PRESENTATIONS/DISCUSSIONS

• 4TH of July Committee

OFFICE OF THE TOWN ADMINISTRATOR



MEMORANDUM

DATE:

May 31, 2018

TO:

Town Council

FROM:

Jeffrey D. Nutting, Town Administrator

RE:

Fourth of July Celebration Information

I wanted to provide you back up information concerning the Towns cost in support of the 4th of July activities. (see attached)

Carnival-

The 4th of July committee pays for Fire, Police, and DPW cost of approximately \$14,000. This includes the cost to reseed and deep time the Town Common as a result of the damage done by the rides/equipment and visitors.

Fireworks-

The estimated cost for the Police, Fire, and DPW to support the Fireworks is estimated at \$23,500. This includes the cost of shift replacement at the Police Department during the year in accordance with the collective bargaining agreement.

I have included a memo from the Police Chief about the history of town support relating to police details.

I am happy to answer any questions that you may have.

ESTIMATED

Carnival

Police	5,000
Fire	5,900
DPW	3,500
	14,400

Fireworks

INCHOING	
Police	13,000
Fire	8,800
DPW	1,500
	23,300



Gary B. McCarraher, Fire Chief

Town of Franklin Fire Department

40 West Central St. Franklin, Massachusetts 02038

Paul J. Sharpe, Jr., Deputy Chief

4th of July 2018

Fire Department Cost Estimates

Common EMS Detail

Personnel costs for the Emergency Medical Services detail on the common are established by collective bargaining agreement and require 1½ times the Captain's rate of pay.

Date	Position	# needed	Rate	Duration (Hrs)	Total
29 June	EMT/Paramedic	2	\$ 77.51	4	\$ 620.04
30 June	EMT/Paramedic	2	\$ 77.51	4	\$ 620.04
1 July	EMT/Paramedic	2	\$ 77.51	12	\$ 1,860.12
2 July	EMT/Paramedic	2	\$ 77.51	9	\$ 1,395.09
3 July	EMT/Paramedic	2	\$ 77.51	4	\$ 620.04
4 July	EMT/Paramedic	. 2	\$ 77.51	5	\$ 775.05
		-	•	Sub total	\$ 5,890.38

Fireworks Preparations

Fire Prevention Regulations requires a fire detail to be on-site while fireworks are present, then again the next morning to insure the field is clear of any explosive materials. Payment rates are the overtime rate for the position.

Date	Position	Rate	Duration (Hrs)	Total
3 July	Captain	\$ 77.51	6	\$ 465.03
3 July	Firefighter	\$ 61.29	6	\$ 367.74
			Sub Total	\$ 832.77

Our mission is to *Have a positive impact in the lives of citizens and visitors of Franklin in their time of crisis by providing compassionate, contemporary, community driven services. *Safe guarding human life from the perils of fire, sudden illness, injury or other medical condition, natural and man-made disaster as well as preserve the environment and property from ensuing destruction. *Be responsible for a safe, productive and pleasant work environment for our employees, and provide them with opportunities to gain new skills and advance their personal career goals.

4th of July 2018 – Fire Department Cost Estimates Page 2 of 2 pages

Fire Detail - Fireworks Display

Personnel costs for fireworks are outlined in the department's collective bargaining agreement and require personnel at the fireworks detail be compensated at 2 times their normal rate of pay.

Date	Position	# needed	Rate	Duration (Hrs)	Total
3 July	Captain	4	\$ 103.34	5	\$ 2,066.80
3 July	Lieutenant	3	\$ 93.96	5	\$1,409.40
3 July	Firefighter	13	\$ 81.72	5 .	\$ 5,311.80
· · · · · · · · · · · · · · · · · · ·				Sub total	\$ 8,788.00

Total Event Costs

Activity	Amount
Common Details	\$ 5,890.38
Fireworks Preparations	\$ 832.77
Fireworks Display	\$ 8,788.00
Total	\$ 15,511.15

Our mission is to *Have a positive impact in the lives of citizens and visitors of Franklin in their time of crisis by providing compassionate, contemporary, community driven services. *Safe guarding human life from the perils of fire, sudden illness, injury or other medical condition, natural and man-made disaster as well as preserve the environment and property from ensuing destruction. *Be responsible for a safe, productive and pleasant work environment for our employees, and provide them with opportunities to gain new skills and advance their personal career goals.

