Return of Organization Exempt From Income Tax

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

Inspection

Department of the Treasury Internal Revenue Service

SCANNED AUG 2 1 2018

JSA 7E1010 1 000 8967FL B00A 6/25/2018

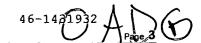
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▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A F	or th	e 2017	calendar year, or tax year	r beginning		, 2017	, and en	ding			, 20	
			C Name of organization						D Employer ide	ntifica	tion number	
BC	heck of a	pplicable	BEN CURTIS FAM	ILY FOU	NDATION				46-143	193	2	
	Addre	:55 10	Doing business as									
	7	change	Number and street (or P O	box if mail is r	ot delivered to street ad	dress)	Room/su	ute	E Telephone nu	mber		
	Instial	return	6060 PARKLAND	BLVD.			100		(216) 91	6-8	420	
		return/	City or town, state or provi	nce, country, a	nd ZIP or foreign postal	code	L					
	Amen	ded	CLEVELAND, OH	44124					G Gross receipt	s\$	186,261.	
	Application Pending F Name and address of principal of				BEN CURTIS				H(a) is this a gro			
L	_] persor	710	6060 PARKLAND	BLVD.10		ОН 44124		43	subordinate H(b) Are all subor		cluded? Yes No	
1	Tax-ex	empt str		501(c) () ◀ (insert no)	4947(a)(1)		1537	1 ' '		ist (see instructions)	
		te· ▶		301(0)((iliselt ilo)	4947(8)(1)	01	32.1	H(c) Group exen		,	
_		of organ		Trust	Association Othe	er 🕨	TI V	ear of format	tion 2012 M			
			mmary	Trust 17	ASSOCIATION Othe			ear or iornia	HOIT ZOIZ M	State	or regar domicile C11	
	1		describe the organization	·····		TO PR	OVIDE	FOOD F	FOR LOCAL	CHI	LOREN WHO	
4	'		NOT HAVE FOOD F					1000	ON BOCKE		I DDR. WILO	
2			NOT HAVE FOOD F	OK BONCI	I, DINNER, O	K WEEKENE	· · · · · ·					
Ē	_											
Governance	2		this box 🕨 if the org	-	•	•				1 1	2	
	3		er of voting members of th							3	2.	
Se	4		er of independent voting m							4		
ctivities &	5		number of individuals empl							5	0.	
# 5	6	Total	number of volunteers (estim	nate if necess	ary)	٠٠٠٠)				6	6.	
⋖			inrelated business revenue			2	\.			7a	0.	
	<u>b</u>	Net ur	related business taxable in	ncome from F	orm 990-T, line 34 \		<u></u>			7b		
							\{\{\tau}\}	ļ	Prior Year		Current Year	
<u>a</u>	8	Contri	butions and grants (Part VI	ll, line 1h)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	· " · JG//j · .	/ <u>;š</u> /· ·		39,4	\rightarrow	92,218.	
nu	9	Progra	0.	0.								
Revenue	10	Invest	butions and grants (Part VI am service revenue (Part VII ment income (Part VIII, col revenue (Part VIII, column evenue - add lines 8 throu		0.	0.						
u.	11	Other	revenue (Part VIII, column	(A), lines 5,		37,1		-14,116.				
	12	Total	evenue - add lines 8 throu	igh 11 (must	equal Part VIII, cõlun	nn (A), line 12).			76,5	94.	78,102.	
	13		s and similar amounts paid							0.	0.	
	14	Benef	its paid to or for members (Part IX, colur	nn (A), line 4)					0.	0.	
∞ :	15	Saları	es, other compensation, er	nployee bene	fits (Part IX, column	(A), lines 5-10)				0.	24,221.	
Expenses	16 a	Profes	ssional fundraising fees (Pa	rt IX, column	(A), line 11e),					0.	0.	
e.			fundraising expenses (Part			(" " " " " " " " " " " " " " " " " " "		ķź.		
ŵ			expenses (Part IX, column						47,3	93.	17,105.	
			expenses Add lines 13-17						47,3	93.	41,326.	
	19		ue less expenses Subtrac						29,2	01.	36,776.	
2 8					<u>,,</u>				ning of Current	$\overline{}$	End of Year	
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)						245,4	67.	282,702.	
Ass Ba	21		iabilities (Part X, line 26)					I .		0.	459.	
¥.5	22		sets or fund balances Sul						245,4	67.	282,243.	
	rt II		nature Block	Der doc into 21		<u> </u>	• • • •	• • •				
			of perjury, I declare that I have	e examined this	return including acc	ompanying sched	lules and	statements.	and to the best of	of my l	nowledge and belief, it is	
			complete Declaration of prepa									
			10-1		TASTY	1			09/1	5/2	018	
Sig	n		Signature of officer		7				Date			
He	e		BEN CURTIS			PRESI	ENT		6-26-	K		
			Type or print name and trile			TRESTI	, 1		000	-		
		<u> </u>	Type or print name and title Type preparer's name		Preparer's signature		Date		7	1.16	PIN	
Paic	ł	1	HARD M WEINBERG		// / /				Check 8 self-emplo	J"	P00909833	
Pre	oarer		FCM CADIM	AT MARIA	EMENE IIC		103	/14/201				
Use	Only	\vdash	name FSM CAPITA						Firm's EIN ▶ 26-0255797 Phone no 216-916-8420			
	. 45		address >6060 PARKLAND				,		1			
Ma	tne		scuss this return with the			ee instructions)	• • • • •	<u> </u>	· · ·	. X Yes No	

