Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.



Postlethwaite & Netterville 8550 United Plaza Blvd., Suite 1001 Baton Rouge, LA 70809

November 9, 2017

CMAP Express 1101 Fourth Street No. 300 Alexandria, LA 71301

CMAP Express:

Enclosed are the original and one copy of the 2016 Exempt Organization return, as follows...

2016 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

Sincerely,

Postlethwaite & Netterville

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2016

Prepared for	CMAP Express 1101 Fourth Street No. 300 Alexandria, LA 71301
Prepared by	Postlethwaite & Netterville 8550 United Plaza Blvd, Suite 1001 Baton Rouge, LA 70809
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning

, 2016, and ending	, 20
, =0 .0, a.i.a oiianig	,

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number 02-0751416 CMAP EXPRESS Name and title of officer JOSEPH R. ROSIER, JR. CHAIRMAN Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 1, 762, 112. **1a** Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) _______ 2b 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) _______ **3b** _____ 3a Form 1120-POL check here 4a Form 990-PF check here ► 5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c) 5b ___ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize POSTLETHWAITE & NETTERVILLE ERO firm name do not enter all zeros as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 72610996396 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

ggn

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending A For the 2016 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change CMAP EXPRESS Name change 02-0751416 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 318-443-3394 1101 FOURTH STREET 300 termin-ated 1,762,112. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 71301 ALEXANDRIA, LA H(a) Is this a group return Applica-F Name and address of principal officer: JOSEPH R. for subordinates? Yes X No pending 1101 FOURTH STREET, SUITE 300, ALEXANDRIA, H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) _ 501(c) () ◀ (insert no.) L __ 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 2006 M State of legal domicile: LA Part I Summary Briefly describe the organization's mission or most significant activities: THE CENLA MEDICATION ACCESS Activities & Governance PROGRAM (CMAP), BASED IN ALEXANDRIA, LOUISIANA, WAS ESTABLISHED IN Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 4 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 913,801. 1,221,348. Revenue 584,783 540,764. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,498,584. 1,762,112 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,029,494. 1,036,770. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 649,063 613,223. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,678,557. 1,649,993. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 112,119. -179,973. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 255,912. 193,199. 20 Total assets (Part X, line 16) 192,103. 17,271. 21 Total liabilities (Part X, line 26) 63,809. 175,928. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JOSEPH R. ROSIER, JR., CHAIRMAN Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature JON LEBLANC P01525561 Paid Firm's name POSTLETHWAITE & NETTERVILLE 72-1202445 Preparer Firm's EIN Firm's address 8550 UNITED PLAZA BLVD, SUITE 1001 Use Only Phone no. (225)922-4600 BATON ROUGE, LA 70809 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CMAP'S GOAL IS TO ENSURE APPROPRIATE MEDICATION ACCESS AND EDUCATION
	AND ALSO PROMOTE OTHER PREVENTIVE HEALTH PRACTICES AMONG RESIDENTS
	WITH LIMITED INCOMES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	3, 3, 3, 1, 3,
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 1,006,915. including grants of \$) (Revenue \$ 522,811.
	MEDICATION ACCESS PROGRAMS CMAP'S PATIENT ASSISTANCE PROGRAM (PAP)
	LOCATES CMAP STAFF NEAR PHYSICIAN OFFICES THROUGHOUT CMAP'S PRIMARY
	NINE-PARISH SERVICE AREA. THESE PAP SPECIALISTS COMPLETE APPLICATIONS
	FOR PATIENTS WHO ARE UNABLE TO AFFORD THEIR MEDICATION TO RECEIVE FREE
	CHRONIC CARE MEDICATIONS THROUGH DRUG MANUFACTURERS' PATIENT ASSISTANCE
	PROGRAMS. THE PAP SPECIALISTS WORKED WITH 1,341 PHYSICIANS AND 2,804
	PATIENTS DURING 2016 AND COMPLETED 1,996 APPLICATIONS AT A WHOLESALE
	COST SAVINGS FOR PATIENTS OF OVER \$2.1 MILLION. PATIENTS OUTSIDE OF
	CMAP'S PRIMARY SERVICE AREA RECEIVE MEDICATIONS THROUGH CMAP'S CENTRAL
	FILL PHARMACY, WHICH AS OF THE END OF 2016 HAD CONTRACTS TO WORK WITH
	AND PROVIDE PHARMACEUTICALS FROM TWELVE MAJOR COMPANIES. CMAP'S
	PHARMACY DISPENSED 15,363 PRESCRIPTIONS TO 2,498 PEOPLE DURING 2016,
4b	(Code:) (Expenses \$ 314,643 • including grants of \$) (Revenue \$)
	CMAP'S HEALTHY LIFESTYLES PROGRAM PROVIDES DEMONSTRATION AND EDUCATION
	ON PROPER NUTRITION AND PHYSICAL ACTIVITY FOR GOOD HEALTH AND IS
	DESIGNED TO FIGHT OBESITY IN CENTRAL LOUISIANA. THE GOAL OF THIS
	PROGRAM, THROUGH PHYSICIAN REFERRAL, COMMUNITY TOOLS, AND WORKPLACE
	EDUCATION, IS TO PROVIDE CENTRAL LOUISIANA RESIDENTS WITH RESOURCES TO
	LEAD HEALTHY LIFESTYLES. THIS PROGRAM IS COORDINATED BY A REGISTERED
	AND LICENSED DIETITIAN AND EMPLOYS AN EXERCISE SPECIALIST. CLIENTS
	RECEIVE ONE-ON-ONE CONSULTATION WITH THE DIETITIAN AND EXERCISE
	SPECIALIST FOR PERSONALIZED MEAL PLANNING AND EXERCISE. THE PROGRAM IS
	DESIGNED TO WORK WITH CLIENTS FOR AT LEAST 3 TO 6 MONTHS, TRACKING
	THEIR PROGRESS - EATING HABITS, BEHAVIOR CHANGES, WEIGHT AND INCHES
	LOST, AS WELL AS GROWING IN THEIR KNOWLEDGE ON PROPER NUTRITION AND
	(Code:) (Expenses \$ 167,016 · including grants of \$) (Revenue \$
40	IN SUPPORT OF ITS SUPPORTED ORGANIZATION'S (THE RAPIDES
	FOUNDATION) CANCER SCREENING INITIATIVE, CMAP'S CANCER SCREENING
	PROJECT GAVE FREE MAMMOGRAMS, PAP SMEARS, PELVIC EXAMS AND COLORECTAL
	CANCER TESTS TO UNINSURED PATIENTS WHO COULDN'T AFFORD THESE CRITICAL
	SCREENINGS. ITS CANCER SCREENING VAN BROUGHT THESE TESTS TO RURAL
	AREAS. THE VAN, WHICH IS A PARTNERSHIP BETWEEN THE RAPIDES FOUNDATION,
	CMAP, THE FEIST-WEILLER CANCER CENTER AT LSU HEALTH SCIENCES CENTER
	SHREVEPORT AND THE LSU FAMILY MEDICINE RESIDENCY IN ALEXANDRIA PROGRAM,
	SAW 341 PATIENTS IN 2016. THE MOBILE VAN UNIT COMPLETED 108 PAP SMEARS,
	118 PELVIC EXAMS, 329 MAMMOGRAMS, AND 174 CLINICAL DIAGNOSTIC BREAST
	EXAMS. ALSO, APPROXIMATELY 210 WOMEN AND MEN RECEIVED TAKE-HOME
	COLORECTAL CANCER SCREENING TESTS.
	Other program services (Describe in Schedule O.)
	(Expenses \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4e	Total program service expenses ► 1,589,782.