2018 July 4th Celebration Carnival and Fireworks Police Department Estimated Overtime and Paid Detail Expenditures

Fireworks

The Police Department is obligated through written agreement to compensate sworn officer employees at the rate of double straight time for hours worked associated with the fireworks for the July 4th celebration. All sworn officer employees who are ordered to work the fireworks assignment on their regularly scheduled day off are also obligated by written agreement to receive an additional day off.

 $2 \text{ Lt's } \times 4 \text{ hrs. } \times 50.00/\text{hr. (Detail Rate)} = 400.00

7 Sgt. x 4 hrs. x \$76.3532 / hr = \$2,137.89

23 Ptl. x 4hrs. x \$63.9530/hr. = \$5,883.68

Total: \$8,421.57

The \$8,421.57 does not include additional overtime expenditures that will be required due to shift replacements in the future for officers utilizing the additional day off they receive for being ordered to work.

The Police Department personnel requirement to provide safety and traffic related services prior to, during and after the fireworks display is 32 sworn officers.

Carnival on the Common

The carnival on the common has historicly operated for a 5-6 day period to include one weekend and 3-4 weekdays. Police Officer staffing at the common is dictated by the day of the week and time of carnival operation. Police Officers who work

the carnival receive private paid detail compensation. The current Collective Bargaining Agreement (CBA) paid detail rates for FY19 are as follows:

Weekday rate: \$50.00 / hr

Weekend & Holiday rate: \$56.00 / hr

- Weekend hours are between 6 pm Friday through 5 am on Monday
- The holiday is the twenty four (24) hour period starting 12:00 a.m. of that day.

"All extra paid details shall be for a minimum of four hours at the officer's regular detail rate of pay. Any additional uniteruppted portion of time in excess of four hours is also at the officer's regular rate of pay, and there will be an additional four-hour minimum that will apply"

The Police Department would require no less than 2 officers be present during all hours of operation for the carnival and/or food booths. A third officer may be required if large crowd special events are planned. For example, If a fireworks display is planned and the amusements and food booths will be open to just prior to the display, than a third officer would be required.

Below are the hours of operation for amusements and food booths on the common during the 2017 July 4th celebration, as an example.

Thursday, June 29	6p-10p	2 @ \$50.00/hr X 4hrs = \$400.00
Friday, June 30	6p-10p	2 @ \$56.00/hr X 4hrs = \$448.00
Saturday, July 1	11a-7p	2 @ \$56.00/hr x 8hrs = \$896.00
Saturday, July 1	7p-11p	2 @ \$56.00/hr x 4 hrs = \$448.00
Sunday, July 2	1p-10p	2 @ \$56.00/hr x 8 hrs = \$896.00
		2@ \$84.99/hr x 1 hr = \$168.00
Monday, July 3	6p-10p	2 @ \$50.00 /hr x 4 hrs = \$400.00
Tuesday, July 4	12p-5p	2 @ \$56.00/hr x 8 hrs = \$896.00

Total paid details to cover the common in 2017: \$4,552.00

A more accurate estimate may be provided when the hours of operation for the amusements, food booths and any special events planned for the 2018 celebration are finalized and presented to the police department.

TOWN OF FRANKLIN



DEPARTMENT OF PUBLIC WORKS

257 Fisher Street Franklin, MA 02038

April 10, 2018

Mr. Jeffrey Nutting, Town Administrator Town of Franklin 355 East Central Street Franklin, MA 02038

Re:

4th of July / Fireworks Costs

Dear Jeff,

Below is an estimate for DPW costs associated with the set-up, cleanup, maintenance and repairs of the Franklin Common for events surrounding the 4th of July Carnival, Fair, Food Concessions and Parade. This estimate is based on work performed in previous years.