For	m 990 (2017)	Page 2
Pa	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	
	TO PROVIDE FOOD FOR LOCAL CHILDREN WHO MAY NOT HAVE FOOD FOR LUNCH,	
	DINNER, OR WEEKENDS.	
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	No No
	Did the organization cease conducting, or make significant changes in how it conducts, any program	No
	If "Yes," describe these changes on Schedule O	_
	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
	(Code) (Expenses \$ 249. including grants of \$) (Revenue \$) DISTRIBUTION OF FOOD TO LOCAL CHILDREN IN NEED.	
		
4 b	(Code) (Expenses \$including grants of \$) (Revenue \$)	
		
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e JSA	Total program service expenses ► 249.	(2047)



Part	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,"	-	168	
1	complete Schedule A	1	\mathbf{x}	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		$\neg \uparrow$	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	- 1	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	1	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	}	ļ	
	"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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		İ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		4.5	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		Х
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated inflaticial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	···		
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		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		X
	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	Į]]	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19	لـــا	Х

Part	Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	•	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		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_
_	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
LJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		>
. 7	·	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			i
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		}
10	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	~~~	· ;	
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)	 28a	`. ·	ٍ ۲
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		-
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		>
_	Schedule L, Part IV.	200		_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
20		29	 -	, X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30)
	conservation contributions? If "Yes," complete Schedule M	30	ļ	-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		١,
	Part I	31		Ľ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		١,
	complete Schedule N, Part II	32	 	- -
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		}
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			١,
	or IV, and Part V, line 1	34	 	2
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			j
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			١
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	2
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,	1	1	
	Part VI	37	<u> </u>	2
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1	l	}
	19? Note. All Form 990 filers are required to complete Schedule O	38_		<u> </u>
		E 0	990	120

Pan				
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	Yes	No
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- J N	250	
	Enter the number reported in Box 3 of Form 1096 Enter 40-11 not applicable.			12.0
	2. No the hamber of the mine to 20 monages in mine to 2 monages in the capping and the capping	3,77		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	2367 E	225	ئىدىنىڭۇرسىرى <u>.</u>
_	reportable gaming (gambling) winnings to prize winners?	1c St.	} <u>*</u>	75%
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return.	27.		V.T. 36
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		`-x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		 -
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	 -	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ĺ	i '	ł
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			x
	account)?	4a	 ;	12.00
Ь	If "Yes," enter the name of the foreign country ▶	23'	1,50	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1	1
	(FBAR)	ρ - 'È ·	~	- '- '- '- '- '- '- '- '- '- '- '- '- '-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 -	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 -	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	 -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	├	X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		ļ
	gifts were not tax deductible?	6b		दूवर
	Organizations that may receive deductible contributions under section 170(c).	100		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	87 C	1 %	
	and services provided to the payor?	7a	↓	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			, v
	required to file Form 8282?	7c	ļ	X
	If "Yes," indicate the number of Forms 8282 filed during the year	3. Y		~ `
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├ ──	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	├	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	├ -	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ.,	\
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		- 4 ,2" \	۱ . ř.
	sponsoring organization have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.	5		100
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	├	ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	ļ <u>.</u>
10	Section 501(c)(7) organizations. Enter		* * * * * * * * * * * * * * * * * * *	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Initiation fees and capital contributions included on Part VIII, line 12			13.3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 3 2 1 5 9 5 2		图念
11	Section 501(c)(12) organizations. Enter		1 2 - 3 c	机设
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1 3	
	against amounts due or received from them)		1	1(3)
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1300	Call L	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		178.35	(S), 3
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	34 75 °	ا فری	8.
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 4	1	175,000
	the organization is licensed to issue qualified health plans	1.00	操 、	13%
С	Enter the amount of reserves on hand	343	P. 3.	12.5.2
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u>L.</u>
ISA	2 4 600	For	n 990	(2017

