

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2017

Department of the Treasury

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

Open to Public Inspection

| | | nue Service | - do to www.ns.govn ormssocz for moduca. | | | | لبب | |
|---------------|-----------------------------|--------------------------|---|----------------|---------------------|---------------|---------------|--------------------------------|
| | | | r year, or tax year beginning June 1 | , 2017, | and ending | | 1ay 31 | |
| | heck if ap | | C Name of organization | | / I | n Fwbl | | entification number |
| \equiv | ddress c | _ | New Jersey BoysState Foundation, Inc | danas) (79) | I Boom/suite | F 7-1 | | 23675313 |
| $\overline{}$ | lame cha | - | Number and street (or P O box, if mail is not delivered to street add | dress) 🔐 | Room/suite | E Telep | | |
| = | nitial retur inal returi | n/terminated | 19 Christopher Lane | | <u> </u> | | | 9-306-2714 |
| = | mended | | City or town, state or province, country, and ZIP or foreign postal c | ode | م کم ا | F Grou | • | , |
| | pplicatio | n pending | Eastampton, NJ 08060 | | 07 | | ber 🕨 | |
| G A | ccount | ling Method [.] | ☐ Cash | | Н С | heck 🕨 | ► ⊠ .r | the organization is not |
| I W | ebsite/ | :.▶ <u>njbsf</u> | org | | r | equired | to atta | ach Schedule B |
| J Ta | x-exen | npt status (ch | ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) | 4947(a)(1) c | or □527 (I | Form 99 | 90, 990 |)-EZ, or 990-PF). |
| KF | orm of | organization | ☑ Corporation ☐ Trust ☐ Association | Other | | | | |
| L A | dd line: | s 5b, 6c, and | 7b to line 9 to determine gross receipts. If gross receipts are | 9 \$200,000 or | more, or if total a | assets | | |
| (Par | t II, col | umn (B) belov | are \$500,000 or more, file Form 990 instead of Form 990- | EZ | _ | | ▶ \$ | 86,291 |
| Pa | art I | Revenu | e, Expenses, and Changes in Net Assets or F | und Baland | ces (see the i | nstruc | tions | for Part I) 📝 |
| | | Check if | the organization used Schedule O to respond to a | ny question | in this Part I | | | 🔲 |
| 7 | 1 | Contribution | ns, gifts, grants, and similar amounts received | | | | 1 | 41,444 |
| 7 | 2 | Program s | ervice revenue including government fees and contract | cts | | Ī | 2 | |
| • | 3 | = | p dues and assessments | | | | 3 | |
| 7 | 4 | Investmen | income | | | İ | 4 | 19,934 |
| | 5a | Gross amo | unt from sale of assets other than inventory | 5a | | Ī | | |
| | b | Less cost | or other basis and sales expenses | 5b | | | | |
| | С | | ss) from sale of assets other than inventory (Subtract | | line 5a) . | | 5c | |
| | 6 | | d fundraising events | | , | ļ | | - · · · |
| | a | - | ome from gaming (attach Schedule G if greater | than | | | | |
| Pe | _ | \$15,000) | | 6a | 1 | | | |
| Revenue | ь | Gross inco | me from fundraising events (not including \$ | | of contributions | $\overline{}$ | | |
| é | _ | | aising events reported on line 1) (attach Schedule G | | | | | |
| Œ. | | | h gross income and contributions exceeds \$15,000) | | 1 | | | |
| | c | | | 6c | | | i | |
| | ď | | e or (loss) from gaming and fundraising events (add | | d 6b and sub | tract | , | |
| | <u> </u> | line 6c) | | | | | 6d | |
| | 7a | | Miniphtory, less returns and allowances | 7a | 1 | · · | | |
| | 11 - | | of goods sold | <u>76</u> | | | | |
| | 12 | Cess cost | ழு இந்து sales of inventory (Subtract line 7b fro | | . | | 7c | |
| | 80,52 ₅ | Other reve | ove (described Schedule O) | in line ray | | | 8 | |
| | 9 | Total row | nue (describe in Schedule O) | | | | 9 | 61,378 |
| | 10 | DGDE | nue. Add illnes 1, 2, 3, 4, 5c, 6d, 7c, and 8 | · · · · · | · · · · · · | | 10 | 01,378 |
| | 11 | | aid to or for members | | | } | 11 | |
| " | ł | • | | | | | | |
| Expenses | 12 13 | | ther compensation, and employee benefits 🔯 al fees and other payments to independent contracto | | | | 12 | 1 470 |
| en | 1 | | • | | | | | 1,173 |
| - X | 14 | • | | | | } | 14 | 404 |
| ш | 15 | | ublications, postage, and shipping | | | } | 15 | 181 |
| | 16 | | enses (describe in Schedule O) | | | . [| 16 | 40,122 |
| | 17 | | enses. Add lines 10 through 16 | | | | 17 | 41,476 |
| ţ | 18 | | (deficit) for the year (Subtract line 17 from line 9) . | | | | 18 | 19,902 |
| SSe | 19 | | or fund balances at beginning of year (from line 27 | | | - 1 | | |
| ĕ | | • | ar figure reported on prior year's return) | | | | 19 | 224,689 |
| Net Assets | 20 | | nges in net assets or fund balances (explain in Schedi | | | | 20 | |
| | 21 | | or fund balances at end of year Combine lines 18 th | rough 20 | <u> </u> | . ▶ | 21 | 244,591 |
| For | Paper | work Reduc | ion Act Notice, see the separate instructions. | Car | No 10642I | | | Form 990-EZ (2017) |