08311109 757189 BCMA025

02-0751416 Page **3**

CMAP EXPRESS

Form 990 (2016) CMAP EXPRESS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40:	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		1/h		Х
15	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 for any	14b		-22
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-2
IU	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'''		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	0		
	complete Schedule G, Part III	19		х

02-0751416 Page 4

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l 🕶
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	200		х
a		28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		- 25
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			┢
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

02-0751416 CMAP EXPRESS Page 5

Form 990 (2016) CMAP EXPRESS Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison Seco		Check if Schedule O contains a response of note to any line in this Part v			
be their the number of Forms W26 included in line 1a. Enter of Indi applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. Tied for the calendary year ending with or within the year covered by this return. Did It all east one is reported on line 2a, did the organization file all required feedral employment tax returns? 2b. If It all east one is reported on line 2a, did the organization file all required feedral employment tax returns? 2c. Note. If the sum of lines 1 and 2a is greater than 250, you may be required to 6-file gen instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If It "Yes," and the did a file of 200 or 100 or 100 or 100 or 100 or 100 or 200 or 20				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners? 2a Effect the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If I at least one is reported on line 2a, did the organization line all required federal employment tax returns? 5 Ab I if Yes, * Insulation have unrealed business gross income of \$1.000 or more dumpt the year? 5 Ab I if Yes, * Insulation have unrealed business gross income of \$1.000 or more dumpt the year? 5 Ab I if Yes, * Insulation that it is year? If YNo, * to line 3b, provide an explanation in Schedule O 5 B A At any time during the calendary year, did the organization have an interest in, or a signature or other authority, over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 B A Yes the organization and foreign country. 5 B Was the organization have in foreign country. 5 B Was the organization have in section of Fire Payment in the Yes, * of Yes, * of Yes, * to mis 5 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Was the organization have an other schedulation and year than \$100,000, and did the organization solicit an any contributions that were not tax deductible as charitable contributions? 5 B I Yes, * of the organization have include with every solicitation an exposes statement that such contributions or grifts were not tax deductible? 6 C Did the organization to include with every solicitation an exposes statement that such contributions or grifts were not tax deductible? 7 C Organizations that may receive deductible contributions under section 170(c). 8 If Yes, * indicate the number of Forms 9292 field during the year 9 C Organizations that may receive any funds, directly or indirectly, to pay permittins on a personal benefit contra					
describing winnings to prize winners? a First 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 b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-hill (see instructions) b If 'Yes, 's law till fold a Form 990 To for this year If 'No, 'to file 80, provide an explanation in Schedule 0 b If 'Yes, 's law it fled a Form 990 To for this year If 'No, 'to file 80, provide an explanation or schedule 0 b If 'Yes, 's law it fled a Form 990 To firs his year If 'No, 'to file 80, provide an explanation or schedule 0 c If 'Yes, 'ell one say or 50, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign ocuntry (such as a bank account, securities account, or other financial account)? b If 'Yes, 'ell one say or 50, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign ocuntry (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If 'Yes, 'ell one say or 50, did the organization that it was or is a party to a prohibited tax shelter transaction at any other transaction solicit any contributions that were not tax deductibles of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitables contributions? c If 'Yes,' did the organization receive a payment in excess of \$75 made party as a contribution of author organization receive an expression of the payment of th					
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. It is all to the calendar year ending with or within the year covered by this return. Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fiel (see instructions). 3a Dt the organization line are understood business greater than 250, you may be required to e-fiel (see instructions). 3b If "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O. 3b If "Yes," the sail the dar Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O. 3b If "Yes," enter the name of the foreign ountry (such as a bank account, securities account, or other financial account()? 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()? 4a If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account()? 4b If "Yes," enter the name of the foreign benefit in the was or is a pray to a prohibited tax shelter transaction? 5b If "Yes," in time 5a or 5b, did the organization file form 8888-17 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c If "Yes," did the organization receive a payment in excess of \$75 made partly as a contributional partly for goods and services provided to the payor? 7a If If "Yes," indicate the number of Forms 8282	С				
tiled for the calendary year ending with or within the year covered by this return			1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? A	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes,* has if filed a Form 900-17 for this year, "I *\"o, " to line 8,000 provide are explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4c If Yes, " the fire the name of the foreign country *\"> 5c If Yes, " to line 5a or 5b, did the organization fire Form 8886-17 6c If Yes, " to line 5a or 5b, did the organization file Form 8886-17 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes, " to line 5a or 5b, did the organization file Form 8886-17 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, " the state of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, " the fire organization receive appriment in excess of 5/5 made partly as a contribution and partly for goods and services provided to the payor? 7d If Yes, " did the organization sell, soxhange, or otherwise dispose of tangible personal property for which it was required to life Form 82827 7e Did the organization sell, soxhange, or otherwise dispose of tangible personal property for which it was required? 7d If Yes, " did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? Sponsoring organization have excess business holdings at any time during the year? 9a Did the sponsoring organization maintaining dome advised funds. Did a done or advised funds. 1d Did the organization have excess business holdings at any time during the year?	b		2b		
b If "Yes," has it flied a Form 99.0-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. 4b If "Yes," enter the name of the foreign country. 5ch Sae instructions for filling requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5ch Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5ch Did any taxable party notify the organization file Form 888617? 6ch Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? 6ch Did any taxable party notify the organization file Form 888617? 6ch Did were not tax deductibles? 7ch Diff "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charatable contributions? 8ch If "Yes," did the organization notify the donor of the value of the godos of services provided? 9ch If "Yes," did the organization notify the donor of the value of the godos of services provided? 9ch If "Yes," indicate the number of Forms 88282 flied during the year 9ch If "Yes," indicate the number of Forms 88282 flied during the year 9ch If "Yes," indicate the number of Forms 88282 flied during the year 9ch If the organization received an contribution of carisedty, to pay premiums on a personal benefit contract? 9ch If the organization received an contribution of carisedty, to pay premiums on a personal benefit contract? 9ch If the organization received an contribution of carisedty, in one payment of the organization flied payment in the payment in the payment in the payment in the					
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, erother financial account? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5a			3a		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 (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Usd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b IV XS. c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen or tax deductible as charitable contributions? 6a X X			3b		
b If "Yes," enter the name of the foreign country: Sa was the organization a perty to a prohibited at shelter transaction at any time during the tax year? 5a Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year? 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," in line Sa or 5b, lide the organization file Form 8889.7 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Different organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Different organization shall be a contribution or a persess statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall any receive deductible contributions under section 170(c). 8 Did the organization neceive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 7a X 7b Different 8282? 6b If "Yes," indicate the number of Forms 8282 filed during the year 6c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization feeding a contribution of cars, boats, airplanes, or other vehicles, did the organization file or file organization file form 8899 as required? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 7h Different file organization make a visable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring org	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b X X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b SC 6i Press, 1 to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c) a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 If Yes, 2 did the organization motify the donor of the value of the goods of services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? 6 If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received any funds, directly or indirectly, to gry premiums on a personal benefit contract? 7 Te X 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 7 If the organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross income from members or shareholders c Gross income f			4a		X
5a X Did any taxable party notify the organization that it was or is a party to a probibled tax shelter transaction? 5b X X Did any taxable party notify the organization that it was or is a party to a probibled tax shelter transaction? 5c X X Did any taxable party notify the organization file Form 8886-17 5c X X X X X X X X X	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ao r 5b, did the organization file Form 8886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization reteive apparent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 13 Sponsoring organization make any taxable distributions under section 4966? 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Section 501(c)(17) organizations. Enter: 16 Gross income from themsom sanitationing donor advised funds. 17 Did the sponsoring organization make any distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 17 Section 501(c)(12) organizations. Enter: 18 Gross income from members or shareholders 19 Did the sponsoring organization make any taxable distributions under section 4966? 19 Gross recome from other sources (Do not et amou					l
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5' made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," inclicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X g If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distribution to under section 4966? 9 Sponsoring organization make any taxable distribution to under section 4966? 9 Gross income from members or shareholders b Gross income from demensurations. Enter. a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Did the sponsoring organization make any taxable distribution to donor, donor advisor, or related person? 9 B Section 501(c)(2) organizations. Enter. a Gross income from memb	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
6a			5b		X
any contributions that were not tax deductible as charitable contributions? b f"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To f"Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d f"Yes," indicate the number of Forms 8282 filed during the year E Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To X g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Not the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(12) organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distribution sunder section 4966? B C Did the sponsoring organization make any taxable distribution under section 4966? B C C C C C C C C C	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part Vill, line 12 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax exempt interest received or accrued during the year 15b If the organization is licensed to issue qualified health plans in more than one state? 15c Inter the amount of reserves on hand	6a				
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization sceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distribution sunder section 4966? g Did the sponsoring organization make any taxable distributions under section 4966? b Gross income from members or shareholders l Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 501(c)(12) organizations. Enter: 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		any contributions that were not tax deductible as charitable contributions?	6a		X
7 Organizations that may receive deductible contributions under section 170(c): a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To b 11 "Yes," did the organization notify the donor of the value of the goods or services provided? 7 To b 12 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 To I if "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 7 I July 16 the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: 10 Gross receipts, included on Form 990, Part VIII, line 12	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		were not tax deductible?	6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b D D D D D D D D D D D D D D D D D D	7				l
to the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76			7a		X
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7			7b		
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b Jid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 if X 7 jf Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 jf W 7 jf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 jf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8	С				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 I X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Dib 11 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?			7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year?	d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a 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 10 Della Corso income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X It also If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	е		7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a 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 10 Did 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b	f		7f		X
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? But the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 But Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Cross income from members or shareholders Cross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Lab If "Yes," enter the amount of tax-exempt interest received or accrued during the year Lab 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. But the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Center the amount of reserves on hand Lab If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Lab If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	_				
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Tab Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8				
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b			8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling 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. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	а				
a Initiation fees and capital contributions included on Part VIII, line 12			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14a 14a Did the organization is licensed to issue qualified health plans in more than one state? 13b 13c 14a 15c	10				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 15c	46		46		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			46		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а		13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 16 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 17 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44		v
					_^
	b	If "Yes," nas it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(0010