Set up and t	take down				
	Hours	Rat	e	To	tal
Foreman	24	\$	30.00	\$	720.00
Laborers	24	\$	22.00	\$	528.00
			9	\$	1,248.00
Labor to An	eate and o	ver	<u>-seed</u>	\$	2,000.00
Trash bags				\$	200.00
Seed			•	\$	500.00

Phone: (508) 520-4910 • Fax: (508) 520-4939 • E-mail: DPW@franklin.ma.us www.franklin.ma.us

Printed on Recycled Paper

Below is an estimate for DPW costs associated with the set-up and clean-up for the fireworks at the Franklin High School

Set up and	clean up				***************************************
	Hours	Rat	e	To	tal
Foreman	16	\$	30.00	\$	480.00
Laborers	32	\$	22.00	\$	704.00
				\$	1,184.00
<u>Materials</u>		!			
Trash bags		<u> </u>		\$	200.00
			Total:	\$	1,384.00

Thank you,

Spert A. Cantoreggi

Director

CC: Deacon Perrotta, Director of Operations

Carlos Rebelo, Highway and Grounds Superintendent

File



FRANKLIN POLICE DEPARTMENT

Thomas J. Lynch, Chief of Police James A. Mill, Deputy Chief of Police 911 Panther Way, Franklin, MA 02038 Telephone: (508) 528-1212

Fax: (508) 520-7950 www.franklinpolice.com

April 3, 2018

To: Jeff Nutting

Town Administrator

FR: Thomas J. Lynch

Chief of Police

Re: Paid Details for Community and Non-Profit Entities

This letter is a confirmation of several conversations and correspondence we have had over the past 18 months relative to paid details requested by non-profit and community related groups. For several years in the late 1990's and early 2000's, the Franklin Police Department was the recipient of state and federal community policing related grants (approximately \$35,000 / year). The department elected to use the community policing grants to fund many activities and to absorb paid detail related costs for many non-profit and community related special events. With the available grant money the department could fund these expenses without affecting the operating budget. The community related grants have disappeared and the department has not received a grant for over a decade. In 2013 the department began to inform all groups that had previously received free paid detail services that the agency was no longer receiving grants and they would need to begin paying for detail officers, as the operating budget could not sustain the costs. We gave each group a year to prepare for the change and the police department paid for the details the last time.

The following is a list of groups that at one time used to receive free paid detail services, but now pay for detail officers at their special events:

- Temple Etz Chaim (High Jewish Holidays)
- 4th of July Committee (parade & carnival)
- Little League Parade
- Saint Rocco's Festival
- Public Schools
- Horace Mann Education Associates (HMEA) 5K
- Safe Coalition 5K

- Any other 5K race in town
- Youth Sports
- Dean College (commencement & other special events)
- Pan MASS Challenge (PMC)
- Public office campaign related events

As you are well aware, the police department operating budget is very tight and can't realistically be expected to absorb the added cost of providing payment to detail officers for special events. It is no longer fiscally responsible or fair to choose which requesting entity will or will not have the benefit of their police details being covered by the police department budget.

The department has adopted the policy of being consistent and fair by treating all requests for services, regardless of the status of the requesting entity (private, public, non-profit, community based), the same. Essentially, all entities are required to pay for the expense of police detail coverage. In my opinion, this is the best policy as it will be consistent and defendable when considering the current fiscal realities. Legitimate arguments are made year after year regarding the structural fiscal deficit the Town of Franklin must contend with.

As always, if an event has a major public safety / security issue surrounding it (public demonstration, etc.), we are obliged to provide coverage to keep the public safe. Town leadership would always have the option to declare an exception and direct the police department to fund the event through the operating budget.

Thank You!

Projected Income Statement for the 2018 Franklin 4th of July Celebration

INCOME		\$48,250.00
Carnvial Ticket Sales & Booth Fees	\$30,000.00	
Soda and Ice Cream Sales	\$2,750.00	
Donations from Businesses & others	\$10,000.00	
Donations Collected at the Booth & 50/50 Raffle	\$500.00	
Dontations from Town Residents (Dean Bank/web)	\$5,000.00	
EXPENSES		\$78,304.11
Fireworks / American Thunder	\$20,000.00	,
Police Department (Detail for the Fireworks)	\$13,000.00	
Fire Department (Detail for the Fireworks)	\$8,800.00	
Police Department (Detail on Town Common)	\$5,000.00	
Music/Entertainment	\$7,500.00	
Fire Department (Detail on Town Common)	\$5,900.00	
Printing Costs (Letter to Franklin residents)	\$3,751.82	
DPW (for the Town Common)	\$3,500.00	
Porta Potties	\$2,000.00	
Liability Insurance Premiums	\$1,695.00	, t
DPW (for the Fireworks)	\$1,500.00	
Postage (Letter to Franklin residents)	\$1,104.00	
Tent and Table Rentals	\$750.00	
Electrician	\$700.00	
Waste Management	\$644.29	
New Logo Design (Sarah Gibbs)	\$500.00	
Soda	\$450.00	-
Bunting for Gazebo on the Town Common	\$300.00	
Website Maintenance (july4thfranklinma.com)	\$300.00	
Post Office / Non-Profit Bulk Mail Fee	\$225.00	
Clean-up / Maintenance	\$200.00	
Ice	\$200.00	
Ice Cream	\$150.00	
PO Box Fee (12 months)	\$134.00	
Propane (R&GC Paid Bill)	\$0.00	_
NET PROFIT		(\$30,054.11)