| Pai | Balance Sheets (see the instructions f | • | | | | |
|-----------|---|---|---|---|---------------------|--|
| | Check if the organization used Schedule | O to respond to a | | Part II | • | (B) End of year |
| 00 | Cook soulings and investments | | - | 60,466 | | 59,803 |
| 22 23 | Cash, savings, and investments | | - | 00,400 | 23 | 37,003 |
| 24 | Other assets (describe in Schedule O) | | | 174,341 | _ | 192,425 |
| 25 | Total assets | | | 234,808 | - | 252,228 |
| 26 | | | | 10,120 | 26 | 7,637 |
| 27 | Net assets or fund balances (line 27 of column | | | 224,688 | 27 | 244,591 |
| Par | t III Statement of Program Service Accom | | | art III) | | |
| | Check if the organization used Schedule | | | | (0 | Expenses |
| Vha | at is the organization's primary exempt purpose? | Support and improv | e the ALJBS Program | <u> </u> | | uired for section c)(3) and 501(c)(4) |
| as m | cribe the organization's program service accomplismeasured by expenses. In a clear and concise makens benefited, and other relevant information for ea | anner, describe th ch program title. | e services provided | ogram services, , the number of | orgar other | nizations, optional for s) |
| 28 | Hosted Family Day Picnic at ALJBS 2018 for all Dele | gates, Parents, and S | Staff | | | |
| | | | | | | |
| | | | ants, check here . | | 28a | 22,592 |
| 29 | Covered County Athletic Shirts, Technology, EMS, ar | nd College Fair relat | ed expenses at ALJBS | 5 2018 | | |
| | | ••• | | | | [|
| | (Granta \$) If this amount | includes foreign ar | ants, check here . | | 29a | 0.210 |
| 30 | Paid for 19 Delegates to attend ALIBS 2019 | | | | 298 | 9,210 |
| 30 | raid for 10 Delegates to attend ALDBS 2010 | | | | | |
| | | | | | | |
| | (Create C) If this amount | inalijdas farajas ar | anta abaak bara | | 20- | 4 500 |
| 21 | | | ants, check here . | ▶ □ | 30a | 4,500 |
| 31 | Other program services (describe in Schedule O) | | | | | 4,500 |
| | Other program services (describe in Schedule O) (Grants \$) If this amount | Includes foreign gr | ants, check here | · · · · · · · · · · · · · · · · · · · | 30a 31a 32 | 36,302 |
| 32 | Other program services (describe in Schedule O) | Includes foreign gra hrough 31a) | ants, check here . | | 31a 32 | 36,302 |
| 32 | Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t | includes foreign gr hrough 31a) Employees (list eac | ants, check here h one even if not comp | oensated—see the in | 31a 32 | 36,302 |
| 32 | Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a total V List of Officers, Directors, Trustees, and Key | includes foreign gr hrough 31a) Employees (list eac | h one even if not company question in this compensation (Forms W-2/1099-MISC) | pensated—see the in Part IV. (d) Health benefits, contributions to employ benefit plans, and | 31a 32 nstruc | 36,302 tions for Part IV) |
| 32 Par | Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a total | includes foreign grand hrough 31a). Employees (list each of to respond to a (b) Average hours per week | ants, check here | pensated—see the in Part IV | 31a 32 nstruc | 36,302 tions for Part IV) |
| 32 Par | Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title | includes foreign grand hrough 31a). Employees (list each of to respond to a (b) Average hours per week | h one even if not company question in this compensation (Forms W-2/1099-MISC) | pensated—see the in Part IV. (d) Health benefits, contributions to employ benefit plans, and | 31a 32 nstruc | 36,302 tions for Part IV) |
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| | Part | · · · · · · · · · · · · · · · · · · · | | | | • |
|----|-----------------|--|------------|----------|---|-----------|
| - | | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | s Part | | | |
| | 20 | Did the assessment on any area front activity and assessment and the IDCO M W II id- | | Yes | No | |
| _ | 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | ~ | - [? |
| ?1 | 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | , | 112 |
| | 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | ~ | • |
| | b c | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b 35c | | | - |
| | 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | , | |
| | 37a b 38a | Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 37b | | | |
| | | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . | 38a | | V | <u> 2</u> |
| | 39 a | If "Yes," complete Schedule L, Part II and enter the total amount involved | | , 54 | , . 1 | |
| | b 40a | Gross receipts, included on line 9, for public use of club facilities |] ' | . ", | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| | b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | | [[] |
| | С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | *1 | | ., . | |
| | d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | , | ٠- ا | ٠. ١ | |
| | е | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | <u>. </u> | İ |
| | 41 | List the states with which a copy of this return is filed ▶ New Jersey | | L | ــــــــا | • |
| | 42a | The organization's books are in care of ▶ Dominic Santillo Telephone no. ▶ | 609-30 | 6-271 | 4 | • |
| | b | Located at ► 19 Christopher Lane, Eastampton, NJ ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No | |
| | | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | 42b | | V | İ |
| | | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | •; | |
| | | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: | 42c | | ~ | |
| | 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | · · | Yes | ► □ No | |
| | 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | <u> </u> | |
| | b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | ** * * | 1 |] |
| | c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | <u> </u> | V | į |
| | 45a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | Vig. 17 | 1 | |
| | | Form 990-EZ (see instructions) | 45b | ستخت | لند | : |

