990

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 1545-0047

Open to Public

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

A	illai i levellue dei vice	► Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
_	partment of the Treasur ernal Revenue Service For the 2017 cal	endar year, or tax year beginning , 2017, and ending	, 20
В	Check if applicable	C Name of organization Cup Defenders Association D	Employer identification number
	Address change		05-6015619
	Name change		Telephone number
	Initial return	230 Wood Street	(401)253-3490
	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	
	Amended return		Gross receipts \$ 306,661.
	Application pending		o return for subordinates? Yes X No
			oordinates included? 🗌 Yes 🔲 No
<u>L</u> _	Tax-exempt status	□ 501(c)(3) 🗵 501(c) (7) 🕨 (insert no.) □ 4947(a)(1) or □,527 ' If "No,"	attach a list (see instructions)
J			emption number >
K			M State of legal domicile RI
	Part I Sumr		
	1 Briefly d	escribe the organization's mission or most significant activities: Social Club or	qaınızed exclusively
nance	for t	ne pleasure, recreation and	
ğ	other	non-profitable purposes	
Governance	2 Check t	is box ▶☐ if the organization discontinued its operations or disposed of more than 2	1 1
		of voting members of the governing body (Part VI, line 1a)	3 143
Activities &	4 Number	of independent voting members of the governing body (Part VI, line 1b)	4 143
iŧ	5 Total nu	mber of individuals employed in calendar year 2017 (Part V, line 2a)	5
cţ; ·	6 Total nu	mber of volunteers (estimate if necessary)	6 7
۱ ﴿	la lotara.	related business revenue from Part VIII, column (C), line 12	7a 4,134.
e -	b Net unre	lated business taxable income from Form 990-T, line 34	7b 3,242.
		tions and grants (Part VIII, line 1h)	Current Year 198. 10,996.
_	Ţ		
	_l		
			
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Form 99	0 (2017)				Page 2
Part		ent of Program Service			
				Part III	<u> </u>
1		oe the organization's miss			
•	Social Cl	ub orgainized exc	lusively		
	for the p.	leasure, recreati	on and		
	other non-	-profitable purpo	ses		
	Did the susse	:		voor vibioli viona mak kakadi am klin	
2			inificant program services during the	· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	es 🔼 No
3	•	ribe these new services o		how it conducts any program	
3		nization cease conducti	ng, or make signıficant changes ın		- MA-
				· · · · · · · · · · · · · · · · · · ·	es 🗵 No
4	· ·	ribe these changes on So			
4	expenses. Se	ction 501(c)(3) and 501(c		its three largest program services, as moort the amount of grants and allocations	
4a	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
		<u>N/</u>	<u>A</u>		
					
4b) (Revenue \$	
		<u>N</u>	I/A		
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
70	(Oode.) (Expenses #	N/A) (Nevende 🛡	/
			N/A		
			·		
			·		•••••
			······		•••••
		······			
4d	Other program	n services (Describe in S	chedule O.)		
	(Expenses \$		grants of \$) (Revenue	ue\$)	
4e		service expenses			



Part IV Checklist of Required Schedules		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	 - -	-
complete Schedule A	1		_
	2		×
Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		_×
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
candidates for public office? If "Yes," complete Schedule C, Part I	3	<u></u>	×
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1	
election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	ĺ
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	1	
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1	1	ĺ
Part III	_		
Pid the annual transfer manufacture and the state of the	5	├	_×
	•	•	•
Proceedings and the control of the c			
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<u>her: See Schedule of Other Expenses PT IX Line 24e.</u>			
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		1 P	
		1 P	
		1 A	

Part	Checklist of Required Schedules (continued)			
00	Did the annual to the second of the second o		Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	·	×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	_	×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30	<u> </u>	
38	Part VI	37	 -	×
	TO CHARLES THE COLD WAS INCOMED TO LOUDING IN COLUMNIC COLUMNIC COLUMNIC CO.			, #

