

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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

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

Go to www.irs.gov/Form990 for instructions and the latest information. 1712

Department of the Treasury Internal Revenue Service

Form 990 header section containing organization name (Fallen Angel Fund), EIN (27-3101011), address (4590 Paula Dr, Winston-Salem, NC 27127), and principal officer (Rosemarie Lawson).

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for contributions, program revenue, grants, and total assets/liabilities.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Rosemarie Lawson, dated 12/18/18.

Paid Preparer Use Only section with fields for preparer name, signature, date, and firm information.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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**Part III Statement of Program Service Accomplishments**

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

- 1 Briefly describe the organization's mission:  
The purpose of the Fund is to pay veterinary expenses for injured or sick feral and stray cats that are being fed daily by caretakers. These caretakers may not be able to afford veterinary care. Sadly, a slow painful death may be the outcome for some of the cats. With funds for vet care, many of these cats are enabled to recover and live full, good lives. The caregiver knows almost immediately if the cat qualifies for financial assistance. If so, our Partner Vets can quickly provide life saving evaluation, treatment, surgery, & pain relief
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: \_\_\_\_\_) (Expenses \$ 13501.00 including grants of \$ 0) (Revenue \$ 0)  
**Program: Veterinary Medical Care funding for Injured or Sick Feral/Stray Cats**  
Fallen Angel Fund helped trap and transport 71 injured or sick feral/stray cats to veterinary hospitals for a total of 83 visits during the year 2017. The Fund paid \$13,501 in veterinary bills and medications during 2017. All feral and stray cats that were treated are being taken care of on a daily basis in managed colonies by community caregivers. All cats receiving funded veterinary care had previously been or were spayed/neutered and vaccinated at time of treatment for health benefits and for population control.

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
 N/A

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
 N/A

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ N/A--0 including grants of \$ N/A--0) (Revenue \$ N/A--0)

4e Total program service expenses **▶ 13501.00**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 19 numbered questions regarding organizational requirements and schedules.

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| <b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>   |     | ✓  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   |     | ✓  |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | ✓  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>  |     | ✓  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           |     | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     | ✓  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     | ✓  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     | ✓  |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>   |     | ✓  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | ✓  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | ✓  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | ✓  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | ✓  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | ✓  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | ✓  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | ✓  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | ✓  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  |     | ✓  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  |     | ✓  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | ✓  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | ✓  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | ✓   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and sponsoring organizations.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | <b>5</b>                            |                                     |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent . . . . .   | <b>5</b>                            |                                     |
| <b>2</b>  | 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? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>3</b>  | 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>a</b>  | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | 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 . . . . .   |                                     | <input checked="" type="checkbox"/> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            | Yes                                 | No                                  |
|------------|-------------------------------------|-------------------------------------|
| <b>10a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>   |                                     |                                     |
| <b>11a</b> | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   |                                     |                                     |
| <b>12a</b> | <input checked="" type="checkbox"/> |                                     |
| <b>b</b>   | <input checked="" type="checkbox"/> |                                     |
| <b>c</b>   | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  |                                     | <input checked="" type="checkbox"/> |
| <b>14</b>  |                                     | <input checked="" type="checkbox"/> |
| <b>15</b>  |                                     |                                     |
| <b>a</b>   |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>   |                                     | <input checked="" type="checkbox"/> |
| <b>16a</b> |                                     | <input checked="" type="checkbox"/> |
| <b>b</b>   |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **North Carolina**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records. ►  
**Fallen Angel Fund, c/o Rosemarie Lawson, 4590 Paula Dr, Winston-Salem, NC 27127**