| orm 9 9 | 90-EZ (2017) | | | | | F | age 4 |
|------------------|---|---|--|--|---|-----------|---|
| | | | | | . — | Yes | No |
| 46 | Did the organization engage, directly or in to candidates for public office? If "Yes," of | ndirectly, in political c | ampaign activities on | behalf of or in opposi | tion | | |
| 0-4 | | | , raili | | 46 | <u> </u> | ~ |
| Part | | | 47 40h | 50 l-t- th | | | |
| | All section 501(c)(3) organization | s must answer que | stions 47-49b and | 52, and complete th | ie tables t | or iin | es |
| | 50 and 51. | | | D 114 | | | _ |
| | Check if the organization used Sc | nedule O to respond | to any question in ti | nis Part VI | <u>· · · · · · · · · · · · · · · · · · · </u> | 1.4 | <u> </u> |
| 47 | Did the experience energy in labelium | antivitua au hava a | ti 501/h) -lti- | - !# | A | Yes | No |
| 41 | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par | | * * | _ | | 1 | _ ا |
| 40 | | | | | | - | V |
| 48 | Is the organization a school as described in | | · · | | . 48 | <u> </u> | ~ |
| 49a | Did the organization make any transfers t | | - | | 49a | | V |
| - p | If "Yes," was the related organization a se | | | | . 49b | | <u>L. </u> |
| 50 | Complete this table for the organization's | tive nignest compen | sated employees (oth | er than officers, direct | ors, truste | es, an | d ke |
| | employees) who each received more than | 1 \$ 100,000 of compe | nsation from the organ | | e, enter "N | lone. | |
| | (a) Name and title of each ampleyed | (b) Average | (c) Reportable | (d) Health benefits, contributions to employee | (e) Estimate | ed amo | unt of |
| | (a) Name and title of each employee | hours per week devoted to position | compensation (Forms W-2/1099-MISC) | benefit plans, and deferred | | | |
| | | | | compensation | | | |
| | No employees, and no compensation paid | | | | | | |
| o Tru | stees | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| f | Total number of other employees paid ov | | | <u>.</u> | | | |
| 51 | Complete this table for the organization | s five highest comp | ensated independent | contractors who eacl | n received | more | thar |
| | \$100,000 of compensation from the orga | nization. If there is no | one, enter "None." | | | | |
| | (a) Name and business address of each independ | lent contractor | (b) Type of serv | ice (c |) Compensati | on | |
| | | · · · · · · · · · · · · · · · · · · · | | ` | | | _ |
| I/A | ••••• | | 1 | | | | |
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| | | | <u> </u> | | | | |
| d | | _ | | | | | |
| 52 | Did the organization complete Schedu | ıle A? Note: All se | ection 501(c)(3) orgai | nizations must attacl | h a_ | | |
| | completed Schedule A | | <u> </u> | | _ ► ☐ Yes | <u> </u> | No_ |
| nder p ue, co | enalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other than | return, including accompan n officer) is based on all info | ying schedules and stateme ormation of which preparer h | nts, and to the best of my kilas any knowledge | nowledge and | l belief, | ıt ıs |
| | D. ICO | | , , | | | | |
| ign | Signature of officer | | | Date 12/3/2 | 2018 | | |
| lere | A Dominic Santillo Chairman | | | | | | |
| | Type or print name and title | | | | | | |