Form 990 (2016) CMAP EXPRESS 02-0751416 Page (

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

	Check if Schedule O contains a response or note to any line in this Part VI			Λ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		0		Х
_	officer, director, trustee, or key employee?	2		- 25
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	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:			
		8a	Х	
a			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 the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ	
	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			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JOE ROSIER - 318-443-3394			
	1101 FOURTH STREET, SUITE 300, ALEXANDRIA, LA 71301			

Form 990 (2016) CMAP EXPRESS 02-0751416 Page 7

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

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

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

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

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

Check this box if neither the organization r	(B)				C)	1. 5		(D)	(E)	(F)		
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated		
Name and Title	hours per		not c	heck ss pe	more	than		compensation	compensation	amount of		
	week			nd a d				from	from related	other		
	(list any	ctor						the	organizations	compensation		
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the		
	related	stee o	rustee			en sa		(W-2/1099-MISC)		organization		
	organizations	al tru	onal t		oloye	comp				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) JOSEPH R. ROSIER, JR.	40.00	드	=	0	¥	工品	F					
PRESIDENT & CEO		Х		х				0.	326,773.	34,148		
(2) ROSEADA MAYEUX, LPN	0.50											
MEMBER		Х						0.	0.	0		
(3) ANNA MOREAU, DDS	0.50									_		
MEMBER	0.50	X						0.	0.	0		
(4) MAXINE PICKENS, RN MEMBER	0.50	X						0.	0.	0		
(5) FRANKIE ROSENTHAL, RN	0.50	Δ						0.	0.	0		
MEMBER		x						0.	0.	0		
(6) MARJORIE TAYLOR	40.00											
EXECUTIVE DIRECTOR				Х				0.	109,632.	13,894		
(7) KATHLEEN F. NOLEN	40.00	1							100 001	00 104		
DIRECTOR OF ADMINISTRATION	40.00				Х			0.	199,931.	23,184		
(8) ANNETTE BEUCHLER DIRECTOR OF PROGRAMS/COMMUNICATIONS	40.00				x			0.	180,000.	25,537		
(9) KEVIN BROWN	40.00								20070000	20,007		
PHARMACIST						Х		113,929.	0.	18,713		
	-											
			-									
		-										
		-										
								l		F 000 (004		

Form 990 (2016) CMAP EXPRESS 02-0751416 Page 8

Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	ompensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	,	Es	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	n n	an	nount o	of
	week	\vdash	cer an	ia a a	irecto	or/trus	tee)	from	from related	- 1		other	
	(list any	director						the	organization			pensa	
	hours for related	or di	æ			ated		organization	(W-2/1099-MIS	3C)		om the	
	organizations	ustee	truste		a)	suadı		(W-2/1099-MISC)			•	anizati	
	below	ual tr	ional		ploye	t con	L					d relate anizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ııızatı	7113
	†	=	=	0	¥	王 10	ш.						
		_								\dashv			
										\dashv			
					4								
1b Sub-total			4			I,		113,929.	816,3	36.	11	5,4'	76.
c Total from continuation sheets to Part \	II. Section A	7			· ·			0.		0.			0.
d Total (add lines 1b and 1c)			_				•	113,929.	816,3	36.	11	5,4	76.
2 Total number of individuals (including but				_			no r	eceived more than \$100	.000 of reportab	le		-	
compensation from the organization				47					•				1
										_		Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	yee	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for	such individual	.									3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		[4	Х	
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	dual for services	;			
rendered to the organization? If "Yes," cor	nplete Schedul	e J f	or st	uch	pers	son .				<u></u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest c	-	-								npensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year. I				
(A) Name and busines	s address							(B) Description of s	ervices	Co	(C	رَ) nsatior	1
MAGELLAN RX MANAGEMENT,							┥	PHARMACY BEN			ompo.	1041101	
PO BOX 783053, PHILADELP		19	917	78			- 1	MANAGER			31	7,80	00.
							\dashv						
							\dashv						
2 Total number of independent contractors	including but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				

Form **990** (2016)

\$100,000 of compensation from the organization

02-0751416 Page 9

Form 990 (2016) CMAP EX
Part VIII Statement of Revenue

CMAP EXPRESS

. u		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		Chook ii Contoado C Containo a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	20,000.	1,221,348.			
			Business Code				
S	2 a	PHARMACY SERVICES	621399	522,811.	522,811.		
ervi Je	b	TOBACCO COUNSELING	624190	16,927.	16,927.		
Program Service Revenue	С						
gra Re	d						
Pro	e	All ables are suggested as a second	900099	1,026.	1,026.		
_		All other program service revenue		540,764.	1,020.		
	3 4	Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond	rest, and				
	5	Royalties					
		Gross rents (i) Real	(ii) Personal				
		Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, -	assets other than inventory	(ii) States				
	b	Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	. <u></u>				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
ᇤ		Part IV, line 18	ı				
Ě	b	Less: direct expenses b					
		Net income or (loss) from fundraising events	_				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses	L				
		Gross sales of inventory, less returns					
		and allowances a	,				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory .					
[Miscellaneous Revenue	Business Code				
	11 a						
	b						
	C	All addresses and					
		All other revenue					
	12	Total. Add lines 11a-11d	-	1,762,112.	540.764.	0.	0.

02-0751416 Page **10**

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	813,098.	700 070	22 210	
7	Other salaries and wages	013,098.	780,879.	32,219.	
8	Pension plan accruals and contributions (include	75,696.	73,175.	2,521.	
_	section 401(k) and 403(b) employer contributions)	87,014.	83,815.	3,199.	
9	Other employee benefits	60,962.	58,531.	2,431.	
10	Payroll taxes	00,902.	30,331.	4,431.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	9,200.		9,200.	
q	Accounting	3,200.		3,200.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	26,861.	26,861.		
13	Office expenses	15,006.	14,989.	17.	
14	Information technology		-		
15	Royalties				
16	Occupancy	22,115.	18,499.	3,616.	
17	Travel	40,836.	40,836.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,544.	1.6	6,544.	
23	Insurance	18,750.	18,580.	170.	
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.)				
а	PHARMACEUTICALS	359,026.	359,026.		
b	PROGRAM SUPPLIES	27,720.	27,720.	0.	
С	CONTRACT SERVICES	25,792.	25,792.	0.	
d	TELEPHONE	25,508.	25,220.	288.	
е	All other expenses	35,865.	35,859.	6.	
25	Total functional expenses. Add lines 1 through 24e	1,649,993.	1,589,782.	60,211.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	0 11-11-16				Form 990 (2016

02-0751416 Page **11**

Form 990 (2016) Part X Balance Sheet

Part X	`	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			133,666.	1	117,140.
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net				3	
4	1	Accounts receivable, net		98,623.	4	56,921	
5	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(e)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
2		employees' beneficiary organizations (see instr).				6	
7	7	Notes and loans receivable, net				7	
ξ 8	3	Inventories for sale or use				8	
9	•				13,439.	9	11,263
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	68,417.			
	b	Less: accumulated depreciation		60,542.	10,184.	10c	7,875
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 1				12	
13	3	Investments - program-related. See Part IV, line				13	
14	1	Intangible assets				14	
15	5	Other assets. See Part IV, line 11				15	
16	3	Total assets. Add lines 1 through 15 (must equa			255,912.	16	193,199
17	7	Accounts payable and accrued expenses			6,329.	17	14,902
18	3	Grants payable				18	
19	9	Deferred revenue				19	
20)	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
ខ្ល 22	2	Loans and other payables to current and former	officers	s, directors, trustees,			
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela				23	
24	1	Unsecured notes and loans payable to unrelated	d third p	parties		24	
25	5	Other liabilities (including federal income tax, pay	~				
		parties, and other liabilities not included on lines	17-24).	Complete Part X of	105 554		0 260
		Schedule D			185,774.	25	2,369
26	<u> </u>	Total liabilities. Add lines 17 through 25			192,103.	26	17,271
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
27 28 29		complete lines 27 through 29, and lines 33 an			60 462		00 021
27		Unrestricted net assets		·····	-60,463 .	27	-88,031 263,959
28		Temporarily restricted net assets			124,272.	28	403,939
29)					29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here			
5		and complete lines 30 through 34.				-	
30		Capital stock or trust principal, or current funds				30	
ž 31		Paid-in or capital surplus, or land, building, or eq				31	
30 31 32 32	1	Retained earnings, endowment, accumulated in			63,809.	32	175,928
33		Total net assets or fund balances			255,912.	33	193,199
34	ł	Total liabilities and net assets/fund balances			455,914.	34	193,193

1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		9,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			2,1 3,8	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4					
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		17	5,9	28.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	D.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	it			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				_	000	(0010)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CMAP EXPRESS 02-0751416 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 1 g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) THE RAPIDES FOUNDATION 72-0723603 3 0 X

0.