	90 (2017) BEN CURTIS FAMILY FOUNDATION 46-143			age 6
<u>Part</u>				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	• • •	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	EX.	147 A	
	If there are material differences in voting rights among members of the governing body, or	10.7		ر د طوی در د در می مواد در
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	36.3		
b	Enter the number of voting members included in line 1a, above, who are independent	7.3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		-43 /2
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>,</i> 4		7a		Х
L	one or more members of the governing body?			
U	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		7	हर्म । इ.स.
0	•		,	
_	the year by the following	8a	•	X
a	The governing body?	8b		X
ь	Each committee with authority to act on behalf of the governing body?	-00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)	
<u>occu</u>	on b. I oncies (This Section B requests information about policies not required by the internal Nevento	0000	Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	100		
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10ь		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		<u>x</u>
11a		>/ \>".		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	*\2	X
12a	· · · · · ·	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	42h		
	rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
4	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		-
15	Did the process for determining compensation of the following persons include a review and approval by		- 3	٠ الأراث الإراث
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		, SA "OF
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	
b	Other officers or key employees of the organization	15b	314 -	21 × 3
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	13.85	() Sec	g = 2 .
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		^ ^	X
	with a taxable entity during the year?	16a	21,0	3'
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1/2
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ا د د د	. 2 ⁸⁶ 2.
	organization's exempt status with respect to such arrangements?	16b	Щ.	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inf	erest	policy	and

State the name, address, and telephone number of the person who possesses the organization's books and records ► FSM CAPITAL MANAGEMENT LLC 6060 PARKLAND BLVD STE 100 CLEVELAND, OH 44124 216-916-8420 20

financial statements available to the public during the tax year

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unle: er an	Pos heck ss pe	erson Irrect	e than cous both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	1 14 =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)HERB PAGE	0.						!			
DIRECTOR		Х						0.	0.	0.
(2)SARA BEATTY	0.		Ţ							
DIRECTOR		1 x						0.	0.	0.
(3)BENJAMIN CURTIS	0.									
PRESIDENT/DIRECTOR				Х				0.	0.	0.
(4)CANDACE CURTIS	0.									
VICE PRESIDENT/DIRECTOR]	<u> </u>	Х				0.	0.	0.
(5)DAVE LIGHTNER	0.		Г							
TREASURER/SECRETARY				Х				0.	0.	0.
(6)		-								
(7)		-				<u> </u>				
(8)										
(9)				-						_,,,,
(10)										
(11)			-							
(12)			 							
(13)										
(14)										

Form 990 (2017)

	_		1

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and F	ligi	hest Compensat	ed Employ	ees (c	ontinued)
' (A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson	e than on is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations		n from amou ons compe	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		organ and i	n the ization elated izations
											·	
1b Sub-total	ection A						* * *	0.		0. 0.		0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				ге	ceived more than	\$100,000 d	of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulet Sch											3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	eater than	\$15	0,0	007) <i> </i>	"Yes	, "	complete Schedu	le J for s	such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satı	on	fron	n any	un	related organizati	on or indivi	dual	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization Report of year												
(A) Name and business add	tress							(B) Description of se	ervices		(C) Compensa	ation
							1					
					-		-					
2 Total number of independent contractors (iii							e I	isted above) who	received	14.		

Form 990 (201			46-14319	32 Page 9				
Pa	rt VIII	Statement of Rev	enue				•	
		Check if Schedule O	contains a respor	se or note to ar	ny line in this Part \	√III		
To the second se	(A)				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	the state of the s	92,218.	92,218.			
Program Service Revenue	2a b c d e f	All other program service Total. Add lines 2a-2f	 		The second secon		artist In Donald I - 1	Martin to some Ann
	4 5	investment income (and other similar amounts income from investment Royalties	of tax-exempt bond	proceeds . ▶	0.			The second secon
	6a b c d	Gross rents	(i) Securities		0.			
	b c d	assets other than inventor Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			0.			
Other Revenue	8a b	Gross income from fundevents (not including \$ of contributions reported of See Part IV, line 18 Less direct expenses	on line 1c)	108,159.	-14,116.			
	b	Net income or (loss) from Gross income from gami See Part IV, line 19 Less direct expenses Net income or (loss) from	ng activities					
	10a b	Gross sales of inverteurns and allowances. Less cost of goods sold. Net income or (loss) from	entory, less a		0.			
	11a b	Miscellaneous Rev		Business Code				Nauf Francisco

JSA 7E1051 1 000

Form **990** (2017)

