A ch	urch, convention of ch	urches, or associat	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A scl	nool described in <mark>secti</mark>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hos	spital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A me	edical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A	(iii). Enter the
		hosp	ital's name, city, and s	tate:					
5		An o	rganization operated	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		secti	on 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A fed	leral, state, or local go	overnment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An o	rganization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
			ribed in section 170(b)						
8		A co	mmunity trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An a	gricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	d in conjunction with a	land-grant college
		or un	iversity or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
			ersity:						
10	X	recei supp acqu	rganization that norma pts from activities rela ort from gross investm ired by the organization	ited to its exempt finent income and un on after June 30, 19	unctions - subject to on the state of the subject to one of the subject to the su	certain e able inco (a)(2). (0	exception ome (less Complete	is, and (2) no more that s section 511 tax) from e Part III.)	ın 331/3 %of its
11	_		rganization organized	•	•	•		, , , ,	1
12			•	•					carry out the purposes
			· ·						See section 509(a)(3).
		\neg		•	* *			•	nes 12e, 12f, and 12g.
а	L		pe I . A supporting org	•	•	•		. , ,	
			supported organization				ajority of	the directors or truste	ees of the
		1 .	porting organization.						(-) hhi
b			pe II. A supporting org	•					
			ntrol or management o			me sam	e persor	is that control of that	lage the supported
•	Г	1 -	anization(s). You must	=		tod in o	onnoctio	n with and functions	lly intograted with
С	_		pe III functionally integration supported organization						ily ilitegrated with,
d	Г		pe III non-functionally		-				tod organization(s)
u	_		t is not functionally into	=					= ::
			uirement (see instruct	-	-	-		•	a an attentiveness
е	Г		eck this box if the orga	•	-				II Type III
•			ctionally integrated, or						, . , p =
f	Ent		e number of supported						
g			the following information						
	(i) Na	ame of	supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					above (666 members))	Yes	No		ou douene)
(A)									
(B)									
(C)									
(D)									
(E)									
Tate									

Par	(Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	on failed to qua	
Sec	tion A. Public Support	1, 2, 3		, r		,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 20 10	(3) 20 1 1	(0, 20.0	(4) 20.0	(6) 20 11	(1) 1 010.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup		_			T T	
14	Public support percentage for 2017 (li						<u>%</u>
15	Public support percentage from 2016						<u>%</u>
16a	331/3% support test - 2017. If the org						
	box and stop here. The organization q	•		•			
D	331/3% support test - 2016. If the organization						
172	this box and stop here . The organization 10%-facts-and-circumstances test - 2	-		_			
11a	10% or more, and if the organization		=				
	Part VI how the organization meets t						•
	organization			=	=		, apported
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	2016. If the or	ganization did ı	not check a box	on line 13, 16	Sa, 16b, or 17a	
	Explain in Part VI how the organizati						-
	supported organization				-		