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	,			, ,	` '	.,
	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	Α.					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instructions	<u>s</u>
		·			Caba	dula A (Earm 000	000 FZ) 0046

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 6	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that			7			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(-) 0010	(h) 0010	(=) 0014	(4) 001 5	(-) 0010	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4					
r	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
	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						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_							<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2016 (column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)16 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2016. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
k	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s f	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	4	Х	
	1		
	2		X
	30		Х
	3a		-21
	3b		
	30		
	3c		
	4a		Х
	Al-		
	4b		
	4c		
	5a		Х
	5b 5c		
	JU		
	•		Х
	6		Λ
	7		X
			v
	8		Х
	9a		Х
			v
	9b		Х
	9c		Х
			77
	10a		Х
	10b		
n 9	90 or 99	0-EZ	2016

1 Has the organization accepted a gift or contribution from any of the following persons? a A person with directly or indirectly controls, either alone or topether with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (g) above? b A family member of a person described in (g) above? c A 39% controlled entity of a person described in (g) or (b) above? If Yes' to a, b, or c, provide detail in Pert VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly apport or elect at least a majority of the organizations of electors or trustees at all times during the tax year? If Viv. decarble in Pert VI now the supported organizations is decided to require the tax year? If Viv. decarble in Pert VI now the supported organizations of electors or trustees at all times during the tax years and the provision of the organization of the controlled the organization of the controlled or organization of a controlled. If the organization had more than one supported organization green give supported organization of the thing the supported organizations of the provision and the restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organizations (II Viv. explain in Pert VI now providing such benefit carried out the purposes of the supported organizations) (II viv. explain in Pert VI now providing such benefit carried out the purposes of the supported organizations) (II viv. explain in Pert VI now ording such benefit carried out the purposes of the supported organizations) (II viv. explain in Pert VI now control or oranzagement of the supporting Organizations. 1 Ween amount of the organization directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that orinolited or managed the supported organization of the supported organization	Pa	rt IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body or a supported organization? b A Amily member of a person described in (d) above? c A 35% controlled entity of a person described in (d) to (b) above?!! "Yes" to a, b, or c, provide detail in Part Vi. Section B. Type I Supporting Organizations 1 Did the directors, brustoes, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "I'V", "cescribe in Part V in our to supported organizations fellower organization, describe how the powers to appoint and/or emote directors or trustees at all times during the tax year? If "I'V", "cescribe in Part V in our to supported organization, describe how the powers to appoint and/or emote directors or trustees are all times during the tax year. 2 Did the organization operated for the benefit of any supported organization other than the supported organization, describe how the powers to appoint and/or emote directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or emote directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or emote directors or the supported organization? If "Yes," egiption in Part V in our providing such benefit cared out the purposes of the supported organization? If "Yes," egiption in Part V in our control or manager organization or supported organizations? If "Yes," egiption in Part V in our control or ormanigement of the supported organization is directors or trustees of each of the organization is supported organizations? If "Yes," elsewing the supported organization is the supported organization is powered organization is powered organization is powered organization is appointed organization is powered organization is powered organization is powered organization is p		(SIMILAR)		Yes	No
below, the governing body of a supported organization? 1 A family member of a pesson described in (a) above? 2 A 35% controlled entity of a person described in (a) by (b) above? If Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of controlled the degrations and what conditions or restrictions, if any appoint or such powers during the tax year? If "No," describe in Part VI how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of particular to the supported organization and what conditions or restrictions in Agra, appoind to such powers during the tax year. 2 Did the organization person of the benefit or any supported organization of the than the supported, organization (if the opported organization (if the organization) and the supported organization or controlled the supporting organizations. 1 Were a majority of the organization's directors or trustees during the tax year also in najority of the directors or trustees of each of the organization's directors or trustees during the tax year also in majority of the directors or trustees during the tax year also in majority of the directors or trustees during the tax year also in majority of the directors or trustees during the tax year also in majority of the directors or trustees during the tax year also in majority of the directors or trustees during the tax year also in majority of the form 90 granization in the supported organization in the same	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (g) above? A 35% controlled enthy of a person described in (g) et (b) above?!! "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustoes, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No" is easily and "If I how the supported organization," electrons or trustees at all times during the tax year? If "No" is easily and "If I how the supported organization," electrons or trustees are all times during the tax year. 2 Did the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove decretors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove decretors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove decretors or trustees were allocated among the supported organization, described in Part VI how the powers to appoint and/or remove decretors or trustees were allocated among the supported organization other than the supported organization of the supported organization? If "Ne," espisia in Part VI how providing such benefit cared out the purposes of the supported organization? If "Ne," espisia in Part VI how control or a manger of the organization or directors or trustees during the tax year also it majority of the directors or trustees of aeach of the organization is directors or trustees during the tax year also it majority of the directors or trustees of aeach of the organization supported organizations or trustees of aeach of the organization supported organization is directors. 1 Were a majority of the organization supported organizations by the last day of the fifth month of the organization is the supported organization is powering documents in effect on the	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
b A family member of a person described in (a) above? A 33% controlled entity of a person described in (a) to (b) above?If "Yes" to a, b, or c, provide detail in Part VI. 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 organizations directors or trustees at all times during the tax year. If VI. Pro. diseache in Part VI. In the organization of electron or trustees at all times during the tax year. If VI. Pro. diseache in Part VI. In the organization directively operated, supervised or controlled the organization's activities. If the organization directive or presented, supervised or controlled the organization's activities. If the organization directive has personally described in the powers to appoint and/or remove directors or trustees were allocated among the supported organization, described now the powers to appoint and/or remove directors or trustees were allocated among the supported organization, described now providing such benefit carehout the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year allos it majority of the directors or trustees of each of the organization's apported organization's the vester of the supported organization's activities of the organization and organization and the organization and organization and organization's activities of the organization and organization and organization			11a		Х
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 I'm, if each the in Part I how the supported organization's directors or trustees are all times during the tax year if I'm, if each the in Part I how the supported organization's directors or trustees are all times during the tax year if I'm, if each the inpant and are ortholled the organization and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization of the supported organization's are trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees of each 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 directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the supporting organization's are very any organization organization's any organization's tax year, if a written notice describing the type and amount of support provided during the pror tax year, if a copy of the Form 90th that was most executy field as of the date of notification, and (ii) copies of the organization and only organization's governing documents in effect on the date of notification, and iii) copies of the organization's governing documents in effect on the date of notification, and iii) copies of the organization's governing documents in effect on the date of notification, and iiii orga	b	A family member of a person described in (a) above?	11b		X
Did the directors, trustees, or mambership 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 of controlled the organization's activities of the organization and 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 supported organization gift be tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization operate for or the test organization operate for organization operated organization operated organization of the supported organization of the than the supported organization of support provided during the prior tax year. (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies of the organization or government of the supported organization or supported organization	С	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		X
1 Did the directors, truisless, 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. 2 Did the organization operated for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization of the than the supported organization of the than the supported organization of the supported organization is directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's according to the supported organization's played in the regar	Sec	tion B. Type I Supporting Organizations			
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 of escribe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organization powers to appoint and/or remove directors or trustees were ellocated among the supported organization send what control and/or remove directors or trustees were ellocated among the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization of the than the supported organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organizations () that operated, supervised, or controlled the supporting organizations. Section C. Type II Supporting Organizations 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 supported organization's supported organization's use vested in the same persons that controlled or managed the supported organization's supported 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 field as of the date of notification, and (iii) copies of the organization's supported organization's governing documents in effect on the date of notification, to the stern for previously provided? 2 Were any of the organization of the powering body of a supported organization's have a significant vice in the organization's supported organization's provided organization's provided? 3 By reason of the relationship described in [2], did the organization's supported organization's under the provided organization's income or assets at all times				Yes	No
tax year? If "No," describe in Part VI. how the supported organizations of effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or furstees were allocated among the supported organization operate for the benefit of any supported organization operated for the benefit of any supported organization of the tax year. 2 Did the organization operate for the benefit or any supported organization of the transported organization of the powers during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's usual the supported organization's was vested in the same persons that controlled or managed the supported organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (ii) a volume to the organization so tax year. (ii) 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, not the event not previously provided? 2 Were any of the organization's officers, directors, or trustees either (ii) through the provided during the prior tax year. (ii) a volume to the organization was responsive for the relationship or the government of supported organizationship or filed to the organization was easely at all times during the tax year. If "Yes," describe in Part VI the organization's supported organization's supported organization's investment policies and in directing the use of the organization's supported organiz	1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
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 organization operate for the benefit of any supported organization of the tax year. 2. Did the organization operate for the benefit of any supported organization of if 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization (if 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization (if 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization (if 'Yes,' explain in Part VI how control 3. Section C. Type II Supporting Organizations 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 was vested in the same persons that controlled or managed the supported organization's supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed 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 copy of the Form \$90 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? 2. Were any of the organization so officers, directors, or trustees either (ii) appointed or elected by the supported organization's governing documents in effect on the date of notification, to the extent not previously provided? 3. By reason of the relationship described in (2), did the organization with the supported organization's investment policies and in directing the use of the organization's and the provided in the organization's		regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
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. 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 other than the supported organization of the property of the part VI thow providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organizations is the supporting Organizations was vested in the same persons that controlled or managed the supported organizations is the supported organizations is the corporation of the supporting Organizations was vested in the same persons that controlled or managed the supported organizations is the supported organization is the provided organization of the organizations of officers, directors, or trustees either (i) appointed or elected by the properties and the organization of the evidence of the evidence organizations of the relationship described in (2), did the organization of organizations (3). 2 Were any of the organization is investment policies and in directing the use of the organizations is a supported organizations investment policies and in directing the use of the organization is a		tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
organizations and what conditions or restrictions, if any, applied to such powers during the tax year, 2 Did the organization operate for the benefit of any supported organization other than the supported organization 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 organizations. 2 X Section C. Type II Supporting Organizations 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 purporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization(s) or (ii) serving on the governing body of a supported organization in the supported organization in the variety or a copy of the organization of solices, directors, or trustees either (ii) appointed or elected by the supported organization mental and a close and continuous working relationship with the supported organization in the organization in the organization in 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 th		controlled the organization's activities. If the organization had more than one supported organization,			