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2017

+OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

AI	For the	2017 calendar year, or tax year beginning January 1 , 2017, and ending De	cembe	er 31 , 20 17				
В	Check if ap	oplicable: C Name of organization 2	oloyer i	dentification number				
	Address c	hange Franklin July 4th Coalition		262322280				
	Name cha	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number					
=	Initial retu	FO DOX 321	508-528-6852					
Ħ		City or town, state or province, country, and ZIP or foreign postal code	oup Exe	emption				
=	Amended Application	return	mber					
_		an portioning	▶□	if the organization is not				
	Vebsite			tach Schedule B				
				90-EZ, or 990-PF).				
		organization: Corporation Trust Association Other						
n i	Add lines	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	3					
(Pa	rt II. coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ :	\$				
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ction	s for Part I) 🔽				
	aiti	Check if the organization used Schedule O to respond to any question in this Part I						
2	1 4	Contributions, gifts, grants, and similar amounts received	1	7,780				
?	1	Program service revenue including government fees and contracts	2	0				
?1	2	Membership dues and assessments	3	0				
?	3	Investment income	4	0				
1	4	Gross amount from sale of assets other than inventory 5a	0					
	5a		0					
	b	Less: cost or other basis and sales expenses	5c					
	C							
	6	Gaming and fundraising events	come from gaming (attach Schedule G if greater than					
O	a	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0					
Revenue								
eve	b	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the						
ď		sum of such gross income and contributions exceeds \$15,000) 6b 34,31	6					
			2 1 2 2	,				
	C	Less: direct expenses from gaming and fundraising events 6c 30,41 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	The state of the state of					
	d		6d	3,903				
	_	line 6c)	ou	3,503				
	7a	Gross sales of inventory, less returns and allowances		,				
	b	2000, 000, 01 goods oota 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7c	0				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	0				
	8	Other revenue (describe in Schedule O)	9	3,903				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	0,000				
	10	Grants and similar amounts paid (list in Schedule O)	11	0				
	11	Benefits paid to or for members		0				
ses	12	Salaries, other compensation, and employee benefits	12	0				
Expenses	13	Professional fees and other payments to independent contractors 2	14	0				
QX.	14	Occupancy, rent, utilities, and maintenance	15	5,215				
Ш	15	Printing, publications, postage, and shipping	16	5,215				
	16	Other expenses (describe in Schedule O)	17					
	17	Total expenses. Add lines 10 through 16	18	5,215 -1,312				
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	10	-1,312				
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	40	37,979				
Net Assets			19	37,979				
let	20	Other changes in net assets or fund balances (explain in Schedule O)	20					
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	36,667				