Part	 .			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a`	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	<u></u>	163	 -
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	,		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2 b	×	i
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	63		P 4 3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country. ▶	- 7 a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_	'	
7	gifts were not tax deductible?	6b	·\$i </td <td>48</td>	48
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	43. C.	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			—
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.3	1	7,80
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	200	7,5	1 1
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	, ¥.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	*.		
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0.			
11	Section 501(c)(12) organizations. Enter:			ļ
a b	Gross income from members or shareholders	-	r	
U	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	 	-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	'		1
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1	1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	truct	
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 143	<i>i</i> .		
	If there are material differences in voting rights among members of the governing body, or	× ×	`1	«, ~
	if the governing body delegated broad authority to an executive committee or similar	, .	*	1.1
	committee, explain in Schedule O.		8	
b	Enter the number of voting members included in line 1a, above, who are independent . 143			-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	, ,	×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	3 ,		
а	The governing body?	8a		×
b	Each committee with authority to act on behalf of the governing body?	8b		×
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by	3, 6		, .
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	×		
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	,,,	,	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160	- 35.	
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		×
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	-€° ~	- ~	4
	organization's exempt status with respect to such arrangements?	16b	10	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► RI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	corde	· •	
20	Derek Tipton, 230 Wood Street, Bristol, RI 02809 (401)253-3490	Jords		

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	officer and a director/trustee)					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)A. Pinnault	5.00									***
President				×	ļ			0.	0.	0.
(2) J. Olsen V. President	5.00			×				8,610.	0.	0.
(3) D. Toms Recording Secretary	5.00			×				756.	0.	0.
(4)S. Tipton Financial Secretary	10.00			×				13,002.	0.	0.
(5) D. Araujo Treasurer	5.00			×				17,390.	0.	0.
(6) J. Franco Director	5.00	×						0.	0.	0.
(7)S. Cavalierı Directer	5.00	×						0.	0.	0.
(8) K. Alice Director	5.00	×						0.	0.	0.
(9) J. Cotta Director	5.00	×						0.	0.	0.
(10)R. Sousa Director	5.00	×						0.	0.	0.
(11)R. Sılvia Director	5.00	×						0.	0.	0.
(12)R. Tetraualt Director	5.00	×						0.	0.	0.
(13) P. Rodriques Director	5.00	×						0.	0.	0.
(14) L. Fortin Employee	20.00				×			8,520.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					-	C)							
	(A) (B)					ition	. 41		(D)	(E)		(F)	
•	Name and title	Average					than one is both		Reportable	Reportab	le	Estimated	i
		hours per	office				or/trus		compensation	compensation	n from	amount o	f
		week (list any hours for	95	3	Q	~	욕포	ת	from	related		other	
		related	des	stiti	Officer	ey e	필출	Former	the organization	organizatio (W-2/1099-N		compensate from the	
		organizations	Individual trustor or director	l to	"	Key employee	est c	 4	(W-2/1099-MISC)		,	organizatio	
		below dotted	9 =	na i	ĺ	Q	[™] Š					and relate	
		line)	ustee	Institutional trustee		8	Peg					organizatio	ns
		1	o o	tee			Highest compensated employee		1	ļ	1		
					<u> </u>	<u> </u>	g.						
(15) M	. Arel	20.00]	1									
E	mployee		<u> </u>			×			26,260.	<u> </u>	0.		0.
(16) S	. Zasowski	5.00											
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1b	Sub-total	L	L	Ц		L			75,088.		0.		0.
			-	•	•		•		73,080.				
c	Total from continuation sheets to Part			•	•		•		75.000	ļ			
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	75,088.	<u> </u>	0.		0.
2	Total number of individuals (including but		d to th	ose	e list	ted a	above	e) w	ho received m	ore than \$1	00,00	0 of	
	reportable compensation from the organi	ization >											
												Yes	
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsate	d	
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ivid	ual					3	×
4	For any individual listed on line 1a, is the	sum of re	porta	ble (соп	nper	nsatio	n a	ind other comp	ensation fr	om th	e 🗔 🗚 👯	5 47 1
	organization and related organizations	greater th	an \$	150,	000)? //	f "Ye	s, "	complete Sch	nedule J fo	r suc		10-
	individual											4	×
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m anv	/ un	related organiz	zation or inc	dividua	al a i	191
_	for services rendered to the organization											5	×
Section	on B. Independent Contractors												<u> </u>
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ore that receive	ed more tha	n \$10	n nnn of	
•	compensation from the organization. Rep												tax
	year.	50.1 05pc		J	J		۵.0	,	your onding in	0		942400	
	<u> </u>							т		 1			
(A) Name and business address						1	(B) Description of s	ervices		(C) Compensation			
	Traine and business add							├—					
								 					