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

_	A D I I' O	,		ow, piease co	'	,	
	tion A. Public Support	() 22/2	# \ 0.04.4	() 2245	()) 00 (0	() 2247	
Cale	ndar 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.")	1,171,478.	1,889,106.	1,565,290.	1,051,787.	950,728.	6,628,389.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	184,954.	190,258.	194,880.	206,485.	237,508.	1,014,085.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	1,356,432.	2,079,364.	1,760,170.	1,258,272.	1,188,236.	7,642,474.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	311,904.	424,285.	280,557.	354,411.	74,022.	1,445,179.
b	Amounts included on lines 2 and 3			\Box			_
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0.
С	Add lines 7a and 7b	311,904.	424,285.	280,557.	354,411.	74,022.	1,445,179.
8	Public support. (Subtract line 7c from						_
	line 6.)						6,197,295.
Sec	tion B. Total Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	1,356,432.	2,079,364.	1,760,170.	1,258,272.	1,188,236.	7,642,474.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources	21,668.	5,493.	5,169.	30,123.	72,884.	135,337.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	,	21,668.	5,493.	5,169.	30,123.	72,884.	135,337.
c 11	acquired after June 30, 1975	21,668.	5,493.	5,169.	30,123.	72,884.	
	acquired after June 30, 1975 Add lines 10a and 10b	21,668.	5,493.	5,169.	30,123.	72,884.	135,337.
11	acquired after June 30, 1975	21,668.	5,493.	5,169.	30,123.	72,884.	135,337.
11	acquired after June 30, 1975 Add lines 10a and 10b	21,668. 226,918.	5,493. 21,754.	5,169. 233,663.	30,123. 257,217.	72,884.	135,337.
11	acquired after June 30, 1975 Add lines 10a and 10b						135,337.
11	acquired after June 30, 1975						135,337.
11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11,	226,918. 1,605,018.	21,754. 2,106,611.	233,663. 1,999,002.	257,217. 1,545,612.	319,503. 1,580,623.	135,337. 0. 1,059,055. 8,836,866.
11 12 13	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.)	226,918. 1,605,018. or the organizat	21,754. 2,106,611. ion's first, secon	233,663. 1,999,002. d, third, fourth,	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section	135,337. 0. 1,059,055. 8,836,866. 501(c)(3)
11 12 13 14	acquired after June 30, 1975 Add lines 10a and 10b	226,918. 1,605,018. or the organizat	21,754. 2,106,611. ion's first, secon	233,663. 1,999,002. d, third, fourth,	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) ►
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is forganization, check this box and stop here.	226,918. 1,605,018. or the organizat	21,754. 2,106,611. ion's first, secon	233,663. 1,999,002. d, third, fourth,	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) >
11 12 13 14 Sec	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is forganization, check this box and stop here action C. Computation of Public Sup	226,918. 1,605,018. or the organizate port Percentage column (f) divide	21,754. 2,106,611. ion's first, secon ge d by line 13, colum	233,663. 1,999,002. d, third, fourth,	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) ►
11 12 13 14 Sec 15 16	Add lines 10a and 10b	1,605,018. or the organizate opert Percentage, column (f) divide adule A, Part III, lin	21,754. 2,106,611. ion's first, secon ge d by line 13, colum e 15	233,663. 1,999,002. d, third, fourth,	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) >
11 12 13 14 Sec 15 16	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is forganization, check this box and stop herestion C. Computation of Public Suppublic support percentage for 2017 (line 8 Public support percentage from 2016 Sche	1,605,018. or the organizate coort Percentage, column (f) divide adule A, Part III, lint Income Perc	21,754. 2,106,611. ion's first, secon	233,663. 1,999,002. d, third, fourth,	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section	135,337. 0. 1,059,055. 8,836,866. 501(c)(3)▶ 70.13 % 72.98 % 1.53 %
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is forganization, check this box and stop here ation C. Computation of Public Suppersupport percentage for 2017 (line 8 Public support percentage from 2016 Schestion D. Computation of Investmen	226,918. 1,605,018. or the organizate cort Percentage column (f) divide dule A, Part III, ling t Income Percentage ne 10c, column (f)	21,754. 2,106,611. ion's first, secon	233,663. 1,999,002. d, third, fourth, n (f))	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section 	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) >
11 12 13 14 Sec 15 16 Sec 17 18	acquired after June 30, 1975 Add lines 10a and 10b	226,918. 1,605,018. or the organizate correct Percentage column (f) divide dule A, Part III, ling t Income Percentage ne 10c, column (f) Schedule A, Part	21,754. 2,106,611. ion's first, secon ge d by line 13, colum e 15 entage i) divided by line 13	233,663. 1,999,002. d, third, fourth, n (f))	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section 15 16	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) >
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is f organization, check this box and stop here. Ition C. Computation of Public Suppersupport percentage for 2017 (line 8 Public support percentage from 2016 Scheetion D. Computation of Investmen Investment income percentage for 2017 (linestation of Investment Inves	226,918. 1,605,018. or the organizat cort Percenta, column (f) divide dule A, Part III, lin t Income Perc ne 10c, column (f) Schedule A, Part III ganization did no	21,754. 2,106,611. ion's first, secon ge d by line 13, colume 15 entage d) divided by line 13	233,663. 1,999,002. d, third, fourth, n (f))	257,217. 1,545,612. or fifth tax ye	319,503. 1,580,623. ar as a section 15 16 17 18 4 than 331/3%, ar	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) 70.13 % 72.98 % 1.53 % .78 % and line
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is forganization, check this box and stop here stion C. Computation of Public Super Public support percentage for 2017 (line 8 Public support percentage from 2016 Scheetion D. Computation of Investmen Investment income percentage from 2016 331/3% support tests - 2017. If the organization more than 331/3%, check the	226,918. 1,605,018. or the organizate course of Percentage column (f) divide adule A, Part III, lingt Income Percente 10c, column (f) Schedule A, Part Iganization did no is box and stop	21,754. 2,106,611. ion's first, secon ge d by line 13, colume e 15 entage i) divided by line 13	233,663. 1,999,002. d, third, fourth, n (f))	257,217. 1,545,612. or fifth tax ye line 15 is more as a publicly s	319,503. 1,580,623. ar as a section 15 16 17 18 e than 331/3%, ar supported organiz.	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) 70.13 % 72.98 % 1.53 % .78 % ad line ation . ► X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is forganization, check this box and stop here stion C. Computation of Public Supperbublic support percentage for 2017 (line 8) Public support percentage from 2016 Scheetion D. Computation of Investmen Investment income percentage from 2016 331/3% support tests - 2017. If the organization was support tests - 2016.	1,605,018. or the organizate column (f) divide adule A, Part III, ling t Income Percente 10c, column (f) Schedule A, Part organization did not income stop inization did not	21,754. 2,106,611. ion's first, secon ge d by line 13, colume e 15 entage i) divided by line 13 III, line 17 bt check the box here. The organ check a box on li	233,663. 1,999,002. d, third, fourth, n (f)) on line 14, and nization qualifies ne 14 or line 19.	257,217. 1,545,612. or fifth tax ye line 15 is more as a publicly sa, and line 16 is	319,503. 1,580,623. ar as a section 15 16 17 18 than 331/3 %, ar supported organizmore than 331/3	135,337. 0. 1,059,055. 8,836,866. 501(c)(3) 70.13 % 72.98 % 1.53 % .78 % nd line ation . ▶ X %, and
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

