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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)

2016

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.

▶ Information about Form 900-E7 and its instructions is at www.irs.com/form900

Internal Revenue Service Information about 10111 350-LL and its instructions is at www.ins.gov/10111350-L.								
A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20 B Check if applicable C Name of organization								
B	Check If ap		mployer id					
$\overline{}$	Address cl	nange Pigitte (1)	04-2116514					
$\overline{}$	Name cha		elephone n					
=	Initial retur Final retur	nyterminated 30 12 12 02 11 12 02 11	173-467-2921					
$\overline{}$	Amended	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	· _				
	Application		Number I					
	Accounting Method: ☐ Cash ☐ Accrual Other (specify) ☐ H Check ☐ Check			f the organization is not				
	4			ach Schedule B				
				0-EZ, or 990-PF).				
		organization: Corporation Trust Association Other						
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets	/3				
_		Jmn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$					
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst		•				
		Check if the organization used Schedule O to respond to any question in this Part I.		· · · · · · 🔀				
?	1	Contributions, gifts, grants, and similar amounts received	. 1					
	2	Program service revenue including government fees and contracts	. 2					
2	3	Membership dues and assessments	. 3					
?	1 -	Investment income	. 4					
	5a	Gross amount from sale of assets other than inventory	- · 🔌					
	b	Less: cost or other basis and sales expenses	[F : CONVED				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>					
	6	Gaming and fundraising events	l S	. 0 0 2017				
ø)	а	Gross income from gaming (attach Schedule G if greater than	3036	Y 0 2 2017				
Š		\$15,000)	- - - -					
§.	b	Gross income from fundraising events (not including \$ of contributions	1					
'n	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b	, ","					
		· · · · · · · · · · · · · · · · · · ·	 `					
		Less: direct expenses from gaming and fundraising events 6c	- -					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtraction 6c)						
	ĺ ".	·	· 6d					
	7a	Gross sales of inventory, less returns and allowances						
	b							
ssets Expenses Revenue	8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c					
	9	,	9	12				
Net Assets Expenses Revenue	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 10	1 200				
	11	Benefits paid to or for members	11					
S	1	Salaries, other compensation, and employee benefits 2						
Se	13	Professional fees and other payments to independent contractors 2		365				
Je.	14	Occupancy, rent, utilities, and maintenance						
Ä	15	Printing, publications, postage, and shipping		· · · · · · · · · · · · · · · · · · ·				
_	16	Other expenses (describe in Schedule O) 2		4431				
	17	Total expenses. Add lines 10 through 16		11.092				
et Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	16083				
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		1 2/202/				
		end-of-year figure reported on prior year's return)		127.435				
	20	Other changes in net assets or fund balances (explain in Schedule O)	<u> </u>	7 - 1, 7				
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	121.352				
For		work Reduction Act Notice, see the separate instructions. Cat No 10642		Form 990-EZ (2016)				