Preparer's signature

Date

Type or print name and title

Print/Type preparer's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Paid Preparer

Use Only

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer Identification number**

| Mem | Jersey Boys State Foundation, INC | | | | | 2230 | /531 | |
|------|---|---|--|-------------------------|---|--|-----------------------------------|--|
| Pa | Reason for Public Char | ity Status (All | organizations must | comple | te this p | art.) See instructio | ns. | |
| The | organization is not a private founda | tion because it is | s: (For lines 1 through | 12, chec | ck only or | ie box.) | 1 | |
| 1 | A church, convention of church | nes, or association | on of churches descri | bed in s e | ection 17 | 0(b)(1)(A)(i). | 1/ | |
| 2 | A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | |
| 3 | | spital 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 | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | |
| 6 | A federal, state, or local govern | | | | | | . W | |
| 7 | An organization that normally described in section 170(b)(1) | | | port from | a gover | nmental unit or from | the general public | |
| 8 | ☐ A community trust described in | | • | Dart II \ | | | | |
| 9 | _ | | | - | aratad in | conjugation with a l | and grant college | |
| 3 | An agricultural research organi or university or a non-land-grai university: | nt college of agr | iculture (see instruction | ons). Ente | er the nan | ne, city, and state of | the college or | |
| 10 | ☐ An organization that normally r | eceives: (1) more | e than 331/3% of its su | ipport fro | om contri | outions, membership | fees, and gross | |
| | receipts from activities related support from gross investment | to its exempt full income and uni | nctions—subject to co related business taxal | ertain ext ble incom | ceptions, ie (less se | and (2) no more that ection 511 tax) from | businesses | |
| | acquired by the organization at | fter June 30, 197 | 75. See section 509(a | 1)(2). (Co | mplete Pa | art III.) | | |
| 11 | An organization organized and | | | | | | | |
| 12 | ☐ An organization organized and | | | | | | | |
| | of one or more publicly suppo | | | | | | | |
| | Check the box in lines 12a thro | _ | | | - | , | - | |
| а | ; | | | | | | | |
| | the supported organization supporting organization. You | | | | | ne directors or trust | ees of the | |
| | | • | | | | upported organizati | on/s) by baying | |
| t | control or management of t | | | | | | | |
| | organization(s). You must | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | -gapp | |
| c | T | rated. A support | ting organization oper | ated in c | | | ally integrated with, | |
| c | | , , | • | | | | orted organization(s) | |
| | that is not functionally integ | | | | | | | |
| | requirement (see instruction | | | | | | | |
| e | | | | | | | e II, Type III | |
| | functionally integrated, or T | | | | | | | |
| f | Enter the number of supported of | organizations . | | | | | | |
| 6 | · | | | T | | | | |
| | (ı) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see | |
| | | | above (see instructions)) | | ment? | instructions) | instructions) | |
| | | | | Yes | No | | | |
| | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| Tota | | | | | | | <u> </u> | |
| 100 | 41 | I . | 1 | | | 1 | | |