				- 3
Part	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)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 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		
	ion B. Type I Supporting Organizations	110		
3001	on Britypo reapporting organizations		Yes	Nο
	Did the directors to store a manufacture of one or many annual annual and annual and the second of			
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		
Secti	on C. Type II Supporting Organizations		V	NI -
			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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
a	The organization satisfied the Activities Test. Complete line 2 below.	u ucu	0113).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	•
_			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	6.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	30		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s				
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See			
instructions. All other Type III non-functionally integrated supporting organization						
Continue A. Adirected Net Income						
Section A - Adjusted Net Income		(A) Prior 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					
Section B - Minimum Asset Amount		(A) Drior Voor	(B) Current Year			
Section B - Willimum Asset Amount		(A) Prior 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):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	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					
Section 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	y integra	ited Type III supporting	organization (see			
instructions).			`			

Schedule A (Form 990 or 990-EZ) 2017

Current Year

Section D - Distributions

Schedule A (Form 990 or 990-EZ) 2017

Page 7

Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(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			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

				AT	FACHMENT 1				
SCHEDULE A, PART III - OTHER INCOME									
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL			
SPECIAL EVENTS	225,616.	20,890.	232,583.	256,112.	318,037.	1,053,238.			
OTHER INCOME	1,302.	864.	1,080.	1,105.	1,466.	5,817.			
TOTALS	226,918.	21,754.	233,663.	257,217.	319,503.	1,059,055.			