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 "Ves," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization is supported organizations. Section D. All Type III Supporting Organizations 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, (i) a copy of the Form 950 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed organizations in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did this organization's supported organizations have a significant voice in the organization is my provided organization is the parent of each of its supported organizations have a significant voice in the organization is ready. 3 Section E. Type III Functionally Integrated Supporting Organizations. 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 2 Activities Test. A		describe how the powers to appoint and/or remove directors or trustees were allocated among 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 organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization stax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently flied 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? Were any of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization shorth documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's fifties, directors, or trustees either (ii) appointed or elected by the supported organization shorth the organization share a significant viole in the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI in the role the organization's supported organization supported organization's supported organization supported organization supported organizati		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
Part VI how providing such benefit carried out the purposes of the supported organizations) Section C. Type II Supporting Organizations 1 Were a majority of the organization's supported organization's vested in the same persons that controlled or management of the supporting organization's supported organization's in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization's supported organizations. 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? 2 Were any of the organization's officers, directors, or fusitese either (ii) appointed or elected by the supported organization organization is officers, directors, or fusitese either (ii) appointed or elected by the supported organization's provided organization is maintained a close and continuous working relationship with the supported organization's with how the organization is meetment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organization's supported organization's provide organization's provi	2	Did the organization operate for the benefit of any supported organization other than the supported			
Section C. Type II Supporting Organizations Wee a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 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? Quera any of the organization's officers, directors, or trustees either (ii) apportated 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) or (ii) serving on the governing body of a supported organization's have a significant voice in the organization's investment policies and in directing the use of the organization's assupported organization's investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organization's as usupported organization's investment policies and in directing the use of the organization's as usupported organization's investment policies and in directing the use of the organization's as usupported organization's used to satisfy the Integral Part Test during the yea@ee Instructions). Check the box next to the method that the organization use		organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 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 writen notice describing the type and amount of support provided during the prior tax year, (ii) a vriten notice describing the type and amount of support provided during the prior tax year, (ii) a vriten notice describing the type and amount of support provided during the prior tax year, (ii) a vriten notice describing the type and amount of support provided during the prior tax year, (ii) a vriten notice describing the type and amount of support provided during the prior tax year. (ii) a vriten organization's supported organization's provided? 2 Were any of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's or (ii) serving on the governing body of a supported organization's in Part VI how the organization's investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organization's supported organization's investment policies and in directing the use of the organization's supported organization's provide organization's use of the organization's appoint of organization's provide organization's provide organization's provided organization of the reproduced organization's activities during		Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's provided organization was vested in the same persons that controlled or managed the supported organization's was vested in the same persons that controlled or managed the supported 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? 2 Were any of the organization's officers, directors, or trustees either (ii) 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 relationshy with the supported organization(s). 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 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported organization satisfied the Activities Test. Complete line 2 below. c The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization is described in (a) constitute activities during the tax year directly f		supervised, or controlled the supporting organization.	2		X
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed the supported organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations. Yes No 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 field as of the date or notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's orficers, directors, or trustees either (ii) appointed or elected by the supported organization's orficers, directors, or trustees either (ii) appointed or elected by the supported organization's orficers, directors, or trustees either (ii) appointed or elected by the supported organization's provided? 2 Were any of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's organization's income or assets at all times during on the governing body of a supported organization's with the supported organization's income or assets at all times during the tax year. If "Yes," describe in Part VI the role the organization's assumptiones played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization supported organization was responsive If "Yes," explain	Sec	tion C. Type II Supporting Organizations			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 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? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization maintained a close and continuous working relationship with the supported organization in Part VI how the organization maintained a close and continuous working relationship with the supported organization's involvement 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 apported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 3 By cased in the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. 5 Did the activities described in (a) constitute activities during the tax year directly further the exempt purposes of the supported organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and ho				Yes	No
Section D. All Type III Supporting Organizations was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 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 operanization'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's possible of it (?), did the organization's place of 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 organization's played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization is upsorted a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. b Did the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization determined that these activities described in (a) constitute activities that, but for the organization determined that these activities described in (a) constitute activities and the propagation is involvement. b	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
the supported organization(s). Section 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? 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). 3 By reason of the relationship described in (2), did the organization's supported organization's investment policies and in directing the use of the organization's supported organization's susported organization's susported organization's susported organization's susported organization's susported organization's played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 2 Activities Test. Answer (a) and (b) below. 5 Integration organization is the parent of each of its supported organizations. Complete line 3 below. 6 Integral part Test during the yea(see instructions). 7 Integral part Test during the yea(see instructions). 8 Activities Test. Answer (a) and (b) below. 9 Integral part Test during the yea(see instructions). 1 Activities Test. Answer (a) and (b) below. 1 Organization was responsive to those supported organizations, and how the organization horganization was responsive to those supported organization how these activities directly furthered their exempt		or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
Section D. All Type III Supporting Organizations 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? 2 Were any of the organization's officers, directors, or trustees either (ii) 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 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. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization and explain how these activities described in (a) constitute activities during the tax year directly furthered their exempt purposes, how the organization was responsive to those supported organizations and explain how these activities described in (a) constitute activities described their exempt purposes, how the organization was responsive to troed organizations, and how the organization determined that these activities descri		or management of the supporting organization was vested in the same persons that controlled or managed			
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? 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). 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. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions). 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes of the supported organization's position that its supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2 Did the organization is supported organization's position that its supported organization's yould have engaged in these a		the supported organization(s).	1		
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? 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 or distribution or (ii) explain in Part VI how the organization is and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported 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. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization is the parent of each of its supported organizations. Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization was responsive? If "Yes," then in Part VI Identify those supported organization and explain how these activities directly furthered their exempt purposes, how the organization's supported organizations, and how the organization have the possible of the supported organization's position that its supported organizat	Sec	tion D. All Type III Supporting Organizations			
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? 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 and close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organization and explain how these activities directly furthered their exempt purposes, how the organization is another to those supported organization and explain how these activities of in Part VI the reasons for the organization is position that its supported organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in these activit				Yes	No
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? 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 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization is the parent of each of its supported organizations. Complete line 3 below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further their exempt purposes, how the organization was responsive to those supported organizations in Part VI the reasons for the organization and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization's involvement, one or more of the organization's aposition that its supported organization's involvement, one or more of the organization's position that its supp	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
organization's governing documents in effect on the date of notification, to the extent not previously provided? 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). 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. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a 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 organization was responsive to those supported organizations, and how the organization determined that these activities does or the organization and explain how these activities directly furthered their exempt purposes, how 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 involvement. b Did the activities described in (a) constitute activities that, but for the organization is position that its suppo		organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
Per 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). 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 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization satisfied the Activities Test. Complete line 2 below. c The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization was responsive to those supported their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities does substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization determined that these activities of the organization's position that its supported organization(s) would have been engaged in these activities of the organization's position that its supported organization(s) would have been engaged in these activities of each of the supported organizations? Provide details in Part VI. b Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the support		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) 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). 3 By reason of the relationship described in (2), did the organization's supported organization's involvement, significant voice in the organization's invostment 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. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the 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 does not have a constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Parent of Supported Organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of 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 doesnibed in (a) constitute activities that, but for the organization in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organizations. Answer (a) and (b) below. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
Section E. Type III Functionally Integrated Supporting 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. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities of activities described in (a) constitute activities that, but for the organization in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
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. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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. b Did the activities described in (a) constitute activities that, but for the organization determined that these activities of the organization (s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities for the organization's position that its supported organization's position that its supported organization's position that its supported organization's position the organization's po			2		
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. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes of the supported organization was responsive? If "Yes," then in Part VI identify those supported organization 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 described in (a) constitute activities that, but for the organization determined that these activities described in (a) constitute activities that, but for the organization in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Section E. Type III Functionally Integrated Supporting Organizations 1					
Section E. Type III Functionally Integrated Supporting Organizations 1					
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization was responsive? If "Yes," then in Part VI identify those supported organization 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. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3		
The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a 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. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sec				
The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. 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. 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 activities but for the organizations. Answer (a) and (b) below. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. 3 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. 3 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 activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
Activities Test. Answer (a) and (b) below. a 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. 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 activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				,	
a 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 activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ructions		
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. 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 activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				Yes	No
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 activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а				
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
that these activities constituted substantially all of its activities. 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 activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
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 activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			0-		
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h		Za		
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b				
activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			Oh.		
 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	2		Z D		
trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		20		
	h		od		
	D		3h		