46-1431932

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations mus				
	Check if Schedule O contains a resp	 — — — — — — — — — — — — — — — — — —		(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.		, , , , , , , , , , , , , , , , , , ,	<u> </u>
6	trustees, and key employees				
_	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0. 22,500.		22,500.	
	Other salaries and wages	22,500.		22,300.	
	section 401(k) and 403(b) employer contributions) Other employee benefits	0. 1,721.		1,721.	
	Payroll taxes	0.		1,721.	
b	Management	2,650.		2,650.	
d	Accounting Lobbying Professional fundraising services See Part IV, line 17.	0.		Make the party of	
1	Investment management fees	0.	v	3 300 3	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.			
	Advertising and promotion	372. 0.		372.	
	Information technology	0.			
16	Occupancy	0. 0.			, , , , , , , , , , , , , , , , , , , ,
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 20	Conferences, conventions, and meetings Interest	0. 0.			
21 22	Payments to affiliates	0. 0.			
23 24	Insurance	0.			
	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)				
-	POSTAGE OFFICE SUPPLIES	428. 8,892.	8 × 3400 11 2000 1100 00	428. 8,892.	7.4
_	FOOD	249.	249.	5,052.	
-	BANK SERVICE CHARGES	334.		334.	
-	All other expenses ATCH 2	4,180.		4,180.	
25	Total functional expenses. Add lines 1 through 24e	41,326.	249.	41,077.	
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				

ο.

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Beginning of year End of year 0. 0. 1 282,702. 245,467 2 2 0. 0. 3 3 0. 0. 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 0 0. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary n. 0 organizations (see instructions) Complete Part II of Schedule L 6 0. 0 7 0. 0. 8 0 0. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 0 10c 0. b Less accumulated depreciation. 10b 0. n 11 11 0 0. 12 12 ō. 0. 13 13 0. 14 14 Ο. 0. 15 15 282,702. 245,467. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Ō. 0. 17 17 0. 0. 18 18 0. 0. 19 19 Ō. 0. 20 20 0. 0. 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 0 0. 22 0. 0 23 Secured mortgages and notes payable to unrelated third parties 23 0. 0. Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 0. 459. 25 0. 459. Total liabilities. Add lines 17 through 25..... 26 26 Organizations that follow SFAS 117 (ASC 958), check here **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 5 complete lines 30 through 34. Assets n n 30 30 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 282,243. 245,467. Retained earnings, endowment, accumulated income, or other funds 32 32 Šet 282,243. 245,467. 33 33 245,467. 34 282,702. 34 Total liabilities and net assets/fund balances......

Form 990 (2017)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form 990 (2017)

3a

Х

Schedule O

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Nam	e of ti	ne organization					Employer identifi	cation number
BE	N C	URTIS FAMILY FOUNDA	ATION				46-14319	32
Pa	rt I	Reason for Public Cha	arity Status (All o	organizations must d	omplet	e this pa	rt) See instructions	
The	orga	anization is not a private fou	indation because it	is (For lines 1 through	gh 12, ch	eck only o	one box.)	
1		A church, convention of ch	urches, or associat	tion of churches descr	ribed ın s	ection 17	70(b)(1)(A)(i).	nl
2	\square	A school described in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990-	-EZ))	
3	\square	A hospital or a cooperative	hospital service of	rganization described	ın sectio	n 170(b)((1)(A)(iii).	
4		A medical research organiz	zation operated in (conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
	_	hospital's name, city, and s	tate					
5		An organization operated	for the benefit of	a college or universit	y owned	d or oper	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (0	Complete Part II)					
6		A federal, state, or local go	overnment or gover	rnmental unit describe	d in sect	ion 170(l	o)(1)(A)(v).	
7	X	An organization that norm	ally receives a sub	stantial part of its su	pport fro	om a gov	ernmental unit or fro	om the general public
		described in section 170(b)(1)(A)(vi). (Comple	ete Part II)				
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete	Part II)			
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix) (operated	in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions) Ei	nter the n	ame, city, and state of	the college or
		university.						
10		An organization that normal receipts from activities rela support from gross investmacquired by the organization	ited to its exempt for ment income and ur	unctions - subject to o nrelated business tax	certain e able inco	xceptions me (less	s, and (2) no more that section 511 tax) from	n 331/3 %of its
11		An organization organized	· ·	•	-			
12		An organization organized						•
		of one or more publicly su	• •				, , , ,	, , , ,
	·	Check the box in lines 12a t	_		•		•	
а			anızatıon operated,	, supervised, or contr	olled by	its suppo	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		$_{ extstyle \neg}$ supporting organization `	•	-				
b		Type II A supporting org	•				• • •	
		control or management of		-	the sam	e person	s that control or man	age the supported
	Γ	organization(s) You must						
С	L.,	Type III functionally inte	= :					ly integrated with,
	г	ts supported organization		· ·				
d	L_	Type III non-functionally	•		•		• •	• , ,
		that is not functionally into			_			l an attentiveness
	_	requirement (see instruct	•	-				
e	L	_ Check this box if the orga						I, Type III
£	Ent	functionally integrated, or	• •		porting o	organizati	on	[]
,		ter the number of supported	-					
9		ovide the following information are of supported organization	(ii) EIN	(iii) Type of organization	(5.4) to 15.5	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	arrie or supported organization	(11) 2.14	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)]		
								