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization Employer identification number

THE	OLANA PARTNERSHIP		14-1828430
Pa		vised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	or advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	he organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant for	unds can be used
	only for charitable purposes and not for the ben	efit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt Conservation Easements.		
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., re		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution ir	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or termin	nated by the organization during the
	tax year ►		
4	Number of states where property subject to cons		Cara basedPan of
5	Does the organization have a written policy re		-
6	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, insper	ecting, nandling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspe	eating handling of violations, and enforcing o	concernation accoments during the year
'	S	cting, nandling of violations, and emorcing c	onservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sect	ion 170(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	<u> </u>	
Pa	rt III Organizations Maintaining Collection	ns of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under 5	SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under sworks of art, historical treasures, or other sim public service, provide, in Part XIII, the text of the	ilar assets held for public exhibition, edu	ucation, or research in furtherance of
h			
b	If the organization elected, as permitted under works of art, historical treasures, or other sim public service, provide the following amounts rela	ilar assets held for public exhibition, edu	
	(i) Revenue included on Form 990, Part VIII, line	<u> </u>	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		
	following amounts required to be reported under		_ ·
а	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		
b	Assets included in Form 990, Part X		▶ \$

 Schedule D (Form 990) 2017
 Page 2

Pai	t III Organizations Maintainir	ng Collections of	Art, Historical T	reasures,	or Othe	er Similar Asse	ts (contin	nued)
3	Using the organization's acquisition	n, accession, and	other records, chec	k any of th	e followir	ng that are a sign	ificant use	of its
	collection items (check all that app	ly):						
а	Public exhibition		d Loan	or exchange	e program:	S		
b	Scholarly research		e Other					
С	Preservation for future gene	rations						
4	Provide a description of the organ		s and explain how	they further	r the orga	anization's exempt	purpose	in Part
	XIII.		·	•	J	·		
5	During the year, did the organization	n solicit or receive	donations of art, hist	orical treas	ures, or ot	her similar		
	assets to be sold to raise funds rath					_	Yes	No
Pai	Complete if the organizate 990, Part X, line 21.		s" on Form 990, P	art IV, line	9, or rep	orted an amoun	t on Form	
1a	Is the organization an agent, truste	e, custodian or oth	er intermediary for o	contributions	or other a	assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the following tal	ble:				
	, , , , , , , , , , , , , , , , , , ,		,			Amount		
С	Beginning balance			1c				
d	Additions during the year							
۰ م	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am				⊥ ustodial ad	ccount liability?	Yes	No
	If "Yes," explain the arrangement in							—
Par		TT art Am. Oncok n	cre ii trie explanation	rnas been p	noviaca oi	TT dit Alli		
ıaı	Complete if the organizat	ion answered "Ye	s" on Form 990 P	art IV line	10			
	Complete ii the organizat	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Four yea	ars hack
_		2,433,157.	2,340,725.		.,593.	2,014,728.		3,231
1a	Beginning of year balance	2,133,137.	2,340,723.	2,171	., 555.	431,150.	1,00	<u> </u>
b	Contributions					431,130.		
С	Net investment earnings, gains,	207 652	167 422	100	,868.	4E 71E	1 5	1 407
	and losses	307,652.	167,432.	-100	7,000.	45,715.	13	1,497
d	Grants or scholarships							
е	Other expenditures for facilities	264 500						
	and programs	364,709.	75,000.	50	,000.			
f	Administrative expenses							
g	End of year balance	2,376,100.	2,433,157.	2,340	725.	2,491,593.	2,01	4,728
2	Provide the estimated percentage			, column (a)) held as:			
	Board designated or quasi-endown		_%					
b	Permanent endowment ▶ 90.2	<u>2000</u> %						
С	Temporarily restricted endowment	9.8000 %						
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
3a	Are there endowment funds not in	the possession of t	he organization that	are held ar	nd adminis	stered for the		
	organization by:						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as required on Sch	nedule R?.			3b	
4	Describe in Part XIII the intended u	ises of the organiza	ntion's endowment fu	nds.				
Pai								_
	Complete if the organiza							0
	Description of property	(a) Cost of		or other basis other)	(c) Accur deprec		l) Book value	
1 a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other			139,344.	8	0,777.	58	,567.
	II. Add lines 1a through 1e. (Column					•		,567.