							_	↓_					
								<u> </u>					
								<u>_</u>					
2	Total number of independent contractor							o th	nose listed ab	ove) who		,	toly tea
	received more than \$100,000 of compens	ation from	the o	rgan	ızat	ion	•					* _F \ -	

	T	<u> </u>												<u> </u>
Part	УШ	Statement of Reve												
-	•	Check if Schedule C) contains a	a resp	onse or note t		ne in thi (A) revenue	Rel ex fui	(B) ated or sempt action venue	Ų	(C) Inrelated business revenue	excl	(D) Revenue uded from tax der sections 512-514	<u> </u>
ं इ	1a	Federated campaigns		1a		 		10	veriue	- "		 	312-314	
Grants nounts	b	Membership dues .		1b	5,005.	-		1		}				
Q E	c	Fundraising events .	<u> </u>	1c	5,991.	-	•				,			
Gifts, (ilar An	d	Related organizations		1d	<u> </u>	-								
r, G	e					1						,		
ons Sir	f	Government grants (contributions) All other contributions, gifts, grants,		16		_				1		,		
uti	•	and similar amounts not inc		1f					. ×					^
t i	g	Noncash contributions include	L			-	ta -	4,	,				â	
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1				ļ	0,996.	1	, % «		4	14.8%		
_		Total. Add lines 1a-1	<u> </u>		Business Code	5 r 2	J, 990.	27.5		<u> </u>	.3 . 3	120		
eun	2a			-	- Dudiness Code	3847.83		<u> </u>	- 24.4.		4.1		<u> </u>	
Sev.	za b				·			 						
e F				·		-		 	_	 		 		
Ž	c d									 		 		
u Š	u			-				<u> </u>		ļ		 		
Iau	4	All other programs as		·		ļ		-				 		
Program Service Revenue	g	All other program ser			•	1			\	1 (5 2)		l Esä		
	3	Total. Add lines 2a-2 Investment income	(including d	dwider	nde interest	-		£ 200 cm	· · ·	l (tég)		:### T		
	·	and other similar amo			>		0.3		0		0.2			^
	4	Income from investmen	· ·			<u> </u>	83.		0.	 	83.	 		0.
	5			iipt boii	a proceeds			 -		.				
	J	rioyanics	(ı) Real	· · ·	(II) Personal	5.50°	V /21 %	***	79 KW C	 	74.5 /8 ₆ .	1 1880 1	1811	×
	6a	Gross rents	4,0		(-)			Y		٠,				
	b	Less: rental expenses	4,0	J1.			·, ', ',			ļ.,				* 1
	C	Rental income or (loss)	4,0	51			''' Na È	, , , , , , , , , , , , , , , , , , , ,	'Gal	7 3073				٤
	d	Net rental income or (J1.			. AE1	15.			4 051			لنظا
	7a	Gross amount from sales of	(i) Securitie	es I	(II) Other	. Mr.	1,051.	<u> </u>	0.		4,051.	- 98.60	¥	0.
		assets other than inventory	(7		(1) 0 11101					8 0				
	b	Less: cost or other basis				100	*1	100		,				
ĺ	_	and sales expenses .				450.	1			ŀ.				
	С	Gain or (loss)					` <i>i</i> i)	3 1	*	18		24.	\$ 3
	d	Net gain or (loss)				<u> </u>	^		<u>*</u>		<u> </u>		2 .	1
e e		Gross income from fu	ndroioina	Ĺ	· · · · ·					8.	* 1		* ,	
Other Revenue	oa	events (not including \$	5,991.	-		188,	*	1	r 4		* :	1	*	<
ě		of contributions reporte					· · · · · ·	· ·		- "	 		******	
F.		See Part IV, line 18 .						İ		1 %.	*			:
ţ	h	Less: direct expenses				İ		'		,				
0		Net income or (loss) for			vents . ►			1						
		Gross income from ga			VC(110 . P	} -								
		See Part IV, line 19 .												
1	b	Less: direct expenses				ł]						
		Net income or (loss) fi			ties ▶							ļ		
		Gross sales of in		_						ļ				
		returns and allowance			291,531.					i				
	b	Less: cost of goods s			114,176.							ĺ		j
		Net income or (loss) fi				177	,355.	17	7,355.		0.	 		 0.
ł		Miscellaneous R			Business Code	<u> </u>	, , , , , ,		,,,,,,,			 		٠.
ł	11a													
	b			├						 		 		_
	c			├			-	-				 		
ļ	d	All other revenue .		-		 				 		 		
}		Total. Add lines 11a-			•			 						_
İ	12	Total revenue See in		• •		102	105	17	7 355		4 124			