	F	000 57 (0					
21	-	990-EZ (2	Balance Sheets (see the instructions for Part II)			•	Page 2
11	Fa	IT II	Check if the organization used Schedule O to respond to any question	n in thic	Dort II		
			Officer if the organization used Schedule O to respond to any question	11 111 11115	(A) Beginning of year	Ť	(B) End of year
	22	Cash	, savings, and investments	ŀ	37979	22	36667
	23		and buildings			23	30007
	24		assets (describe in Schedule O)			24	0
	25		assets		37979		36667
	26		liabilities (describe in Schedule O)			26	0
	27		ssets or fund balances (line 27 of column (B) must agree with line 21)		37979		36667
?1	Par		Statement of Program Service Accomplishments (see the instructi		Part III)		
		•	Check if the organization used Schedule O to respond to any questio	n in this	Part III		Expenses
	Wha	t is the o	organization's primary exempt purpose?				quired for section (c)(3) and 501(c)(4)
	as m	neasure	organization's program service accomplishments for each of its three by expenses. In a clear and concise manner, describe the services efited, and other relevant information for each program title.			org	anizations; optional for ers.)
?1	28						
	?1	(Grants	\$) If this amount includes foreign grants, check	horo	<u> П</u>	288	,
	29	Marito	y in this amount molades foreign grants, offect	nere .		200	1
						•	
		1				1	
		(Grants	\$) If this amount includes foreign grants, check	here .	▶ □	298	,
	30		,				
						1	
		(Grants	\$) If this amount includes foreign grants, check	here .	▶ □	30a	1
	31	Other p	rogram services (describe in Schedule O)				
		(Grants		here .	▶ 🗆	31a	i
		A CONTRACTOR OF THE PARTY OF TH	rogram service expenses (add lines 28a through 31a)			32	
	Parl		List of Officers, Directors, Trustees, and Key Employees (list each one even if			nstru	ctions for Part IV)
_		m ₃	Check if the organization used Schedule O to respond to any question				🗆
1			(c) Report Compens (a) Name and title (b) Average hours per week devoted to position (Forms W-2/1) (if not paid,	099-MISC		1	Estimated amount of their compensation
-	Joe C	armigna	ni Co-Chair / Co-Treas				
- 2	201 P	rospect	Street	0		0	0
_	rank	din MA C	2038			\top	
_							
_	Paul	Kortick	Co-Char / Co-Treas		1	-	
_		lia Ava		0		0	0
_	rank	din, MA	02038		9	-	
-						_	
-						+	
-						1	
_						1	
-					_	+	
						1	
						1	

	Form 9	90-EZ (2017)		F	Page 3
	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi		ne	. 🗆
				Yes	No
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
?1	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	2	✓
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		100	
	b 38a	Did the organization file Form 1120-POL for this year?	37b		1
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		/
	ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:			
	a	Initiation fees and capital contributions included on line 9		A Rose Contract	
	b	Gross receipts, included on line 9, for public use of club facilities			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 4912 ▶ 0; section 4955 ▶ 0 Section 4912 ▶ 0; section 4955 ▶ 0			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1	1
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
*	41	List the states with which a copy of this return is filed ▶		1	
	42a	The organization's books are in care of ► Telephone no. ►			
	b	Located at ► ZIP + 4 ► 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)? If "Yes," enter the name of the foreign country: ►	42b	Yes	No ✓
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		✓_
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	• 🗆
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Z (2017)				•	F	age 4	
	•			Constant	Yes	No	
oid the organization engage, directly or its candidates for public office? If "Yes," of the candidates for public office?							
Section 501(c)(3) organizations		, raiti		· 46		✓	
All section 501(c)(3) organization		stions 47-49b and	52. and complete the	e tables	for line	es	
50 and 51.	,		,				
Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI				
			•	<u></u>	Yes	No	
id the organization engage in lobbying				1	1	,	
ear? If "Yes," complete Schedule C, Par				• 47	—	√	
the organization a school as described i				. 48 . 49a	 	√	
old the organization make any transfers t "Yes," was the related organization a se				. 49a			
Complete this table for the organization's						d ke	
mployees) who each received more than	1 \$100,000 of comper	nsation from the organ	nization. If there is none	e, enter "N	vone."	•	
	(b) Average	(c) Reportable	(d) Health benefits,	(a) Estimat			
(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred) Estimated amount of other compensation		
	devoted to position	(Folitis W-27 1039-1013C)	compensation				
					····		
otal number of other employees paid ov		. •				4 1a a	
omplete this table for the organization 100,000 of compensation from the orga			contractors who each	receiveu	more	triai	
		(b) Type of servi		Compensati	ion		
(a) Name and business address of each independ	ent contractor	(b) Type of Servi	ce (c)	Compensati	1011		
					-		
		,					
otal number of other independent contra	ctors each receiving	over \$100.000	>				
•	_						
id the organization complete Schedu ompleted Schedule A	_			a ▶∏ Yes		1	