 Schedule D (Form 990) 2017
 Page 3

Part VII	Investments - Other Securities.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Par	t X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990, Par	t X, line 15.
	(a) De	scription		(b) Book value
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	man (h) must a qual Form 000 Port V and (B) I	ino 4F \		
Part X	umn (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25.		·	90, Part X,
1.	(a) Description of liability	(b) Book valu	e	
	al income taxes	(0) = 000 1000		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>		

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

X

Schedule D (Form 990) 2017 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	1,462,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	188,835.
3	Subtract line 2e from line 1	3	1,274,103.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 23,133.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	23,133.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,297,236.
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1 402 015
1	Total expenses and losses per audited financial statements	1	1,493,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Denoted services and use of facilities 2a 19,625.		
а	Donated Services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	0-	19,625.
е	Add lines 2a through 2d	2e	1,474,190.
3	Subtract line 2e from line 1	3	1,4/4,190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 23,133.		
b	Other (Describe in Part XIII.)	4 -	23,133.
	Add lines 4a and 4b	4c 5	1,497,323.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	1,477,323.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn PAGE 5		

JSA Schedule D (Form 990) 2017

7E1271 1.000

Schedule D (Form 990) 2017 THE OLANA PARTNERSHIP 14-1828430 Page 5

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

PERMANENT ENDOWMENT-THE ORGANIZATION'S ENDOWMENT FUNDS ARE

DONOR-RESTRICTED ENDOWMENT FUNDS FOR SALARIED POSITIONS. DONORS HAVE

INTENDED THAT THE EARNINGS ON SUCH GIFTS BE ACCUMULATED UNTIL EACH

POSITION REACHES THE \$1MM GOAL. DURING THE YEAR ENDED DECEMBER 31, 2014,

THE ORGANIZATION REACHED ITS GOAL OF \$1MM FOR THE PRESIDENT AND EDUCATOR

ENDOWMENT FUNDS.

PART X, LINE 2

THE ORGANIZATION HAS EVALUATED ANY UNCERTAIN TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DETERMINED UNCERTAIN TAX POSITIONS, IF ANY, ARE NOT MATERIAL TO THE FINANCIAL STATEMENTS, ACCORDING TO FASB ASC 740-10. PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES, IF INCURRED. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES FOR YEARS PRIOR TO FISCAL YEAR ENDED DECEMBER 31, 2014.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions. Inspection Name of the organization Employer identification number THE OLANA PARTNERSHIP 14-1828430 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Χ X Internet and email solicitations f Solicitation of government grants Χ Phone solicitations X Special fundraising events C Х In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees. X | Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 ATTACHMENT 1 2 3 6 7 8 9 10

registrati	on or licensing.			
NY,				

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

88,000.

Total

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 GALA (event type)	(b) Event #2 PROGRAM	(c) Other events 1. (total number)	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	493,528.	39,929.	130,646.	664,103
∝		Less: Contributions	308,086.		32,380.	340,466
	3	Gross income (line 1 minus line 2)	185,442.	39,929.	98,266.	323,637
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs			5,342.	5,342
Direct Expenses	7	Food and beverages	52,563.		11,443.	64,006
Direc	8	Entertainment	38,835.		3,250.	42,085
	9	Other direct expenses	63,367.	90,993.	17,879.	172,239.
	10	Direct expense summary. Add lines	4 through 9 in column (d))		283,672 39,965
Dء	11	Net income summary. Subtract line 1 Gaming. Complete if the organization.				
1 6		than \$15,000 on Form 990-E	EZ, line 6a.	es offi offi 990, Fa	it iv, line 19, or rept	nted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
-Re	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	ı İs	nter the state(s) in which the organizate the organization licensed to conduct (of these states?		. Yes No
		Vere any of the organization's gaming l	licenses revoked, suspe			. Yes No