(B)						-		п
					† · · · · ·			
(C)								
(D)	•							
رد _ا					ļ			
(E)								
			85 at 10 at 10	460 Jan 1948 Sales of 1 100 125	1 Japan 1 Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·	
Tota	al				(本)。 (大)。 (大)。 (大)	1. (A) 2. (B)		

	dule A (Form 990 or 990-EZ) 2017						Page Z
Pai							
	(Complete only if you checked Part III) If the organization fa						ny unaer
500		iis to quality ui	ilder the tests	iisted below, p	nease comple	te rait iii)	
	tion A. Public Support	(2) 2012	(b) 2014	(=) 2015	(4) 2016	(a) 2017	(B Total
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	194,723.	55,046.	131,676.	176,096.	186,261.	743,802.
	include any "unusual grants ")	151,725.	33,040.	131,070.	170,030.	100,201.	743,602.
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
	·						············
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	194,723.	55,046.	131,676.	176,096.	186,261.	743,802.
5	The portion of total contributions by	建筑等等的	原性 机合金属	ないまない。 これは (製造)(は) たい変数の製造 で呼吸しいる。	and Armanian James 1	SANCE CONTRACTOR	
	each person (other than a					电影 感觉	
	governmental unit or publicly				学的表现的		
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4		SWA SWA	The state of the state of		for the second	743,802.
Sec	tion B. Total Support	· ֈ					· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	194,723.	55,046.	131,676.	176,096.	186,261.	743,802.
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0.
9	Net income from unrelated business						
	activities, whether or not the business			•			_
	is regularly carried on	<u></u>				-	0.
10	Other income Do not include gain or		}				
	loss from the sale of capital assets				:		0.
11	(Explain in Part VI)	97 8 82 1 1 9 X	77 F 11 - 34 T 7		The state of the s	Residence of the second	743,802
12	Gross receipts from related activities, etc. (1	12	143,002
13		•			or fifth toy yo		ED1(a)(2)
13	First five years. If the Form 990 is to organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2017 (I	ine 6, column (f) divided by line	11, column (f)).		14	%
15	Public support percentage from 2016	•					%
16a	331/3% support test - 2017. If the or						neck this
	box and stop here. The organization of	qualifies as a put	blicly supported	organization			▶ 🛄
b	331/3% support test - 2016. If the or	ganization did n	ot check a box	on line 13 or 16	Sa, and line 15 i	s 331/3 % or mor	e, check
	this box and stop here. The organizate	ion qualifies as a	a publicly suppo	rted organizatio	on		▶ 📙
17a	10%-facts-and-circumstances test -	2017. If the org	ganization did n	ot check a box	on line 13, 16	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	n meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd <mark>stop here</mark> . E	xplaın ın
	Part VI how the organization meets	the "facts-and-o	circumstances" t	est The organ	ızatıon qualıfıes	as a publicly si	upported
	organization						▶ 🔲
b	10%-facts-and-circumstances test -	2016. If the or	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the org	anization meets	s the "facts-an	d-circumstances	" test, check t	his box and sto	op here.
	Explain in Part VI how the organizat				~	•	
	supported organization		. .				▶ 🔲

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

Part III	Support S	chedule for	· Organizations	Described in S	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)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	ļ,					
2	Gross receipts from admissions, merchandise			<u> </u>		/	
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the				/		
	organization's tax-exempt purpose				/		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	,			/		
4	Tax revenues levied for the				7		
-	organization's benefit and either paid to]	
	or expended on its behalf			,	/	[[
5	The value of services or facilities			/			
•	furnished by a governmental unit to the					1	
	organization without charge			/		l l	
e				/			
6 7a	Total. Add lines 1 through 5		 	/			
ı a	Amounts included on lines 1, 2, and 3			/			
b	received from disqualified persons Amounts included on lines 2 and 3			 /			
	received from other than disqualified			1		1	
	persons that exceed the greater of \$5,000		,	ľ			
	or 1% of the amount on line 13 for the year		/				
	Add lines 7a and 7b	81 1 T T T T T T T T T T T T T T T T T T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (2012) 3 x 3 (44)	1. / 2	A 47 1 100 500	
8	Public support. (Subtract line 7c from						
	line 6)			S . S . S . S . S . S . S . S . S . S .	. Y . Start .		
	tion B. Total Support	(a) 2012	(b),2014	(c) 2015	(d) 2016	(0) 2017	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2013	(0),2014	(6) 2015	(u) 2010	(e) 2017	(1) Total
9 10 a	Amounts from line 6,		/				
	sources		/				
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975	/]	
C	Add lines 10a and 10b	<i></i>					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
	carried on	/		 			<u> </u>
12	Other income Do not include gain or	/		ļ		[
	loss from the sale of capital assets	/					
	(Explain in Part VI)	-/	 	 	 		
13	Total support. (Add lines 9, 10c, 11,	/					
	and 12)		<u> </u>	L	L	L	
14	First five years If the Form 990 is t	1					· ¬
	organization, check this box and stop here			<u></u>	<u></u>	 	<u>.,,,,▶</u>]
	tion C. Computation of Public Sup			(0)	· -		0/
15	Public support percentage for 2017 (line 8		-			15	<u>%</u>
16	Public support percentage from 2016,Scho			· · · · · · · · ·	<u>,</u>	16	%
	tion D. Computation of Investmen					<u> </u>	
17	Investment income percentage for 2017 (in						<u>%</u>
18	Investment income percentage from 2016						%
19 a	331/3% support tests - 2017. /if the or						1 1
	17 is not more than 331/3 % check th						
b	331/3% support tests - 2016 / If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 ii	s more than 331/	3 %, and
	line 18 is not more than 33/1/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	, check this be	ox and see instr	uctions >
JSA						Schedule A (Form 9	90 or 990-EZ) 2017