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

Schedule A (Form 990 or 990-EZ) 2016

Pai	ITLY Type III Non-Functionally Integr	ated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to acco	mplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furt				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exer	npt purpos	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval re	equired)			
6	Other distributions (describe in Part VI). See instr	uctions			
7	Total annual distributions. Add lines 1 through 6	3			
8	Distributions to attentive supported organizations	to which t	he organization is responsive	е	
	(provide details in Part VI). See instructions				
9	Distributable amount for 2016 from Section C, lin	e 6			
10	Line 8 amount divided by Line 9 amount				
Secti	tion E - Distribution Allocations (see instructions	s)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, lin	e 6			
2	Underdistributions, if any, for years prior to 2016	(reason-			
	able cause required- explain in Part VI). See instru	ıctions			
3	Excess distributions carryover, if any, to 2016:				
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions	s)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2016 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4)		
5	Remaining underdistributions for years prior to 20				
	any. Subtract lines 3g and 4a from line 2. For resi	ult greater			
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016. Subtract	ines 3h			
	and 4b from line 1. For result greater than zero, e.	xplain in			
	Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lin	es 3j			
	and 4c				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				
е	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

Dord VII	1 0111000 01000 121 2010 1110 1110 110
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.)
	(See instructions.)
•	
-	
-	
	· ·

Schedule B (Form 990, 990-F7. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number

CMAP EXPRESS 02-0751416 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

CMAP EXPRESS 02-0751416

Parti	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE RAPIDES FOUNDATION 1101 FOURTH STREET, SUITE 300 ALEXANDRIA, LA 71301	\$ 1,201,348.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GREATERGOOD.ORG 1 UNION SQ, 600 UNIVERSITY ST, STE 1000 SEATTLE, WA 98101	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CMAP EXPRESS

02 - 0751416

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

MAP E	XPRESS		02-0751416				
Part III		ributions to organizations described in olumns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations				
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona		less for the year. (Enter this info. once.) \$\Bigs\\$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
<u> </u>							
	(e) Transfer of gift						
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-							
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
-	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
-							
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-			<u> </u>				
-							
		(e) Transfer of gift	 				
	Toursday						
-	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee				
-							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 02-0751416

	CMAP EXPRESS		02-0751416
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation 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 easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
_	> \$		- 4 . / 4 . / - 4
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	•	· · · · · · · · · · · · · · · · · · ·
		lon's infancial statements that describes	s the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of	f Art. Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes" on Form		Titler Cirmiai 71868181
12	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art
ıu	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that descri		ande of public service, provide, in Fait XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		abile convice, provide the relieving amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L A
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under SFAS 1:		3 /1
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		S

632051 08-29-16

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

Schedule D (Form 990) 2016

Pai	t III Organizations Maintaining C	collections of Art	t, Historical	Treasures,	or Other	Similar Ass	sets(continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of t	he following tha	at are a sign	ificant use of it	s collection items
	(check all that apply):						
а	Public exhibition	d	Loan or e	xchange progra	ams		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	how they further	er the organizati	on's exemp	t purpose in P	art XIII.
5	During the year, did the organization solicit of	or receive donations o	f art, historical tr	easures, or oth	er similar as	sets	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's	collection?			Yes No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organiza	tion answered	"Yes" on Fo	rm 990, Part IV	V, line 9, or
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contribut	ions or other as	sets not inc	luded	
	on Form 990, Part X?					[Yes No
b	If "Yes," explain the arrangement in Part XIII						
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year				.,	1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21, for escrow or	custodial acco	ount liability	?L	Yes No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						<u></u>
Pai	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on	Form 990, Par			
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years bac	k (e) Four years back
1a	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, columi	n (a)) held as:			
а	Board designated or quasi-endowment		%				
b	Permanent endowment >	%					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
За	Are there endowment funds not in the posse	ession of the organization	tion that are held	d and administe	ered for the	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule	R?			3b
4	Describe in Part XIII the intended uses of the		wment funds.				
Pai	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a	a. See Form 990), Part X, lin	e 10.	
	Description of property	(a) Cost or oth		ost or other		ımulated	(d) Book value
		basis (investm	ent) bas	sis (other)	depre	ciation	
	Land						
	Buildings						
	Leasehold improvements			60 46 =		0.546	
	Equipment			68,417.	6	0,542.	7,875.
	Other						
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part X	K. column (B). lin	e 10c.)		▶	7,875.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 CMAP EXPRES	S	0	2-0751416 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			<u> </u>
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)	.57/		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		>
Part X Other Liabilities.	0 10.9		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line :	25.
1. (a) Description of liability	1	(b) Book value	
(1) Federal income taxes			
(2) DUE TO RAPIDES FOUNDATION		2,369.	
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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) 2016

(7) (8)

2,369.

sche	dule D (Form 990) 2016 CMAP EXPRESS		04-	U/SI4IO Page 2
Paı	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	Retur	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	1,762,112
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0 .
3	Subtract line 2e from line 1		3	1,762,112
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,762,112
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,649,993
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0 .
3	Subtract line 2e from line 1		3	1,649,993
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0 .
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,649,993
	t XIII Supplemental Information.			

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

PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT ORGANIZATION AND EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS, BUT THE ORGANIZATION IS REQUIRED TO FILE AN ANNUAL INFORMATION TAX RETURN. THE ORGANIZATION IS ALSO REQUIRED TO REVIEW VARIOUS TAX POSITIONS IT HAS TAKEN WITH RESPECT TO ITS EXEMPT STATUS AND DETERMINE WHETHER IN FACT IT IS A TAX EXEMPT ENTITY. THE ORGANIZATION MUST ALSO CONSIDER WHETHER IT HAS NEXUS IN JURISDICTIONS IN WHICH IT HAS INCOME AND WHETHER A TAX RETURN IS REQUIRED IN THOSE JURISDICTIONS. IN ADDITION, AS A TAX EXEMPT ENTITY, THE ORGANIZATION MUST ASSESS WHETHER IT HAS ANY TAX POSITIONS ASSOCIATED WITH UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX.

Part XIII Supplemental Information (continued)
THE ORGANIZATION DOES NOT EXPECT ITS POSITIONS TO CHANGE SIGNIFICANTLY
OVER THE NEXT TWELVE MONTHS. ANY PENALTIES RELATED TO LATE FILING OR
OTHER REQUIREMENTS WOULD BE RECOGNIZED AS PENALTIES EXPENSE IN THE
ORGANIZATION'S ACCOUNTING RECORDS. THE ORGANIZATION FILES U.S. FEDERAL
FORM 990 FOR INFORMATIONAL PURPOSES. THE ORGANIZATION'S FEDERAL INCOME
TAX RETURNS FOR THE TAX YEARS 2013 AND BEYOND REMAIN SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE.