THE OLANA PARTNERSHIP

Sched	dule G (Form 990 or 990-EZ) 2017		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b			
Par			

Schedule G (Form 990 or 990-EZ) 2017

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL	FROM ACTIVITY	(OR RETAINED BY	(OR RETAINED BY
		OF CONTRIBUTIONS?		FUNDRAISER	ORGANIZATION
		1100 110			

YES NO

TIMOTHY RUNION

CONSULTANT X 88,000.

PO BOX 1281 WOODSTOCK NY 12498

PAGE 49

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

14-1828430 THE OLANA PARTNERSHIP **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	Floorestand of visco (such as, mais, shaunest, one)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	46		
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а		6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
′	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
۵	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	J		
9				
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

THE OLANA PARTNERSHIP 14-1828430

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
SEAN SAWYER	(i)	154,336.	0.	0.	7,725.	0.		0.
1PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

THE OLANA PARTNERSHIP 14-1828430

Schedule J (Form 990) 2017

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2017

JSA 7E1505 1.000

SCHEDULE M (Form 990)

Noncash Contributions

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

Open to Public
Inspection

THE OLANA PARTNERSHIP

Employer identification number 14-1828430

Par	Types of Property			•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	X		469.	EXPECTED SALE	PR:	ICE_
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property	37	10.	06 071	TINATA		
9	Securities - Publicly traded	X	10.	96,071.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
40	or trust interests						
12 13	Qualified conservation						
13	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()	hu tha ara	oni-ation during the toy w	oor for contributions for			
29	Number of Forms 8283 received which the organization completed F	-			29		
	which the organization completed i	-01111 0203,	Part IV, Donee Acknowledg	ement	23	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through		
	28, that it must hold for at least the				_		
	to be used for exempt purposes for	-					X
b	If "Yes," describe the arrangement i		31				
31	Does the organization have a		ance policy that require	es the review of any	nonstandard		
	contributions?						X
32a	Does the organization hire or use						
	contributions?					Х	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,		

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017) Page **2**

Part II Supple

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NON-CASH CONTRIBUTIONS

THE ORGANIZATION HAS AN OUTSIDE INVESTMENT ADVISOR THAT ASSISTS THE

DONORS AND THE DIRECTOR OF FINANCE TO PROCESS THE NON-CASH CONTRIBUTIONS.

Schedule M (Form 990) (2017)

JSA 7E1508 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

14-1828430

THE OLANA PARTNERSHIP

PART VI, SECTION B - LINE 15

THE EXECUTIVE COMMITTEE IS IN CHARGE OF RECOMMENDING THE COMPENSATION AND BENEFITS OF THE PRESIDENT. REGARDING MANAGEMENT COMPENSATION, AN ANNUAL REVIEW IS MADE OF CURRENT SALARIES FOR SIMILAR POSITIONS TO DETERMINE FAIR COMPENSATION.

PART VI, SECTION C - LINE 19

THE ORGANIZATION PROVIDES ITS FINANCIAL STATEMENTS AND THE CONFLICT OF

INTEREST POLICY TO OTHERS UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO

MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS A THIRD PARTY

WEBSITE, GUIDESTAR, FOR PUBLIC VIEW.

PART VI, SECTION B LINE 11B

THE ORGANIZATION PROVIDED A COPY OF THE 990 TAX RETURN TO THE BOARD OF TRUSTEES. THE TRUSTEES WERE GIVEN TIME TO REVIEW AND PROVIDE COMMENTS PRIOR TO BEING SUBMITTED.