	990-EZ (2016) Saietya	& William	5	04-2	2116514Page 2
Pa	rt II Balance Sheets (see the instructions f			5	_
	Check if the organization used Schedule	O to respond to ar			· · · · · ·
				(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			127,4:36	22 121,35 d
23	Land and buildings				23
24	Other assets (describe in Schedule O)				24 (
25	Total assets			127,436	25 <i>121.</i> 352
26	Total liabilities (describe in Schedule O)			\overline{C}	26 0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	127,435	27 121,357
Par				art III)	
	Check if the organization used Schedule	O to respond to ar	ny question in this f	Part III	Expenses
Wha	t is the organization's primary exempt purpose ?			- Complant	(Required for section
	•	· · · · · · · · · · · · · · · · · · ·		السنا	501(c)(3) and 501(c)(4) organizations, optional for
	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m				others)
	ons benefited, and other relevant information for ea		s services provided	, the number of	,
	ons benefited, and other relevant information for ea	on program due.			
28	***************************************				
_					
7	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔ </u>	28a
29	***************************************				
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🔲	29a
30					
					1
	(Grants \$) If this amount	includes foreign gra	nts, check here .		30a
04					30a
31	Other program services (describe in Schedule O)				04 =
00	(Grants \$) If this amount Total program service expenses (add lines 28a t		ints, check here .		31a
					32
Par	List of Officers, Directors, Trustees, and Key				structions for Part IV)
	Check if the organization used Schedule	O to respond to a			
	_	(b) Average	(c) Reportable ?	(d) Health benefits, contributions to employe	e (e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	
	David A. Williams, Dean	11			
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The internation of the properties of the part of the properties o		Form 99	0-EZ (2016) Signic Phi Society of Williams 04-2116	5,	4 =	Page 3
Ves No detailed description of each activity in Schedule O Sched		Part V Other Information (Note the Schedule A and personal benefit contract statement requirement)				
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. 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 have explain the change on Schedule O (see Instructions). 35 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?). 36 If "Yes," to the 35a, has the organization of a form 990-To for the year? If "Yo," prowde an explanation in Schedule O. 37 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spotiation parts of the instructions in the stream of the programization before the year? 38 Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return? 38 Did Gross recepts, included on line 9. 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year and year that the sort of the standard on line 9. 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year and year that has not been reported on any of its prior forms 990 or 990-EZ7 If "Yes," complete Schedule I., Part I and enter the total amount involved section 4911 \$\infty\$ is section 4955 \$\infty\$ organizations. Enter amount of tax imposed on organization managers or disqualited persons during the year and the section 4913 \$\infty\$ organizations. Did the organization engage in any section 4938 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prory year that all the properties of the properties of the properti						
Were any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organizands name. Otherwise, explain the change on Schedule O [see instructions] 3D bit they organizate the unrealized 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)? 8 If "Yes," to line 35a, has the organization field a Fore 990-Tic for the year? If "No", "provide an avalianation in Schedule O. Part III of the organization a section 501(c)(a), 501(c)(b) or 501(c)(b) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule O. Part III and the organization organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete split expenditures, street or radicet, as described in the instructions ► 37a 37b 3		33			Yes	NO NO
change on Schedule O (see instructions) 50 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)? 8 If Yes, 10 line 35a, has the organization test a form 990-17 to the year? If Yes, "complete Schedule C, Part II of the organization as 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 II and year? If Yes," complete Schedule C, Part II and year? If Yes," complete Schedule C, Part II and the organization the form 1120-POL for the year? 9 Did the organization in Form 1120-POL for the year? 9 Did the organization for organization schedule C, Part II and enter the total amount involved any such batis made in a prior year and still outsianding at the end of the tax year covered by this return? 9 If Yes," complete Schedule C, Part II and enter the total amount moviewed any such soft of the part of the section 4912 is section 4912 is section 4912 in the end of the tax year covered by the return? 9 Section 501(c)(3), controlled on line 9, for public use of club facilities and particular organization charge in any section 4918 excess benefit transaction during the year, or did it engage in any excess benefit transaction in a prior year that has not been reported on any of its prior Forms 980 or 990-E-27 if Yes, complete Schedule L, Part I and the propriet of the	?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		X 2
activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "ves," b Len 95a, has the organization field a Form 990-17 the heyar! If "No," provide an explanation in Schedule 0 Was the organization a section 501(p(4), 601(e(5), or 501(e(6)), or 50		05-	change on Schedule O (see instructions)	34		X
c. Was the organization a section 501(p(l4), 501(p(l5), or 501(p(l5), or 501(p(l5) or parkitation subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 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 is a proxy or significant disposition of net assets during the year? If "Yes," complete Schedule A is a proxy year and still cultistanding at the end of the tax year covered by this return? If the organization should be organization should be organization and an approximation of political expenditures, direct or indicated amount involved 38b Section 501(c)? Organizations. Enter: In intuition fees and capital contributions included on line 9 38a		35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	-		X
during the year? If "Yes," complete applicable parts of Schedule N The amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? But the organization file Form 1120-POL for this year? But the organization file Form 1120-POL for this year? But the organization file Form 1120-POL for this year? But the organization file Form 1120-POL for this year? But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the total amount involved But "Yes," complete Schedule L, Part II and enter the mount of tax with the total amount of tax enter the mount of the total amount of tax enter the total amount of tax enter the mount of the total amount of the total am			Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			×
b Did the organization file Form 1120-POL for this year? 380 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 390 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9. b Gross receipts, michided on line 9, for public use of club facilities 391 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4912 ▶ ; section 4915 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under sections 4911 ▶ ; section 4912 ▶ ; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or discussfulfied persons during the year under sections 4912, 4955, and 4959. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax miposed on organization managers or discussfulfied persons during the year under sections 4912, 4955, and 4959. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization in the tax year, was the organization a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filled by the second of the frace of		36		36		×
Did the organization borrow from, or make any loans to, any officer, director, fusitee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9. Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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, ord id 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 organization managers or disqualified persons during the year under sections 4912, 4955, and 4956. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization engage in any section 4958. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the part of the capital part of the capita		37a			<i></i>	
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40c reimbursed by the organization e 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 List the states with which a copy of this return is filed List the states with which a copy of this return is filed Located at ▶ Section 1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to			on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
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The organization's books are in care of ► Hencil Black of Control Cocated at ► Section 14 to Green country (such as a bank account, securities account, or other financial account)? b 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: ► 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: ► 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			transaction? If "Yes," complete Form 8886-T	40e		X
Docated at			The organization's books are in care of \$\frac{1}{120000000000000000000000000000000000	13-1	149.	797
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: ▶ 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: ▶ 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			Located at > 38 Jeres 30 Freque > 3hopping No 2P +4 > 07)7K		
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: ▶ 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 ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	- "	
If "Yes," enter the name of the foreign country: ▶ 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 . ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year?			Financial Accounts (FBAR).			s/
and enter the amount of tax-exempt interest received or accrued during the tax year		С		42c		<u>×</u>
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		43	1 1			► □
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 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)		44a	· · · · · · · · · · · · · · · · · · ·	44a	162	×
c Did the organization receive any payments for indoor tanning services during the year?		b	· · · · · · · · · · · · · · · · · · ·	44b		×
b Did the organization have a controlled entity within the meaning of section 512(b)(13)?		_	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		×
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)		45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		X
		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	AEL		
Form 990-EZ (2016)						(2016)