T. .

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
- 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?
- 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)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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.
- 10 a 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
.		Yes	No No
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	ne A (Form 990 or 990-EZ) 2017		<u> </u>	Page 3
Part	Supporting Organizations (continued)		V	I NI S
4.		اعر م	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	الد مجتورين ا	195 G	12.14
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	(5,76 3) (1226-C	100 - Train	25.3
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		<u>L</u>
Secti	ion B. Type I Supporting Organizations			
		r	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	3 70	14. 14.4 14.4	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	, ;	7 (2)	,,, '
	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,	1.		Ì .
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	, /	١,٠,	٠.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	~ · · ·)
•		3.0	. 24	200
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		,	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	74 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		M.E.
	supervised, or controlled the supporting organization	2	1 42 , ≥€	Day 1
Sacti	on C. Type II Supporting Organizations		L	——
Secti	on C. Type if Supporting Organizations		Yes	No
		<u>. </u>	103	344
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	83k	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		-2 15 5 -2 15 5	
	or management of the supporting organization was vested in the same persons that controlled or managed	25112	~ . ".j."	1
	the supported organization(s)	1		L
Secti	ion D. All Type III Supporting Organizations			1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	ب مدائم	67 . J];" ;
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	3	793	, A
	the organization's governing documents in effect on the date of notification, to the extent not previously	\$	7 tg 3	15.64
	provided?	_1_		ļ.,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		13	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		2	1 19
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Ţ, Ĉ		1
	significant voice in the organization's investment policies and in directing the use of the organization's	11.27	5 6	1 4
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- w		177
_	supported organizations played in this regard	3		l
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ions)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstru	ctions)
_	Ashruhus Took Austral (a) and (b) halass		Yes	No
2	Activities Test Answer (a) and (b) below.	1,34	1	* '* . *.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		134	1000
	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,	17.50	24	1. 4.
	how the organization was responsive to those supported organizations, and how the organization determined	13.	8.2	82
	that these activities constituted substantially all of its activities	2a		
	·	_	¥ 3.0743	- 1000 x 2 2 "
b		100 m	\$	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	3A 1	1 70 7 W	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2F	127.7	. الأحقي
	activities but for the organization's involvement	2b	الما يويم	1.
3	Parent of Supported Organizations Answer (a) and (b) below.	13	\$ 1. C	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		المدلمة أعسا	41.48
	trustees of each of the supported organizations? Provide details in Part VI.	3a_	H-4,75	1 . 12
b		±2.4%		135° 13
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	L	<u> </u>
	Schedule A (Form	990 0	- 000 5	71 2047

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organi	zation	s must complete Section	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1.35		
instructions for short tax year or assets held for part of year)			A Strategie Control
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	医毒素 医拉克克氏	
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	· 第4次次次 300 100 100 100 100 100 100 100 100 100	,
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			4
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting	organization (see
instructions)	,	•	•