	X Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con			ns must complete	column (A).
	Check if Schedule O contains a respon				<u> </u>
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,346.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	373101		, ,	
3	Grants and other assistance to foreign			, , ,	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			, , , , , , , , , , , , , , , , , , ,	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	75,088.			
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0.000			
10	Payroll taxes	8,028.	<u> </u>		
11	Fees for services (non-employees):			ł	
a	Management				
b	Legal	600			
C	Accounting	600.		 	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				\$.
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,844.			
14	Information technology				
15	Royalties ,				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			~	
19	Conferences, conventions, and meetings . Interest				
20 21	Interest				
22	Depreciation, depletion, and amortization .	<u> </u>	 	<u> </u>	
23	Insurance	6,398.		-	
24	Other expenses. Itemize expenses not covered	7 3 30 .			
24	above (List miscellaneous expenses in line 24e. If			1	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank Service Fees	131.			
b	Equipment Repairs	1,499.			
С	Taxes/Licenses	23,682.			
d	Building Maintence	15,618.			
е	• • • •	30,278.			
25	Total functional expenses. Add lines 1 through 24e	168,512.	3,103.	27,175	5.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 9,183. 1 9,991. 2 2 42,826. 50,429. 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 8 Inventories for sale or use Prepaid expenses and deferred charges . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 698,208 10b Less: accumulated depreciation 674,235. 698,208. Investments—publicly traded securities 11 11 12 Investments—other securities, See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 726,244. 16 758,628. 17 17 Accounts payable and accrued expenses 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔯 and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 726,244. 32 758,628. 33 726,244. 758,628. 33 758,628. Total liabilities and net assets/fund balances 726,244.

	V /				,
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	92,4	<u>85.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	68,5	12.
3	Revenue less expenses. Subtract line 2 from line 1	3		23 , 9	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72	26,2	44.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1			
	33, column (B))	10	7:	50,2	<u>17.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
			r	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or 🔅 🗼		, <u>, , , , , , , , , , , , , , , , , , </u>
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		` <u>&</u>		
b	Were the organization's financial statements audited by an independent accountant?		. 2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a	a 🔣	****	1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			\mathcal{A}	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			,	
	of the audit, review, or compilation of its financial statements and selection of an independent account		<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain 1	n		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ii	n 📉		
	the Single Audit Act and OMB Circular A-133?		. За		×
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_	е		-
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	l	
			Form	990	(2017)

Form **990** (2017