	candidates for public office? If "Yes,"	complete ochedale o	,,			· 46	1	. ▼
Part VI	Section 501(c)(3) organization							
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and co	mplete th	e tables	for lin	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	d to any question in t	his Part VI				
							Yes	No
47 Di	id the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect	during the	tax		
ye	ear? If "Yes," complete Schedule C, Pai	tII				. 47	1	✓
48 is	the organization a school as described i	n section 170(b)(1)(A)(ii)? If "Yes," complete :	Schedule E		. 48		1
	id the organization make any transfers t							1
	"Yes," was the related organization a s					. 49b		
50 C	omplete this table for the organization's	s five highest compen	sated employees (oth					d kev
	nployees) who each received more that							
		(b) Average	(c) Reportable	(d) Health	benefits,			
	(a) Name and title of each employee	hours per week	compensation	contributions		(e) Estimat		
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, compe		other co	npensa	1011
				ļ				
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				<del> </del>				
				<b> </b>				
		L	<u>L</u>	<u> </u>				
	otal number of other employees paid ov		* .					
	omplete this table for the organization			contractors	who each	received	more	than
\$1	00,000 of compensation from the orga	anization. If there is no	one, enter "None."	~~~~~				
			1	i i				
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
	(a) Name and business address of each independent	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
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	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
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	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	Compensat	ion	
d To	(a) Name and business address of each independent			ice	(c)	Compensat	ion	
		actors each receiving	over \$100,000				ion	
<b>52</b> Die	tal number of other independent contra	actors each receiving	over \$100,000		ust attach			
52 Die co Under penal	tal number of other independent contra d the organization complete Schedu mpleted Schedule A	actors each receiving ule A? <b>Note:</b> All se	over \$100,000	izations m	ust attach	ıa .▶∐ Yes		<del>-</del>
52 Die co Under penal	tal number of other independent contra d the organization complete Schedumpleted Schedule A	actors each receiving ule A? <b>Note:</b> All se	over \$100,000	izations m	ust attach	ıa .▶∐ Yes		<del>-</del>
52 Die co Under penal	tal number of other independent contra d the organization complete Schedu mpleted Schedule A	actors each receiving ule A? <b>Note:</b> All se	over \$100,000	izations m	ust attach	ıa .▶∐ Yes		<del>-</del>
52 Die co Under penal	tal number of other independent contra d the organization complete Schedu mpleted Schedule A	actors each receiving ule A? <b>Note:</b> All se	over \$100,000	izations m	ust attach best of my kn	ıa .▶∐ Yes		<del>-</del>
52 Did CO Under penal true, correct Sign Here	ital number of other independent contrad the organization complete Schedumpleted Schedule A	actors each receiving ule A? <b>Note:</b> All se	over \$100,000	nizations m	ust attach best of my kn	ıa .▶∐ Yes		<del>-</del>
52 Did CO Under penal rue, correct	tal number of other independent contrad the organization complete Schedumpleted Schedule A	actors each receiving ule A? <b>Note:</b> All se	over \$100,000	nizations m	ust attach best of my kn	ıa .▶∐ Yes		<del>-</del>
52 Die co Under penal true, correct Sign Here	tal number of other independent contrad the organization complete Schedumpleted Schedule A	actors each receiving ule A? <b>Note:</b> All se	over \$100,000	nizations m nts, and to the as any knowled Date	ust attach  best of my kn	i a .▶ □ Yes lowledge and		<del>-</del>
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52 Die co Under penal rue, correct Sign Here	tal number of other independent contrad the organization complete Schedumpleted Schedule A	actors each receiving alle A? Note: All se	over \$100,000	nizations m nts, and to the as any knowled	ust attach best of my kn	a A Yes and Y		<del>-</del>
52 Die co Under penal rue, correct Sign Here	tal number of other independent contrad the organization complete Schedumpleted Schedule A	actors each receiving alle A? Note: All se	over \$100,000	nizations m nts, and to the as any knowled	ust attach best of my kn dge.  Check □ self-employ	a A Yes and Y		<del>-</del>
52 Die co Under penal true, correct Sign Here Paid Prepare Use On	tal number of other independent contrad the organization complete Schedumpleted Schedule A	actors each receiving ale A? Note: All se return, including accompany officer) is based on all info	over \$100,000	nizations m nts, and to the as any knowled	ust attach best of my kn dge.  3/3/// Check □ self-employ	a A Yes and Y	s S S	<del>-</del>

Form 990-EZ (2017)