Schedule A (Form 990 or 990-EZ) 2017

	le A (Form 990 or 990-EZ) 2017	S	siana (aantinuad)	Page 7
art	Type III Non-Functionally Integrated 509(a)(3) on D - Distributions	Supporting Organizat	tions (continuea)	
1				Current Year
	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ea	
-	organizations, in excess of income from activity			
<u>3</u>	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		
6				
7	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6	·		
8		Ab		·
0	Distributions to attentive supported organizations to which (provide details in Part VI) See instructions	the organization is resp	oonsive	
9				
10	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	经验的 参加了名的代表	海南海南野 海巴纳特特	
2	Underdistributions, if any, for years prior to 2017		7 7 70 77 77 48 77 1 43 47 74 74 74 74 74 74 74 74 74 74 74 74	TO CONTRACT OF THE PARTY OF THE
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	BENEFIT OF THE STATE OF THE STA			A SI W BE SECTION
b	From 2013	OR A PERSONAL	Mark Comments	
С	From 2014			
d	From 2015	11 1949 (Francisco) (1)		
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			, , , , , , , , , , , , , , , , , , ,
h	Applied to 2017 distributable amount			
į	Carryover from 2012 not applied (see instructions)			1,400 (00 to the 1,500 kg)
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		子子类 经未发出	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
4	Distributions for 2017 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			Significant Control
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4		and the second of the second	
5	Remaining underdistributions for years prior to 2017, if	7.3 (1.5)		
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j			
	and 4c	W &		
8	Breakdown of line 7			3 1 20 7 62 1 - 21/4
a	Excess from 2013		Mark Mary Care 17 - 18	4+44 73+35
b	Excess from 2014		Service with the	The state of the
C	Excess from 2015			
d	Excess from 2016			THE STATE OF THE S
e	Excess from 2017	行的認識的問題的	が、必要など、資料を行動	A THE STATE OF THE STATE OF

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Page 8

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

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2017

Internal Revenue Service Employer identification number Name of the omanization 46-1431932 BEN CURTIS FAMILY FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a ь Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register............... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

Sche	edule D (Form 990) 2017				Page 2
Par	rt III Organizations Maintaining Collec	tions of Art, Hist	orical Treasures	, or Other Simila	
3	Using the organization's acquisition, accessi	ion, and other recor	ds, check any of t	the following that a	ire a significant use of its
	collection items (check all that apply)		_		
а	Public exhibition	d	Loan or exchang	ge programs	
b	Scholarly research	e	Other		
С	Preservation for future generations				
4	Provide a description of the organization's of	collections and expla	in how they furth	er the organization'	s exempt purpose in Part
	XIII				
5	During the year, did the organization solicit or		•	•	
	assets to be sold to raise funds rather than to		rt of the organization	on's collection?	Yes No
Par	rt IV Escrow and Custodial Arrangemei		000 0-41/ 1	- 0	
	Complete if the organization answe 990, Part X, line 21	erea res on Form	1 990, Part IV, Ilin	e 9, or reported an	amount on Form
4-			ani far anniah din		<u> </u>
ıa	Is the organization an agent, trustee, custodia				
ь.	included on Form 990, Part X?				Yes No
b	ii res, explain the arrangement in Part Ain	and complete the loi	owing table	1 ^	mount
С	Reginging halance		4		inount
d	Beginning balance				
e	Distributions during the year				
f	Ending balance				
-	Did the organization include an amount on Fo	orm 990 Part X line	21 for escrow or	·	bility? Yes No
	If "Yes," explain the arrangement in Part XIII				
	rt V Endowment Funds.			, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	e 10	
	(a) Curre			·	rears back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains,				
	and losses				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
9	End of year balance				
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as	
а	Board designated or quasi-endowment	%			
b	Permanent endowment ▶%				
С	Temporarily restricted endowment ▶	%			
_	The percentages on lines 2a, 2b, and 2c short				
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	and administered for	
	organization by				
	(i) unrelated organizations				
L	(ii) related organizations				· · · · · · · · · · · · · · · · · · ·
_	If "Yes" on line 3a(ii), are the related organization				
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment.	e organization's endo	wmentiunds		
	Complete if the organization answ		n 990, Part IV, Iir	e 11a. See Form	990, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	((00.)	(rowing to his to	
b	Buildings	, ,		, , , , , , , , , , , , , , , , , , ,	
C	Leasehold improvements				
d	Faunment				
е	Other				
Tota	al. Add lines 1a through 1e (Column (d) must e	egual Form 990. Part	X. column (B), line	10c) -	

•	BEN CURTIS FAM	MILY FOUNDATION	J	46-	1431932
Schedule D (Form 990) 2017				Page \$
Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990). Par	t IV, line 11b. See Form 990.	. Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	ion
(1) Financi	al derivatives				
	r-held equity interests				
(3) Other_			<u> </u>		
(A)	PANEL CO. C.		<u> </u>		
(B)			ļ		
(C)			ļ	.	
(D)			 		
(E) (F)		···-··			
(F) (G)			 		
(H)			 		
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		大學的	A STATE OF THE STA	2 572-85 57 57 57 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Part VIII		<u> </u>	11/6 745	2. 2. 100 per 3 2. 20. 2. 1. 1. 2. 2. 1. 1. 2. 2. 1. 2. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
	Complete if the organization answered	l "Yes" on Form 990), Par	t IV, line 11c. See Form 990,	, Part X, line 13
	(a) Description of investment	(b) Book value		(c) Method of valua Cost or end-of-year mark	
(1)					
(2)					
(3)					
(4)			<u> </u>	·····	
_(5)			ļ		
(6)					