Form 990-	EZ (20	16) Signa Yhi Dacie	trot Will	jems		<u>04-2</u>	1165	14	Page 4		
								Yes	No		
		e organization engage, directly or in						,			
	_	didates for public office? If "Yes," o		, Parti			. 4	6			
Part V		Section 501(c)(3) organizations All section 501(c)(3) organization		etione 47_49h and	52 and co	molete th	a tahla	e for lin	100		
		50 and 51.	is must answer que	5110115 47 -430 and	52, and co	mpiete tri	e lable.	3 101 111	162		
		Check if the organization used Sci	hedule O to respond	I to any question in	this Part VI				. п		
	<u> </u>	Shook ii the organization deed ee	Todalo o to roopono	res uny question m			` 	Yes	No		
		e organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) election		during the	tax 4		T _		
•		organization a school as described in					. 4		?		
		e organization make any transfers t					<u> </u>		 		
	If "Yes," was the related organization a section 527 organization?							9b	 		
		lete this table for the organization's	ner than offic	than officers, direct		tees, ar	nd key				
	emplo	yees) who each received more than	\$100,000 of comper	nsation from the orga	nızatıon. If th	nere is non	e, enter	"None.	11		
	(a) Name and title of each employee hours per week compensation benefit benefi				(d) Health contributions benefit plans, compe	to employee and deferred	(e) Estim				
											
					 						
				j							
			 		 						
		· · · · · · · · · · · · · · · · · · ·			 		 -				
					<u> </u>						
			<u> </u>		<u></u>						
		number of other employees paid ov									
		lete this table for the organization 000 of compensation from the orga			contractors	who each	receive	ed more	e than		
`	100,	boo or compensation from the orga	unization. Il triefe is no	orie, eriter Norie.	 1						
	(a)	Name and business address of each independ	dent contractor	(b) Type of service		(c	(c) Compensation				
											
			***************************************	1	ĺ						
		 									
				-							
				 							
				1							
		 									
				1							
d	Total	number of other independent contra	actors each receiving	over \$100,000	>						
		he organization complete Schedi	ule A? Note: All se	ection 501(c)(3) orga	anizations m	nust attacl			_		
	comp	leted Schedule A	<u> </u>	<u> </u>	· · · · · ·	<u> </u>	.▶□ Υ	es 🗌	No		
Under per	nalties ect. and	of perjury I declare that I have examined this is complete. Declaration of preparer (other than	return, including accompan	ying schedules and statem ormation of which preparer	ents, and to the	best of my k	nowledge :	and belief	i, it is		
	- T	12 9 (3/2)				ihal	. 27				
Sign		Signature on officer		Dat							
Here .	_	Henry E Black	150	assel	- /						
	7	Type or print name and title	·-·		<u> </u>						
Paid		Print/Type preparer's name	Preparer's signature	D	ate	Check [PTII	V			
Palu Prepa	rer		1			self-emplo					
Use O		Firm's name ▶			Firm	n's EIN ▶					
		Firm's address ▶			Pho	ne no.					
May the	IRS	discuss this return with the prepare	r shown above? See	instructions			► □Y	es 🗍	No		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization