Click on the question-mark icons to die yay help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

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)

OMB No 1545-1150

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.

Open to Public Inspection

MoMEN IN TRUCKING ASSOCIATION FOUNDATION, INC Name charge Institution Report of the property Institution Report of the property Institution Report of the property Report of the	A I	or the	2017 calenda	ar year, or tax year beginning , 2017, and ending		, 20
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Fair continue Fair continue City for town, sale or province, country, and ZIP or foreign postal code Fair CoVER, NI 54467-0400 Cover Cove		Name chai	nge	Number and street (or P.O box, if mail is not delivered to street address) 21 Room/suite E Te	ephone n	umber
Annexida Hum September personal Chorum, same or province, country, and 21th or foreign postal code Chorum September personal Chorum September	==			P O BOX 400	88	8-464- 9 482
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K Form of organization:	J T	ax-exem	npt status (che			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets [Part II] Contributions are \$500,000 or more, file Form 990 instead of Form 990-EZ						····
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part Part Part Revenue, Expenses, and Similar amounts received 1 1 1298					s	
Check if the organization used Schedule O to respond to any question in this Part I 1288						
Check if the organization used Schedule O to respond to any question in this Part I 1288	Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	for Part I)
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Check if the organization used Schedule O to respond to any question in this Part II		Balance Sheets (see the	instructions to	or Part II)				
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ERESA PAYNE-BROWN	RECTOR OHN DIETZ RECTOR LL GUENT	DMBS EE HER		1	(if not paid, enter -0-) 0		0 0	
1	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR FF HAMM	DMBS EE HER		1 1	(if not paid, enter -0-) 0		o o o o o o o	
RECTOR 0 0 0 NGELA THOMPSON	RECTOR PHN DIETZ RECTOR L GUENT RECTOR FF HAMM RECTOR	DMBS E HER ONDS		1 1	(if not paid, enter -0-) 0		o o o o o o o	
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RECTOR 0 0	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR OFF HAMM RECTOR HERESA PA RECTOR	DMBS E HER ONDS AYNE-BROWN		1 1 1	(if not paid, enter -0-) 0 0 0 0		0 0 0 0	
	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR FF HAMM RECTOR HERESA PA RECTOR NGELA TH	DMBS E HER ONDS AYNE-BROWN		1 1 1 1	(if not paid, enter -0-) 0 0 0 0		0 0 0 0	
RECTOR O O	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR FF HAMM RECTOR HERESA P/ RECTOR	DMBS E HER ONDS AYNE-BROWN		1 1 1 1	(if not paid, enter -0-) 0 0 0 0 0		0 0 0 0	
	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR FF HAMM RECTOR HERESA P/ RECTOR NGELA TH RECTOR ANDRA SA	DMBS EE HER ONDS AYNE-BROWN OMPSON		2 1 1 1 1	(if not paid, enter -0-) 0 0 0 0 0		0 0 0 0	
	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR OFF HAMM RECTOR HERESA P/ RECTOR NGELA TH RECTOR ANDRA SA	DMBS EE HER ONDS AYNE-BROWN OMPSON		2 1 1 1 1	(if not paid, enter -0-) 0 0 0 0 0 0 0		0 0 0 0 0	
	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR FF HAMM RECTOR HERESA P/ RECTOR NGELA TH RECTOR ANDRA SA	DMBS EE HER ONDS AYNE-BROWN OMPSON		2 1 1 1 1	(if not paid, enter -0-) 0 0 0 0 0 0 0		0 0 0 0 0	
	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR FF HAMM RECTOR HERESA P/ RECTOR NGELA TH RECTOR ANDRA SA	DMBS EE HER ONDS AYNE-BROWN OMPSON		2 1 1 1 1	(if not paid, enter -0-) 0 0 0 0 0 0 0		0 0 0 0 0	
	RECTOR OHN DIETZ RECTOR LL GUENT RECTOR FF HAMM RECTOR HERESA P/ RECTOR NGELA TH RECTOR ANDRA SA	DMBS EE HER ONDS AYNE-BROWN OMPSON		2 1 1 1 1	(if not paid, enter -0-) 0 0 0 0 0 0 0		0 0 0 0 0	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	Pari	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	165	~	
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		V	
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		V	
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	35b		V	•
C	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.	35c		v	
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		,	2
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		v	. ?
b	If "Yes," complete Schedule L, Part II and enter the total amount involved				. —
39	Section 501(c)(7) organizations. Enter:			-	
a	Initiation fees and capital contributions included on line 9	-			
ь 40а	Gross receipts, included on line 9, for public use of club facilities				
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		v	
c	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			<u> </u>	
•	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		~	
41	List the states with which a copy of this return is filed ▶				_
42a	The organization's books are in care of P	688-46			
b	Located at ▶ PO BOX 400, PLOVER WI At any time during the calendar year, did the organization have an interest in or a signature or other authority over	5446	7-0400 Yes		-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		V	-
	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:	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		44b		v	_
c	Did the organization receive any payments for indoor tanning services during the year?	44c	+	V	_
q	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)?	45a	+	V	_
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	45:			-
	Form 990-EZ (see instructions)	45b	1		_

Form 99	0-EZ (2	017)						F	Page 4
46	Did ti	ne organization engage, directly or in ndidates for public office? If "Yes," c	directly, in political c	ampaign activities	on behalf o	f or in opposi	tion	1	No
Part		Section 501(c)(3) organizations		raiti	· · · · ·		. 46		
. a. c		All section 501(c)(3) organizations		stions 47-49b an	d 52, and	complete th	e tables	for lin	es
		50 and 51.	,		•	•			
		Check if the organization used Sch	edule O to respond	to any question in	this Part	<u>VI</u>	· · ·		. 🔲
				_				Yes	No
47	Did t	he organization engage in lobbying If "Yes," complete Schedule C, Part	activities or have a s			ct during the			١.,
40	•	organization a school as described in)))			47	+	1
48 49a		norganization a school as described in the organization make any transfers to							7
b		es," was the related organization a se							 •
50		plete this table for the organization's						_	nd key
		oyees) who each received more than							
			(b) Average	(c) Reportable		aith benefits, ons to employee	(e) Estima	tad ama	unt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	ca benefit pla	ns, and deferred			
			devoted to position	(GITE 17 2 1003 MIG	con	pensation			
	_								
				 -					
							ļ		
				ļ					
						· · · · · · · · · · · · · · · · · · ·			
							İ		
51	\$100	plete this table for the organization's,000 of compensation from the organization from t	nization If there is no				n receive		e than
	(4)	Name and Dusiness dudiess of each independ		(b) Type or s) Compensa		
				ļ					
				4					
					 				
				1					
									
				1					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶				
52		the organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganizations	must attac	h a		
		oleted Schedule A	<u> </u>	<u> </u>			► ✓ Ye		
		of perjury, I declare that I have examined this id complete. Declaration of preparer tother than					nowledge a	nd belief	i, ntis
		- In property of the desired the	omicor, is based on all line	saor or amort propar		1	/1-1	V	
Sign		Signature of officer				Date /			
Here	_	ELLEN VOIE, PRESIDENT/CEO							
	21	Type or print name and title					 ,		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check [1 f PTIN		
_	arer					self-empl			
•	Only	Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no			
May ti	he IRS	discuss this return with the preparer	shown above? See	instructions			► □ Ye	s 🗌	No

Form **990-EZ** (2017)

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.

OMB No 1545-0047

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

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

Open to Public Inspection

	IEN IN TRUCKING ASSOCIATION FO	UNDATION				27-41	
Par	t I Reason for Public Char	rity Status (All	organizations must	complet	e this p	art.) See instructio	ns.
The o	organization is not a private founda						
1	A church, convention of church	-					n - 1
2	A school described in section		•			• •	V
3	A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state	ə: 					
5	An organization operated for section 170(b)(1)(A)(iv). (Comp		college or university	owned o	operate	d by a government	al unit described in
6	A federal, state, or local govern	-					
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	A community trust described in						
9	An agricultural research organi or university or a non-land-gra university	ization described nt college of agri	l in section 170(b)(1) iculture (see instruction	(A)(ix) ope ons). Ente	erated in r the nan	conjunction with a land, and state of	and-grant college the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fui t income and uni	nctions—subject to c related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	☐ An organization organized and	l operated exclus	sively to test for public	safety.	See secti	ion 509(a)(4).	
12	An organization organized and						
	of one or more publicly support Check the box in lines 12a thro	-		•			
а							
	the supported organization You					he directors or trust	ees of the
ь	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested ın	the same			
c	☐ Type III functionally integ	=			onnection	n with, and functions	ally integrated with,
	its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	Type III non-functionally in that is not functionally integrequirement (see instructionally integreduirement).	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
е		-	-				ali Type III
	functionally integrated, or 1	Type III non-func	tionally integrated sur	oporting o	organizat	ion.	5 II, 13po III
f	Enter the number of supported of	organizations .					, .
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)				· · · · · · · · · · · · · · · · · · ·			
(E)							

Total

Part	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	
<u> </u>	Part III. If the organization fails to	quality unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	(-) 0040	(h) 0014	(-) 001E	(4) 0040	(-) 0017	(f) Total
	dar 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.")	11,347	15,371	48,040	13,089	23,445	111,292
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	11,347	15,371	48,040	13,089	23,445	111,292
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						7
	on B. Total Support	·····					
Calen 7	dar year (or fiscal year beginning in) ▶ Amounts from line 4	(a) 2013 11,347	(b) 2014 15,371	(c) 2015 48,040	(d) 2016 13,089	(e) 2017 23,445	(f) Total 111,292
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						111292
12	Gross receipts from related activities, etc					12	X111,292
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>	d, third, fourth			
Secti	on C. Computation of Public Suppor				***	· · · · · · · · · · · · · · · · · · ·	
14	,, ,					14	100 %
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi	ization did not	check the box	k on line 13, ar	nd line 14 is 33		
b	box and stop here. The organization qua 331/3% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 33½% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst umstances" te	ances" test, ch	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets th	e "facts-and-d	circumstances'	'test, check	this box and a	stop here.

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

Schedule A (Form 990 or 990-EZ) 2017

Part							
	(Complete only if you checked the						ınder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please c	omplete Part	l.)	
	on A. Public Support				, , , , , , , , , , , , , , , , , , , 		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201,7°	(f) Total
'	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise				 		
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					<u>" </u>	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						1
	organization's benefit and either paid to	Į į					
	or expended on its behalf						
5	The value of services or facilities	1	i I	!			}
	furnished by a governmental unit to the	ļ					
6	organization without charge	ļ			<i>/</i>		-
6 79	Total. Add lines 1 through 5			 /	 		
, ,	received from disqualified persons .						
b	Amounts included on lines 2 and 3			/	 		1
_	received from other than disqualified						
	persons that exceed the greater of \$5,000	ł					
	or 1% of the amount on line 13 for the year	i 					
	Add lines 7a and 7b		-	1			
8	Public support. (Subtract line 7c from	ĺ			}		İ
0 1	line 6.)	L		L	<u> </u>	L	
	on B. Total Support dar year (or fiscal year beginning in) ▶	I /a\ 2012	(b) 2014	(a) 2015	(4) 2016	(-) 2017	(O Total
9	Amounts from line 6	(a) 2013	(8) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gross income from interest, dividends,		/		 		
	payments received on securities loans, rents,	ļ			1		
	royalties, and income from similar sources .	Ĺ					
b	Unrelated business taxable income (less	,	,				
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
С	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on			ļ	1		
12	Other income. Do not include gain or	/			ļ		
'-	loss from the sale of capital assets				Ì		
	(Explain in Part VI.)	ď	ļ				
13	Total support. (Add lines 9, 10c, 11,				 		
	and 12.)]		}		
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourt	h, or fifth tax ye	ear as a sect	tion 501(c)(3)
	organization, check this box and stop he			· · · · ·			<u> ▶ □</u>
	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line						<u>%</u>
16 Secti	Public support percentage from 2016 Sc on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>	 	16	<u>%</u>
17	Investment income percentage for 2017			v line 13 colu	ımn (fl)	17	%
18	Investment income percentage from 201					18	//
19a	331/3% support tests #2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2016. If the organi						
	line 18 is not more than 3318%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	19a or 19b	check this box	and see inst	ructions 🕨 🗀

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.)

00011	on A. All Supporting Organizations		Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a	_	
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 .	9b		
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.	90		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10a		-

Schedule	Δ /5	-orm	agn	ΔF	aan.	.E71	2017	

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	57

Part	Supporting Organizations (continued)			age S
	Supporting organizations (continues)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
	below, the governing body of a supported organization?	11a	_	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		·	ł
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the honefit of any supported organization other than the supported			 -
-	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			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,] }		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		}	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		l	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?]		
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		İ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	-	ļ	
3		2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		1	Ì
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		:	
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	!
			-4/	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	CTION	5).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. 	(coo in	otalo	tional
·	The organization supported a governmental entity. Describe in Part Vi now you supported a government entity	See 111	Siluci	ioris).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		l	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.			
•	•	2b	├	₩
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	}
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
L		Ja		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting organ						
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	ÌΙ		Ĭ			
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)			
1 Aggregate fair market value of all non-exempt-use assets (see	[
instructions for short tax year or assets held for part of year):	1					
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market ∨alue of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	· · · · · · · · · · · · · · · · · · ·	 			
6 Multiply line 5 by .035.	6		 			
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·				
8 Minimum Asset Amount (add line 7 to line 6)	8		- 			
Section C - Distributable Amount	10		Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	 				
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4		<u> </u>			
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		1			
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	ng organization (see			
instructions).	•	_ ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish e					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6_	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which					
	(provide details in Part VI). See instructions.					
9_	Distributable amount for 2017 from Section C, line 6			 -		
	Line 8 amount divided by line 9 amount			r::N		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
а						
b	From 2013					
С	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2017 distributable amount					
<u>i_</u>	Carryover from 2012 not applied (see instructions)					
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from					
	Section D, line 7: \$					
	Applied to underdistributions of prior years			<u></u>		
	Applied to 2017 distributable amount					
<u>c</u>						
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a	Excess from 2013					
b	Excess from 2014					
c	Excess from 2015					
d	Excess from 2016					
	Excess from 2017					

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Inspection

2017 Open to Public

Name of the organization	Employer identification number 27-4170268
WOMEN IN TRUCKING ASSOCIATION FOUNDATION	Z1-41/UZ08
OTHER EXPENSES FORM 990-EZ LINE 16 TOTAL \$1,511	
CREDIT CARD FEES \$112	
LEGAL FEES \$134	
DIRECTORS AN OFFICERS INSURANCE \$1,265	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
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