PART VI, SECTION B - LINE 12C

EACH TRUSTEE, OFFICER, AND MEMBER OF THE PROFESSIONAL STAFF OF THE

PARTNERSHIP IS PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY

AND AN ANNUAL DISCLOSURE FORM. THE BOARD OF TRUSTEES SHALL ANNUALLY

REVIEW THE CONFLICT OF INTEREST POLICY AND PROCEDURES CONTAINED THEREIN

AND SHALL THEN GIVE A COPY, TOGETHER WITH ANY AMENDMENTS, TO EACH

TRUSTEE, OFFICER, AND MEMBER OF THE PROFESSIONAL STAFF.

Name of the organization

THE OLANA PARTNERSHIP

Employer identification number

14-1828430

PART VI, SECTION A - LINE 2

A FAMILY RELATIONSHIP EXISTS BETWEEN PHOEBE GUBELMANN AND KATE GUBELMANN, BOTH ARE MEMBERS OF THE BOARD OF TRUSTEES. ADDITIONALLY, MONICA RAY AND ROBIN KEY ARE SISTERS-IN-LAW AND BOTH ARE MEMBERS OF THE BOARD OF TRUSTEES.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

2017 BEGAN WITH THE ELECTION OF MEREDITH KANE AS CHAIR OF THE
BOARD OF TRUSTEES TO SUCCEED DAVID REDDEN, WHO COMPLETED HIS TERM
AND STEPPED DOWN FROM THE BOARD. THE BOARD ALSO RECONSTITUTED THE
GOVERNANCE COMMITTEE AS THE NOMINATING AND GOVERNANCE COMMITTEE
UNDER THE LEADERSHIP OF KELLY WILLIAMS AND KAY TOLL.

DURING 2017 THE OLANA PARTNERSHIP (TOP) FINALIZED PREPARATIONS FOR LAUNCHING A MAJOR CAPITAL CAMPAIGN WITH AN INITIAL TARGET OF \$10 MILLION TO FUND THE DESIGN AND CONSTRUCTION OF A NEW VISITOR ENTRY AND ORIENTATION BUILDING AND PARKING LOT AS WELL AS A MAINTENANCE ENDOWMENT FOR THE NEW STRUCTURE. TOP ALSO CONTINUES TO SEEK SUPPORT FOR OTHER CAPITAL PROJECTS ALONGSIDE OPRHP AND WAS SUCCESSFUL IN SECURING A \$420,000 ENVIRONMENTAL PROTECTION FUND HISTORIC PRESERVATION PROGRAM GRANT TO FUND THE CONSTRUCTION OF PHASE 1 OF THE HISTORIC FARM LANDSCAPE RESTORATION, WHICH ENTAILS THE CONSTRUCTION OF A NEW PARKING LOT AND REMOVAL OF THE TEMPORARY ONE ON THE SITE OF THE CHURCH'S KITCHEN GARDEN.

2017 WAS ANOTHER VERY SUCCESSFUL, GROUNDBREAKING YEAR, FOR TOP'S EXHIBITIONS AND EDUCATION PROGRAMS. OUR PARTNERSHIP WITH THE

Employer identification number 14-1828430

ATTACHMENT 1 (CONT'D)

COLECCION PATRICIA PHELPS DE CISNEROS ON "OVERLOOK" BROUGHT ONE OF THE COUNTRY'S LEADING CONTEMPORARY ARTISTS, TERESITA FERNANDEZ, INTO A DYNAMIC ENGAGEMENT WITH OLANA AND OUR JOINT COLLECTIONS AS WELL AS THE IMMERSIVE ENERGY OF SOTO'S "PENETRABLE." OUR "ARTIST ON ART" TOUR PROGRAM HAS BECOME A MODEL FOR OTHER SITES ACROSS THE STATE AND BEYOND; OUR PARTNERSHIP WITH COLUMBIA MEMORIAL HOSPITAL BROUGHT NEW, MORE DIVERSE AUDIENCES AND A GROWING AWARENESS OF OLANA AS A INVALUABLE COMMUNITY RESOURCE; AND OUR SCHOOL PROGRAMS CONTINUED TO GROW AND ENGAGE A WIDER NETWORK OF TEACHERS AND STUDENTS ACROSS THE REGION.