**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 employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|-------------------------------------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer                             | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Rosemarie Lawson<br>Director, President      | 10   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (2) Andrea Greenleaf<br>Director, Vice President | 2  | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (3) Sandra Wells<br>Director, Secretary          | 2  | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (4) Terry Jones<br>Director, Treasurer           | 4  | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (5) Jan Flowers<br>Director                      | 1  | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (6)  |  |  |                       |                                     |              |                              |        |  |   |   |
| (7)  |  |  |                       |                                     |              |                              |        |  |   |   |
| (8)  |  |  |                       |                                     |              |                              |        |  |   |   |
| (9)  |  |  |                       |                                     |              |                              |        |  |   |   |
| (10)   |  |  |                       |                                     |              |                              |        |  |   |   |
| (11)   |  |  |                       |                                     |              |                              |        |  |   |   |
| (12)   |  |  |                       |                                     |              |                              |        |  |   |   |
| (13)   |  |  |                       |                                     |              |                              |        |  |   |   |
| (14)   |  |  |                       |                                     |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15)   |  |   |                       |         |              |                              |        |  |   |   |
| (16)   |  |   |                       |         |              |                              |        |  |   |   |
| (17)   |  |   |                       |         |              |                              |        |  |   |   |
| (18)   |  |   |                       |         |              |                              |        |  |   |   |
| (19)   |  |   |                       |         |              |                              |        |  |   |   |
| (20)   |  |   |                       |         |              |                              |        |  |   |   |
| (21)   |  |   |                       |         |              |                              |        |  |   |   |
| (22)   |  |   |                       |         |              |                              |        |  |   |   |
| (23)   |  |   |                       |         |              |                              |        |  |   |   |
| (24)   |  |   |                       |         |              |                              |        |  |   |   |
| (25)   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              | 0      | 0  | 0   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | 0      | 0  | 0   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | 0      | 0  | 0   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | ✓  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | ✓  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | ✓  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| None                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