(8)			-		
(9)	ın (b) must equal Form 990, Part X, col (B) line 13) ▶		25,52,78 45		· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.	l	12 35	2012 B. B. Brown and J. Al warred in all his	
I dit ix	Complete if the organization answered	i "Yes" on Form 990). Par	t IV. line 11d See Form 990	Part X. line 15
		scription		<u></u> ,	(b) Book value
(1)		<u>.:::</u>			
(2)					
(3)					
(4)					
(5)			·		
(6)					-
(7)			· — - · · · · · · ·		
(8)					
(9)	umn (b) must equal Form 990, Part X, col (B) l	ine 15)	_		
Part X	Other Liabilities. Complete if the organization answered line 25.), Par	t IV, line 11e or 11f See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	ле 	CAN SAN SECTION	
	ral income taxes	(,			
	OLL PAYABLE		459.		
(3)					AND THE PROPERTY OF THE PROPER
(4)					
(5)					
(6)					
(7)					
(8)					

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

459.

(9)

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

	le D (Form 990) 2017		Page
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	leturn.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	13 mg/	
a	Net unrealized gains (losses) on investments	1 200 A	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
ď	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c 1	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	is stre	
	Donated services and use of facilities		
a	Prior year adjustments		
b	Other losses		
C	Other (Describe in Part XIII)		
d	Add lines 2a through 2d	2e	
e	· · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	
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	- [] 	
b	Other (Describe in Part XIII)	4c	
С 5	Add lines 4a and 4b	· · · 	
	XIII Supplemental Information.	• • • • • • • • • • • • • • • • • • • •	
	e 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 Pai	t X line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional		,
			-,

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

20**17**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

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Name of the organization Employer identification number BEN CURTIS FAMILY FOUNDATION 46-1431932 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) fundraiser listed in from activity contributions? organization col (i) Yes No 1 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

ran	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,00	t contributions and gros	wered "Yes" on Form 9 ss income on Form 990	90, Part IV, line 18, or 0-EZ, lines 1 and 6b I	Page 2 reported more List events with
	gross receipts greater than \$5,00	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
Revenue	1 Gross receipts	94,043.			94,043
	2 Less Contributions				
	3 Gross income (line 1 minus				
-	line 2)	94,043.			94,043
-	4 Cash prizes				
1	5 Noncash prizes				
Bei	6 Rent/facility costs				
ᅜ					
	8 Entertainment			-	108,159
10 11	Net income summary Subtract line 1	0 from line 3, column (d	<u>) , , , , , , , , , , , , , , , , , , ,</u>	<u></u> ▶	108,159 -14,116
-	than \$15,000 on Form 990-E	Z, line 6a			r
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>*</u>	1 Gross revenue				
uses	2 Cash prizes				
กงเ	3 Noncash prizes				
- [4 Rent/facility costs				
+	5 Other direct expenses	T 1	T	T	F 10
1	6 Volunteer labor	Yes%	Yes%	Yes%	
	7 Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary. Subtra-	ct line 7 from line 1, coli	umn (d)	▶	
	Enter the state(s) in which the organizati				
а	ls the organization licensed to conduct g If "No," explain	aming activities in each			Yes No
b					

Sched	dule G (Form 990 or 990-EZ) 2017 Pag	_{je} 3					
11	Does the organization conduct gaming activities with nonmembers? Yes	No					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable gaming?	No					
13	Indicate the percentage of gaming activity conducted in						
а	The organization's facility	%					
ь		%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records						
	Name ▶						
	Address ►						
15 a	Does the organization have a contract with a third party from whom the organization receives gaming						
	revenue?	No					
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
	amount of gaming revenue retained by the third party ▶ \$						
C	If "Yes," enter name and address of the third party						
	Name ▶						
	Address ►						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	Director/officer Employee Independent contractor						
17	Mandatory distributions						
а							
	retain the state gaming license?	No					
b	and the amount of all and						
	or spent in the organization's own exempt activities during the tax year ▶ \$						
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)						

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

BEN CURTIS FAMILY FOUNDATION

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

Employer identification number 46-1431932

ATTACHMENT 1

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME	
BEN CURTIS GOLF CLASSIC	94,043.	108,159.	-14,116.	
TOTALS	94,043.	108,159.	-14,116.	

ATTACHMENT 2 FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.		(D) RAISING PENSES
MISC	2,943.	2,943.		
ADMINISTRATIVE	1,092.	1,092.		
AUTO EXPENSES	145.	145.		
TOTALS	4,180.	<u> </u>	4,180.	