SCHEDULE J (Form 990)

Compensation Information

For 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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

CMAP EXPRESS

Questions Regarding Compensation

Employer identification number 02 - 0751416

			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)			
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 explain	1 b		
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 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:			37
а	Receive a severance payment or change-of-control payment?	4a		X
	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			
3	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.	0.0		==
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	The organization?	6a		Х
	Any related organization?	6b		Х
	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
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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

CMAP EXPRESS

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 of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	beriefits	(B)(I)-(U)	reported as deferred on prior Form 990
(1) JOSEPH R. ROSIER, JR.	(i)	0.	0.	0.	0.	0.		0.
PRESIDENT & CEO	(ii)	326,773.	0.	0.	26,500.	7,648.	360,921.	0.
(2) KATHLEEN F. NOLEN	(i)	0.	0.	0.	0.	0.		0.
DIRECTOR OF ADMINISTRATION	(ii)	199,931.	0.	0.	19,993.	3,191.		0.
(3) ANNETTE BEUCHLER	(i)	0.	0.	0.	0.	0.		0.
DIRECTOR OF PROGRAMS/COMMUNICATIONS	(ii)	180,000.	0.	0.	18,000.	7,537.	205,537.	0.
	(i)							
	(ii)							
	(i)							
	(ii)				•			
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III 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.

PART I, LINE 3

THE RAPIDES FOUNDATION IS A SUPPORTED ORGANIZATION OF CMAP. THE FOUNDATION PROVIDES EMPLOYEES TO CMAP THROUGH A LEASE AGREEMENT. IT ALSO EMPLOYS CMAP'S PROGRAM MANAGER. THE RAPIDES FOUNDATION BOARD COMPENSATION COMMITTEE IS COMPOSED OF THE INDEPENDENT MEMBERS OF ITS EXECUTIVE COMMITTEE. THE COMMITTEE PERIODICALLY ENGAGES A THIRD-PARTY COMPENSATION CONSULTANT TO PROVIDE MARKET INFORMATION CONCERNING PAY AND BENEFITS AND MAKES COMPENSATION STRUCTURE RECOMMENDATIONS FOR ALL RAPIDES FOUNDATION POSITIONS AS WELL AS POSITIONS FOR ITS SUPPORTING ORGANIZATIONS. THE CONSULTANT IS PROVIDED WITH JOB DESCRIPTIONS FOR ALL THE CONSULTANT THEN COMPARES THOSE JOBS WITH SIMILAR JOB POSITIONS. POSITIONS AT SIMILAR TYPES AND SIZES OF ORGANIZATIONS. THE CONSULTANT MEETS WITH THE COMPENSATION COMMITTEE AND PROVIDES THE COMPARISON DATA, ALONG WITH THEIR RECOMMENDATIONS FOR PAY RANGES FOR EACH POSITION (MINIMUM, MIDPOINT, MAXIMUM). RECOMMENDATIONS ARE BASED UPON MARKET AVERAGES OF SIMILAR TYPES AND SIZES OF ORGANIZATIONS. IN INTERIM YEARS, INCREASES IN PAY RANGES ARE RECOMMENDED TO THE BOARD BY MANAGEMENT, BASED ON SURVEY INFORMATION OF SIMILAR ORGANIZATIONS.

THE CEO AND TWO DIRECTORS OF THE RAPIDES FOUNDATION ARE CONSIDERED

Part III 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.
KEY EMPLOYEES. THE CEO RECOMMENDS THE PAY FOR THE TWO DIRECTORS AND A
SALARY BUDGET FOR THE REMAINING EMPLOYEES OF THE RAPIDES FOUNDATION AND
ITS SUPPORTING ORGANIZATIONS TO THE COMPENSATION COMMITTEE FOR
APPROVAL. THE COMPENSATION COMMITTEE INDEPENDENTLY DISCUSSES ITS
RECOMMENDATIONS FOR CEO PAY. MINUTES OF ALL MEETINGS ARE RECORDED AND
MAINTAINED.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

CMAP EXPRESS

Employer identification number 02-0751416

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

2001 AND PROVIDES CHRONIC CARE PRESCRIPTION MEDICATIONS FOR PEOPLE WHO

CANNOT AFFORD THEM. CMAP'S GOAL IS TO ENSURE APPROPRIATE MEDICATION

ACCESS AND EDUCATION AND ALSO PROMOTE OTHER PREVENTIVE HEALTH PRACTICES

AMONG RESIDENTS WITH LIMITED INCOMES. IN 2016 CMAP HELPED APPROXIMATELY

7,498 PATIENTS GET \$8.3 MILLION IN NEEDED MEDICATIONS. ADDITIONALLY,

CMAP ASSISTED 341 INDIVIDUALS GAIN ACCESS TO FREE MEDICAL SCREENINGS

FOR BREAST, COLORECTAL AND CERVICAL CANCERS, COACHED 336 CLIENTS AS

PART OF ITS HEALTHY LIFESTYLE PROGRAM, AND COUNSELED 247 INDIVIDUALS AS

PART OF ITS TOBACCO CESSATION PROGRAM. CMAP'S ACTIVITIES AS DESCRIBED

ARE CARRIED OUT FOR THE BENEFIT OF ITS SUPPORTED ORGANIZATION, THE

RAPIDES FOUNDATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR A WHOLESALE COST SAVING TO PATIENTS OF APPROXIMATELY \$6.3 MILLION.

IN DECEMBER 2013, UPON THE DISCONTINUATION OF SERVICES AT THE LOCAL

STATE HOSPITAL SERVING THE INDIGENT, CMAP CONTRACTED WITH RAPIDES

REGIONAL MEDICAL CENTER (RRMC) TO PROVIDE OUTPATIENT PHARMACY SERVICES

TO THE PATIENTS OF OUTPATIENT CLINICS ESTABLISHED BY RRMC FOR PATIENTS

OF THE FORMER STATE HOSPITAL. DURING 2016, CMAP PROVIDED 11,904 FREE

PRESCRIPTION MEDICATIONS TO 2,340 PATIENTS OF THESE CLINICS, SAVING

THEM ABOUT \$4.5 MILLION FROM WHOLESALE PRICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PHYSICAL ACTIVITY. IN 2016, 336 PATIENTS PARTICIPATED IN THE CMAP

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

Schedule O (Form 990 or 990-EZ) (2016)

HEALTHY LIFESTYLES PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CMAP PATIENT ASSISTANCE PROGRAM SPECIALISTS BRING THE RAPIDES

FOUNDATION'S TOBACCO PREVENTION AND CONTROL INITIATIVE INTO THE SAME

PHYSICIAN OFFICES THEY SUPPORT FOR MEDICATION ACCESS. BY PROVIDING

TRAINING AND MATERIALS TO PHYSICIANS AND THEIR STAFF ABOUT SMOKING

CESSATION REFERRAL RESOURCES, THE SPECIALISTS MAKE IT EASY FOR DOCTORS

TO ENCOURAGE THEIR PATIENTS TO STOP SMOKING. IN LATE 2014, CMAP

PARTNERED WITH THE LOUISIANA SMOKING CESSATION TRUST TO PROVIDE TOBACCO

CESSATION COUNSELING TO INDIVIDUALS IN ITS SERVICE AREA. DURING 2016,

247 INDIVIDUALS PARTICIPATED IN COUNSELING. CMAP EXTRA, A

PRESCRIPTION-SAVINGS PROGRAM DESIGNED TO HELP LOWER FAMILIES'

MEDICATION COSTS, IS AVAILABLE TO EVERYONE REGARDLESS OF AGE OR INCOME.

DURING 2016, 172 NEW INDIVIDUALS WERE ENROLLED IN THE PROGRAM FOR A

TOTAL OF 10,036 PARTICIPANTS, AND 1,219 PRESCRIPTIONS WERE FILLED, FOR

A TOTAL RETAIL SAVINGS OF \$171,475.

EXPENSES \$ 101,208. INCLUDING GRANTS OF \$ 0. REVENUE \$ 16,927.

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

THE RAPIDES FOUNDATION, CMAP'S SUPPORTED ORGANIZATION, IS THE SOLE MEMBER
OF CMAP.

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

AS SOLE MEMBER OF CMAP, THE RAPIDES FOUNDATION APPOINTS THE BOARD MEMBERS

OF CMAP THROUGH ACTION OF THE FOUNDATION'S TRUSTEE BOARD. EACH CMAP TRUSTEE

IS ELECTED FOR A THREE-YEAR TERM.

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

Name of the organization CMAP EXPRESS

Employer identification number 02-0751416

THE ONLY POWERS RESERVED TO THE MEMBER (THE RAPIDES FOUNDATION) ARE THE

APPOINTMENT OF BOARD MEMBERS AND THE FINAL APPROVAL OF ANY AMENDMENT TO OR

REPEAL OF CMAP'S ARTICLES OF INCORPORATION OR BYLAWS.

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

A FINAL COPY OF THE CMAP FORM 990 IS FURNISHED TO THE AUDIT COMMITTEE OF
THE RAPIDES FOUNDATION BOARD (TRF), CMAP'S SUPPORTED ORGANIZATION, FOR
REVIEW AND APPROVAL, AND A MEETING IS HELD TO DISCUSS THE FORM 990 IN
DETAIL. THE MEETING IS ATTENDED BY STAFF THAT ASSISTED IN COMPILING THE
FORM, AS WELL AS, REPRESENTATIVES OF THE EXTERNAL ACCOUNTING FIRM WHO
COMPILED THE FORM. ALL TRF AND CMAP BOARD MEMBERS RECEIVE THE FINAL FORM
990 COPY FOR REVIEW WHEN IT IS SENT TO THE AUDIT COMMITTEE, AND ALL BOARD
MEMBERS ARE INVITED TO ATTEND THE AUDIT COMMITTEE MEETING TO DISCUSS AND
REVIEW THE FORM.