|   |  |  |          | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|--|--|----------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>   | <b>1a</b> Federated campaigns  | <b>1a</b>  | 0        |                      |  |   |  |
|   | <b>b</b> Membership dues   | <b>1b</b>  | 0        |                      |  |   |  |
|   | <b>c</b> Fundraising events  | <b>1c</b>  | 0        |                      |  |   |  |
|   | <b>d</b> Related organizations   | <b>1d</b>  | 0        |                      |  |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>  | 0        |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above   | <b>1f</b>  | 15175.00 |                      |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$  |  | 0        |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f  |  |          | 15175.00             |  |   |  |
|   |  |  |          |                      |  |   |  |
| <b>Program Service Revenue</b>                                      | <b>2a</b> None   |  |          | 0                    | 0  | 0                                       | 0  |
|   | <b>b</b> 0   |  |          | 0                    | 0  | 0                                       | 0  |
|   | <b>c</b> 0   |  |          | 0                    | 0  | 0                                       | 0  |
|   | <b>d</b> 0   |  |          | 0                    | 0  | 0                                       | 0  |
|   | <b>e</b> 0   |  |          | 0                    | 0  | 0                                       | 0  |
|   | <b>f</b> All other program service revenue   |  |          | 0                    | 0  | 0                                       | 0  |
|   | <b>g Total.</b> Add lines 2a-2f  |  |          | 0                    | 0  | 0                                       | 0  |
|   |  |  |          |                      |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts)   |  | 0        | 0                    | 0  | 0                                       |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |  | 0        | 0                    | 0  | 0                                       |  |
|   | <b>5</b> Royalties   |  | 0        | 0                    | 0  | 0                                       |  |
|   | <b>6a</b> Gross rents  | (i) Real   | 0        | 0                    |  |   |  |
|   |  | (ii) Personal  | 0        | 0                    |  |   |  |
|   |  | <b>b</b> Less: rental expenses                           | 0        | 0                    |  |   |  |
|   |  | <b>c</b> Rental income or (loss)                         | 0        | 0                    |  |   |  |
|   | <b>d</b> Net rental income or (loss)   |  | 0        | 0                    | 0  | 0                                       |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities   | 0        | 0                    |  |   |  |
|   |  | (ii) Other   | 0        | 0                    |  |   |  |
|   |  | <b>b</b> Less: cost or other basis<br>and sales expenses | 0        | 0                    |  |   |  |
|   |  | <b>c</b> Gain or (loss)                                  | 0        | 0                    |  |   |  |
|   | <b>d</b> Net gain or (loss)  |  | 0        | 0                    | 0  | 0                                       |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c)<br>See Part IV, line 18 | <b>a</b>   | 0        |                      |  |   |  |
|   |  | <b>b</b> Less: direct expenses                           | 0        |                      |  |   |  |
|   |  | <b>c</b> Net income or (loss) from fundraising events    |          | 0                    | 0  | 0                                       | 0  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19   | <b>a</b>   | 0        |                      |  |   |  |
|   |  | <b>b</b> Less: direct expenses                           | 0        |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities                |  |  | 0        | 0                    | 0  | 0                                       |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances | <b>a</b>   | 0  |          |                      |  |   |  |
|   | <b>b</b> Less: cost of goods sold  | 0  |          |                      |  |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory  |  | 0        | 0                    | 0  | 0                                       |  |
| <b>Miscellaneous Revenue</b>  |  |  |          |                      |  |   |  |
| <b>11a</b> None   | <b>Business Code</b>   |  |          | 0                    | 0  | 0                                       | 0  |
|   |  |  |          | 0                    | 0  | 0                                       | 0  |
|   |  |  |          | 0                    | 0  | 0                                       | 0  |
|   | <b>d</b> All other revenue   |  |          | 0                    | 0  | 0                                       | 0  |
|   | <b>e Total.</b> Add lines 11a-11d  |  |          | 0                    | 0  | 0                                       | 0  |
| <b>12 Total revenue.</b> See instructions                           |  |  | 15175.00 | 0                    | 0  | 0                                       |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   | 0                     | 0                               |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22  | 0                     | 0                               |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16   | 0                     | 0                               |  |                             |
| <b>4</b> Benefits paid to or for members   | 0                     | 0                               |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 0                     | 0                               | 0                                      | 0                           |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0                     | 0                               | 0                                      | 0                           |
| <b>7</b> Other salaries and wages  | 0                     | 0                               | 0                                      | 0                           |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 0                     | 0                               | 0                                      | 0                           |
| <b>9</b> Other employee benefits   | 0                     | 0                               | 0                                      | 0                           |
| <b>10</b> Payroll taxes  | 0                     | 0                               | 0                                      | 0                           |
| <b>11</b> Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b> Management  | 0                     | 0                               | 0                                      | 0                           |
| <b>b</b> Legal   | 0                     | 0                               | 0                                      | 0                           |
| <b>c</b> Accounting  | 0                     | 0                               | 0                                      | 0                           |
| <b>d</b> Lobbying  | 0                     | 0                               | 0                                      | 0                           |
| <b>e</b> Professional fundraising services See Part IV, line 17  | 0                     |                                 |  | 0                           |
| <b>f</b> Investment management fees  | 0                     | 0                               | 0                                      | 0                           |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 0                     | 0                               | 0                                      | 0                           |
| <b>12</b> Advertising and promotion  | 0                     | 0                               | 0                                      | 0                           |
| <b>13</b> Office expenses  | 0                     | 0                               | 0                                      | 0                           |
| <b>14</b> Information technology   | 309.00                | 0                               | 309.00                                 | 0                           |
| <b>15</b> Royalties  | 0                     | 0                               | 0                                      | 0                           |
| <b>16</b> Occupancy  | 0                     | 0                               | 0                                      | 0                           |
| <b>17</b> Travel   | 0                     | 0                               | 0                                      | 0                           |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     | 0                               | 0                                      | 0                           |
| <b>19</b> Conferences, conventions, and meetings   | 0                     | 0                               | 0                                      | 0                           |
| <b>20</b> Interest   | 0                     | 0                               | 0                                      | 0                           |
| <b>21</b> Payments to affiliates   | 0                     | 0                               | 0                                      | 0                           |
| <b>22</b> Depreciation, depletion, and amortization  | 0                     | 0                               | 0                                      | 0                           |
| <b>23</b> Insurance  | 0                     | 0                               | 0                                      | 0                           |
| <b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |  |                             |
| <b>a Bank/Transaction Fees</b>   | 13.00                 | 0                               | 13.00                                  | 0                           |
| <b>b Medication &amp; Medical Supplies</b>   | 465.00                | 465.00                          | 0                                      | 0                           |
| <b>c Veterinary Services</b>   | 13036.00              | 13036.00                        | 0                                      | 0                           |
| <b>d</b>   | 0                     | 0                               | 0                                      | 0                           |
| <b>e All other expenses</b>  | 0                     | 0                               | 0                                      | 0                           |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 13823.00              | 13501.00                        | 322.00                                 | 0                           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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