SITE ATTENDANCE IN 2017 WAS 172,745 WITH 25,857 PARTICIPATING IN A TOUR OF THE MAIN HOUSE AND 1,931 PARTICIPATING ON HISTORIC LANDSCAPE TOURS. TOP'S SCHOOL-BASED AND PUBLIC EDUCATIONAL PROGRAMMING CONTINUED TO DEVELOP AND THRIVE DURING 2017. OVER 1,400 SCHOOL CHILDREN PARTICIPATED IN FIELD TRIPS, AND 6,060 PEOPLE PARTICIPATED IN A WIDE RANGE OF PUBLIC PROGRAMS, MANY ORGANIZED IN COLLABORATION WITH LOCAL AND REGIONAL NON-PROFITS AND COMMUNITY PARTNERS.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

ARCHITECTURE RESEARCH OFFICE, LLC 170 VARICK STREET, FLOOR 7 NEW YORK, NY 10013 ARCHITECTURE

160,205.

Schedule O (Form 990 or 990-EZ) 2017				Page 2
Name of the organization			Employer identification	number
THE OLANA PARTNERSHIP			14-1828430	
			ATTACHMENT 3	
FORM 990, PART VIII - INVESTMENT INCO	ME			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST AND DIVIDEND INCOME	72,88	4.		72,884.
TOTALS	72,88	4.	_	72,884.
			ATTACHMENT 4	
FORM 990, PART VIII - EXCLUDED CONTRI	BUTIONS			
DESCRIPTION	AMOUNT			
SPECIAL EVENTS	346,066.			
	246.066			
TOTAL =	346,066.			
			ATTACHMENT 5	
FORM 990, PART VIII - FUNDRAISING EVE	MTT C		ATTACHMENT 5	
FORM 990, PARI VIII - FUNDRAISING EVE	MID			
	GROSS	DIRECT	1	NET
DESCRIPTION	INCOME	EXPENSE		NCOME
DESCRIFITON	TINCOME	FVLFINDE	<u> </u>	-INCOME
SPECIAL EVENTS	318,0	37 20	3,672.	34,365.
SEECTAL FARMIS	310,0	۵۱۰ ۵۵۰	3,012.	34,303.

318,037.

34,365.

TOTALS

283,672.

Name of the organization THE OLANA PARTNERSHIP	Employer identification number $14-1828430$			
		A	TTACHMENT 6	
FORM 990, PART VIII - GROSS SALES AND	COST OF GOODS	SOLD		
GROSS SALES LESS RETURNS AND ALLOWANCE	S		199,261.	
INVENTORY AT BEGINNING OF YEAR		99,649.		
PURCHASES		88,960.		
SALARIES AND WAGES				
OTHER COSTS				
SUBTOTAL			188,609.	
MINUS ENDING INVENTORY			93,724.	
COST OF GOODS SOLD			94,885.	
		_		
FORM 990, PART IX - OTHER EXPENSES		; =	ATTACHMENT 7	
	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL EXPENSES	PROGRAM SERVICE EXP.	MANAGEMENT AND GENERAL	FUNDRAISING EXPENSES
CAPITAL (ARCHITECTUAL/ADMIN)	235,170.	224,620.		10,550
TOTALS	235,170.	224,620.		10,550
		AT	FACHMENT 8	
FORM 990, PART X - PREPAID EXPENSES AN	D DEFERRED CHA	RGES		
DESCRIPTION			ENDING BOOK VALUE	
				_
PREPAID EXPENSES			16,3	
TOTALS			16,3	00.
		7 (1)	rachment 9	
		Al	TUCINIENI A	

Name of the organization
THE OLANA PARTNERSHIP
Employer identification number
14-1828430
ATTACHMENT 9 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

MUTUAL FUNDS

TOTALS

ENDING
COST
OR FMV

1,778,550.
FMV

757,768.
FMV