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

THE RAPIDES FOUNDATION, CMAP'S SUPPORTED ORGANIZATION, HAS BOTH A "STAFF CODE OF ETHICS AND CONDUCT" AND A "TRUSTEE CODE OF ETHICS AND CONDUCT,"

BOTH OF WHICH DEFINE AND DESCRIBE ACTIONS TO BE TAKEN IN THE EVENT OF

CONFLICTS OF INTEREST. CMAP OPERATES UNDER THE RAPIDES FOUNDATION POLICIES

AND PROCEDURES, AND ITS EMPLOYEES ARE LEASED FROM THE RAPIDES FOUNDATION.

THE "STAFF CODE OF ETHICS AND CONDUCT" IS MONITORED AND ENFORCED THROUGH

ORGANIZATIONAL PROCEDURES, CONTROLS AND DAILY SUPERVISION OF EMPLOYEES BY

THE NEXT LEVEL OF MANAGEMENT. THE "TRUSTEE CODE OF ETHICS AND CONDUCT" IS

MONITORED AT EACH BOARD MEETING, BECAUSE THE FIRST AGENDA ITEM IS ONE IN

WHICH BOARD MEMBERS ARE ASKED TO DISCLOSE ANY POTENTIAL CONFLICTS WITH

LISTED AGENDA ITEMS. A MEMBER THAT HAS A POTENTIAL CONFLICT OF INTEREST

WITH A MATTER THAT COMES BEFORE THE BOARD OR COMMITTEE IS REQUIRED TO LEAVE

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization CMAP EXPRESS

Employer identification number 02-0751416

THE ROOM BEFORE THE MATTER IS DISCUSSED, AND A MAJORITY VOTE OF THE REMAINING DISINTERESTED BOARD MEMBERS DETERMINE WHETHER A CONFLICT ACTUALLY EXISTS. IF A CONFLICT IS DETERMINED TO EXIST, THEN THE CONFLICTED MEMBER IS NOT ALLOWED TO BE PRESENT DURING BOARD DISCUSSION AND VOTE ON THE ISSUE CREATING THE CONFLICT. EACH YEAR, BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE TO DISCLOSE BUSINESS AND PERSONAL RELATIONSHIPS THAT COULD BE POTENTIAL CONFLICTS OF INTERESTS.

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

THE RAPIDES FOUNDATION IS A SUPPORTED ORGANIZATION OF CMAP. THE FOUNDATION PROVIDES EMPLOYEES TO CMAP THROUGH A LEASE AGREEMENT. IT ALSO EMPLOYS CMAP'S PROGRAM MANAGER. THE RAPIDES FOUNDATION BOARD COMPENSATION COMMITTEE IS COMPOSED OF THE INDEPENDENT MEMBERS OF ITS EXECUTIVE COMMITTEE. THE COMMITTEE PERIODICALLY ENGAGES A THIRD-PARTY COMPENSATION CONSULTANT TO PROVIDE MARKET INFORMATION CONCERNING PAY AND BENEFITS AND MAKES COMPENSATION STRUCTURE RECOMMENDATIONS FOR ALL RAPIDES FOUNDATION POSITIONS AS WELL AS POSITIONS FOR ITS SUPPORTING ORGANIZATIONS. THE CONSULTANT IS PROVIDED WITH JOB DESCRIPTIONS FOR ALL JOB POSITIONS. THE CONSULTANT THEN COMPARES THOSE JOBS WITH SIMILAR POSITIONS AT SIMILAR TYPES AND SIZES OF ORGANIZATIONS. THE CONSULTANT MEETS WITH THE COMPENSATION COMMITTEE AND PROVIDES THE COMPARISON DATA, ALONG WITH THEIR RECOMMENDATIONS FOR PAY RANGES FOR EACH POSITION (MINIMUM, MIDPOINT, MAXIMUM). RECOMMENDATIONS ARE BASED UPON MARKET AVERAGES OF SIMILAR TYPES AND SIZES OF ORGANIZATIONS. ININTERIM YEARS, INCREASES IN PAY RANGES ARE RECOMMENDED TO THE BOARD BY MANAGEMENT, BASED ON SURVEY INFORMATION OF SIMILAR ORGANIZATIONS.

THE CEO AND TWO DIRECTORS OF THE RAPIDES FOUNDATION ARE CONSIDERED KEY EMPLOYEES. THE CEO RECOMMENDS THE PAY FOR THE TWO DIRECTORS AND A SALARY

BCMA0251

632212 08-25-16

37

Name of the organization CMAP EXPRESS	Employer identification number 02-0751416
BUDGET FOR THE REMAINING EMPLOYEES OF THE RAPIDES FOUNDAT	ION AND ITS
SUPPORTING ORGANIZATIONS TO THE COMPENSATION COMMITTEE FO	R APPROVAL. THE
COMPENSATION COMMITTEE INDEPENDENTLY DISCUSSES ITS RECOMM	ENDATIONS FOR CEO
PAY. MINUTES OF ALL MEETINGS ARE RECORDED AND MAINTAINED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE RAPIDES FOUNDATION, CMAP'S SUPPORTED ORGANIZATION, MA	KES ITS STAFF CODE
OF ETHICS AND CONDUCT, TRUSTEE CODE OF ETHICS AND CONDUCT	, AND ANNUAL
REPORT (INCLUDING FINANCIAL STATEMENTS) AVAILABLE ON ITS	WEBSITE AT
WWW.RAPIDESFOUNDATION.ORG. THE CMAP WEBSITE LINKS TO THE	RAPIDES FOUNDATION
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

CMAP EXPRESS

Employer identification number 02-0751416

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
		150			

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	
THE RAPIDES FOUNDATION - 72-0423603				501(c)(3))		Yes	No
1101 FOURTH STREET, SUITE 300							
ALEXANDRIA, LA 71301	HOSPITAL	LOUISIANA	501(C)(3)	LINE 3	N/A		Х
THE ORCHARD FOUNDATION - 87-0730768							
1101 FOURTH STREET, SUITE 300					THE RAPIDES		
ALEXANDRIA, LA 71301	EDUCATION	LOUISIANA	501(C)(3)	LINE 12A, I	FOUNDATION		X

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

<u>Schedule R (Form 990) 2016</u> <u>CMAP EXPRESS</u> 02-0751416 Page 2

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

organizations trouted as a partitioning starting tro-tart year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	Percentage ownership
		country)		sections 512-514)		455515	Yes No	K-1 (Form 1065)	Yes No	
RAPIDES HEALTHCARE SYSTEM LLC										
- 61-1267229, 211 4TH STREET,										
ALEXANDRIA, LA 71301	HOSPITAL	LA	N/A	RELATED	0.	0.	X	N/A	X	.00%

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CIII	
		country)						Yes	No
									_
]								
	1								
	•	10	•	•					

Page 3

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
			•						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
b	b Gift, grant, or capital contribution to related organization(s)				1b		X		
С	c Gift, grant, or capital contribution from related organization(s)				1c	X			
d	d Loans or loan guarantees to or for related organization(s)				1d		X		
е	e Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)				1f		X		
	g Sale of assets to related organization(s)				1g		X		
	h Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
·									
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	4			11		X		
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
	Sharing of paid employees with related organization(s)				10		X		
	3 (/								
g	Reimbursement paid to related organization(s) for expenses				1p		Х		
	Reimbursement paid by related organization(s) for expenses				1a		X		
-	1								
r	Other transfer of cash or property to related organization(s)				1r		Х		
s	S Other transfer of cash or property from related organization(s)				1s		X		
2									
	(a) Name of related organization (b) Transactio type (a·s)	on	(c) Amount involved	(d) Method of determining amount inv	olved				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
3216	163 09-06-16 41			Schedule I	R (For	n 990)	2016		

<u>Schedule R (Form 990) 2016</u> <u>CMAP EXPRESS</u> 02-0751416 <u>Page 4</u>

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all partners sec 501(c)(3) orgs.?	Share of	Share of	Dispropor	- Code V-UBI	General or	Percentage
of entity	Trimary donvicy	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	tionate	amount in box 20	managing	ownership
o. o,		country)		orgs.?		assets	Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	
		**	00000010012011)	Yes No			Yes No	(1 01111 1000)	Yes No	
				\vdash			\perp		++	
							1 1			
				\vdash			+	+	+	
							+ +		+ + -	