|  |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|---|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .  | 3069.00                  | <b>1</b>   | 4421.00            |
|  | <b>2</b> Savings and temporary cash investments . . . . .   | 0                        | <b>2</b>   | 0                  |
|  | <b>3</b> Pledges and grants receivable, net . . . . .   | 0                        | <b>3</b>   | 0                  |
|  | <b>4</b> Accounts receivable, net . . . . .   | 0                        | <b>4</b>   | 0                  |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   | 0                        | <b>5</b>   | 0                  |
|  | <b>6</b> 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 . . . . . | 0                        | <b>6</b>   | 0                  |
|  | <b>7</b> Notes and loans receivable, net . . . . .  | 0                        | <b>7</b>   | 0                  |
|  | <b>8</b> Inventories for sale or use . . . . .  | 0                        | <b>8</b>   | 0                  |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 0                        | <b>9</b>   | 0                  |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b> 0             |            |                    |
|  | <b>b</b> Less: accumulated depreciation . . . . .   | <b>10b</b> 0             | <b>10c</b> | 0                  |
|  | <b>11</b> Investments—publicly traded securities . . . . .  | 0                        | <b>11</b>  | 0                  |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .  | 0                        | <b>12</b>  | 0                  |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .   | 0                        | <b>13</b>  | 0                  |
|  | <b>14</b> Intangible assets . . . . .   | 0                        | <b>14</b>  | 0                  |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .  | 0                        | <b>15</b>  | 0                  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  | 3069.00   | <b>16</b>                | 4421.00    |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .   | 0                        | <b>17</b>  | 0                  |
|  | <b>18</b> Grants payable . . . . .  | 0                        | <b>18</b>  | 0                  |
|  | <b>19</b> Deferred revenue . . . . .  | 0                        | <b>19</b>  | 0                  |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .   | 0                        | <b>20</b>  | 0                  |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   | 0                        | <b>21</b>  | 0                  |
|  | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  | 0                        | <b>22</b>  | 0                  |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  | 0                        | <b>23</b>  | 0                  |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  | 0                        | <b>24</b>  | 0                  |
| <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . . | 0   | <b>25</b>                | 0          |                    |
| <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 0   | <b>26</b>                | 0          |                    |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |            |                    |
|  | <b>27</b> Unrestricted net assets . . . . .   |                          | <b>27</b>  |                    |
|  | <b>28</b> Temporarily restricted net assets . . . . .   |                          | <b>28</b>  |                    |
|  | <b>29</b> Permanently restricted net assets . . . . .   |                          | <b>29</b>  |                    |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                          |            |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .  | 3069.00                  | <b>30</b>  | 4421.00            |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .  | 0                        | <b>31</b>  | 0                  |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  | 0                        | <b>32</b>  | 0                  |
| <b>33</b> Total net assets or fund balances . . . . .  | 3069.00   | <b>33</b>                | 4421.00    |                    |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .   | 3069.00   | <b>34</b>                | 4421.00    |                    |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |                 |
|-----------|---|-----------|-----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | <b>15175.00</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | <b>13823.00</b> |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | <b>1352.00</b>  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | <b>3069.00</b>  |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | <b>0</b>        |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  | <b>0</b>        |
| <b>7</b>  | Investment expenses   | <b>7</b>  | <b>0</b>        |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  | <b>0</b>        |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | <b>0</b>        |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | <b>4421.00</b>  |

**Part XII Financial Statements and Reporting**

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

|   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  | <input type="checkbox"/> | <input type="checkbox"/>            |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Fallen Angel Fund

Employer identification number

27-3101011

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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 **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations 67
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A) None                           |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .   | 18680.00 | 15815.00 | 18755.00 | 18159.00 | 15173.00 | 86582.00  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 18680.00 | 15815.00 | 18755.00 | 18159.00 | 15173.00 | 86582.00  |
| <b>5</b> 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) . . . . . |          |          |          |          |          | 0         |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .   |          |          |          |          |          | 86582.00  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   | 18680.00 | 15815.00 | 18755.00 | 18159.00 | 15173.00 | 86582.00                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | 0        | 0        | 0        | 0        | 0        | 0                        |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  | 0        | 0        | 0        | 0        | 0        | 0                        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .   | 0        | 0        | 0        | 0        | 0        | 0                        |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |          |          |          |          |          | 86582.00                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          | 12       |          | 0                        |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | 100 %                               |
| <b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 100 %                               |
| <b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)  |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17                        | <b>18</b> | % |

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>1</b>  |                          |                          |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2</b>  |                          |                          |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3a</b>   |                          |                          |
| 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 <b>Part VI</b> when and how the organization made the determination  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3b</b>   |                          |                          |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3c</b>   |                          |                          |
| 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  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4a</b>   |                          |                          |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4b</b>   |                          |                          |
| 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 <b>Part VI</b> 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  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4c</b>   |                          |                          |
| 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 <b>Part VI</b> , 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). | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5a</b>   |                          |                          |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5b</b>   |                          |                          |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>5c</b>   |                          |                          |
| 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 <b>Part VI</b> .   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>6</b>  |                          |                          |
| 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).  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>7</b>  |                          |                          |
| 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)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>8</b>  |                          |                          |
| 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 <b>Part VI</b> .   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9a</b>   |                          |                          |
| 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 <b>Part VI</b> .   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9b</b>   |                          |                          |
| 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 <b>Part VI</b> .  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>9c</b>   |                          |                          |
| 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.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>10a</b>  |                          |                          |
| 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.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>10b</b>  |                          |                          |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> 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.   |     |    |

**Section B. Type I Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to 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 controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).  |     |    |
| <b>3</b> 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 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.   |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |  |  |
| <b>a</b> 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities |  |  |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |  |  |
| <b>a</b> 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? Provide details in Part VI.   |  |  |
| <b>b</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   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**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 organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3  | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).  | <b>8</b>  |                |                             |
| <b>Section B - Minimum Asset Amount</b>   |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.  | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |                |                             |
| <b>Section C - Distributable Amount</b>   |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>  |                |                             |
| <b>2</b> Enter 85% of line 1.   | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year   | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | <b>6</b>  |                |                             |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |           |                |                             |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity            |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions |                     |
| <b>9</b> Distributable amount for 2017 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2017</b> | <b>(iii)<br/>Distributable<br/>Amount for 2017</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2017 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions  |                                     |   |  |
| <b>3 Excess distributions carryover, if any, to 2017</b>   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b> From 2013   |                                     |   |  |
| <b>c</b> From 2014   |                                     |   |  |
| <b>d</b> From 2015   |                                     |   |  |
| <b>e</b> From 2016   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2017 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2012 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f  |                                     |   |  |
| <b>4</b> Distributions for 2017 from Section D, line 7   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2017 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions                         |                                     |   |  |
| <b>7 Excess distributions carryover to 2018</b> Add lines 3j and 4c  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2013  |                                     |   |  |
| <b>b</b> Excess from 2014  |                                     |   |  |
| <b>c</b> Excess from 2015  |                                     |   |  |
| <b>d</b> Excess from 2016  |                                     |   |  |
| <b>e</b> Excess from 2017  |                                     |   |  |



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Fallen Angel Fund

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Employer identification number

27-3101011

Form 990, Part VI, Section B, 11b - Review of 990 conducted by distribution of Form and Schedules plus accounting reports of all 2017

activity for verification, comparison, discussion by Board of Directors.

Form 990, Part VI, Section B, 12 - Written conflict of interest policy: Policy applies to any Director/Officer who (through business,

investment, or family) has actual or potential financial interest, including ownership or investment interest, or compensation arrangement

with any entity or individual that the Organization has, or is negotiating, a transaction or arrangement. On discovery of possible conflict,

the involved person discloses all material facts to Directors considering proposed transaction/arrangement. Discussion ensues, person

exits to allow remaining Directors to discuss and determine if conflict exists. If it does, governing body may investigate alternatives to the

proposed transaction/arrangement that would alleviate the conflict. If no alternative exists, the non-involved governing body members

vote on whether the proposed transaction/arrangement is fair, reasonable, and in best interest of Organization, and act accordingly.

To ensure operations are consistent with charitable purposes, periodic reviews are conducted. Reviews determine whether compensation

arrangements and benefits are reasonable, partnerships/joint ventures/management arrangements conform to the Organization's written

policies and serve charitable purposes appropriately and do not produce personal gain or jeopardize tax-exempt status. Additional steps

include monitoring financials for appropriate recipients of funds, ensuring funds disbursed only to veterinarians, pharmacies, or vendors

providing commercial services or products for Organization. Funds not distributed to caretakers, Board of Directors, Officers, volunteers.

Form 990, Part VI, Section B, Q 13 & 14 - Creating policies: Whistleblower, Document Retention and Destruction - not adopted yet

Form 990, Part VI, Section B, Q 15a & 15b - No. This is a 100% volunteer directed, managed, and run Organization, no compensation provided.

Form 990, Part VI, Section C, Q 19 - Forms/governing documents provided to NC Secretary of State and to GuideStar for their websites.

Also available upon written or telephone request made directly to Organization.

Form 990, Part VI, Section A, Q 1a - Voting rights of governing body, and governing body's delegation of authority to executive committee --

The Board is responsible for overall policy and direction of the Organization, and delegates' responsibility for day-to-day operations to the

Officers. The four officers serve as the members of the Executive Committee. Except for the power to amend the Articles of Incorporation

and Bylaws, the Executive Committee shall have all of the powers and authority of the Board of Directors in the intervals between meetings

of the Board of Directors, subject to the direction and control of the Board of Directors.

|                          |                                |
|--------------------------|--------------------------------|
| Name of the organization | Employer identification number |
|--------------------------|--------------------------------|

Area with horizontal dashed lines for providing additional information.