Schedule A (Form 990 or 990-EZ) 2018 Page 2 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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 12,902 7,266 22,263 28,391 14,415 85,237 2 Tax levied revenues for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge 12,902 14,415 Total. Add lines 1 through 3 7,266 22,263 28,391 85,237 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 85,237 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 12,902 22,263 28,391 7,266 14,415 85,237 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 2,719 3,180 (4,339)13,648 18,084 33,292 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 118,529 11 1

| 12 | Gross receipts from related activities, etc. (see instructions) | 12 | | |
|------|---|----------------------|---|------------------|
| 3 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years organization, check this box and stop here | | | <u>,)</u> ▶ □ |
| ecti | on C. Computation of Public Support Percentage | | | |
| 4 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 72 | 2 % |
| 5 | Public support percentage from 2017 Schedule A, Part II, line 14 [| 15 | 7(| 0 % |
| 6a | 331/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 box and stop here. The organization qualifies as a publicly supported organization | | | · [|
| D | 331/3% support test – 2017. If the organization did not check a box on line 13 or 16a, and line 15 it this box and stop here. The organization qualifies as a publicly supported organization | | · · · · · · · · · · · · · · · · · · · | |
| 7a | 10%-facts-and-circumstances test – 2018. If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box a Part VI how the organization meets the "facts-and-circumstances" test. The organization organization | nd st as a | top here. Explain in publicly supported | n d |
| b | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 10 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check to Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization | his b on qu | ox and stop here valifies as a publicl | ∍. y |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check instructions | | | • <u> </u> |

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Schedule A (Form 990 or 990-EZ) 2018

| Part | (Complete only if you checked th | e box on line | e 10 of Part I | or if the orga | | | der Part II. |
|------------|--|------------------------|--|-----------------|--|-----------------|--------------|
| | If the organization fails to qualify | under the te | sts listed bel | ow, please co | omplete Part | ll.) | |
| | on A. Public Support | (=) 001.1 | (h) 0015 | 4-) 0040 | (4) 0047 | (2) 0040 | <u> </u> |
| Calen 1 | dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| • | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | ĺ | | |
| | furnished in any activity that is related to the | | | | | / | |
| 3 | organization's tax-exempt purpose Gross receipts from activities that are not an | | | | / | | |
| 3 | unrelated trade or business under section 513 | | ļ | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| • | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | / | | |
| 5 | The value of services or facilities | | | / | | | |
| | furnished by a governmental unit to the | | | / | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | ./ | | | |
| | received from disqualified persons . | | / | ļ | _ | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | 1 | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | / | | | | |
| 8 | Public support. (Subtract line 7c from | . / | 1 | | | | |
| _ | line 6.) | , / | | | | | |
| Secti | on B. Total Support | | <u> </u> | | | <u></u> | |
| Calen | dar year (or fiscal year beginning in) ▶ | (a) ₁ ⁄2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar sources. | / | | | | | |
| h | Unrelated business taxable income (less | · | | | | | |
| b | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b / | | - | | | | |
| 11 | Net income from unrelated business | | | | | | |
| · | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| 40 | (Explain in Part VI.) | | | | | ļ | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | o organizatio | n's first socon | d third fourth | or fifth tay v | oar as a soctio | n 501(a)(3) |
| 17 | organization, check this box and stop he | • | | | • | | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2018 (line | | | 13, column (f)) | | 15 | % |
| 16 | Public support percentage from 2017 Scl | • • • • | - | | | | % |
| Secti | on D. Computation of Investment In | come Perce | ntage | | | | |
| 17 | Investment income percentage for 2018 (| | • • • | - | | | % |
| 18 | Investment income percentage from 2017 | | | | | | <u>%</u> |
| 19a | 331/3% support tests—2018. If the organ | | | | | | |
| B | 17 is not more than 331/3%, check this box | • | - | • | | - | |
| b | 331/3% support tests—2017. If the organization 18 is not more than 331/3%, check this | | | | , | | • |
| 20 | Private foundation. If the organization di | - | _ | • | | • | _ |
| 40 | THE TOTAL PROPERTY OF THE PROP | a not oncor a | | i, iou, oi iou, | ションシス はまる カリス | | |

V-a Na

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 | Section | A. All | Supporting | ∣ Organizations |
|---|---------|--------|------------|-----------------|
|---|---------|--------|------------|-----------------|

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 **Part VI** what controls the organization put in place to ensure such use.
- 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7's If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - **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.)

| 3a 3a 3b 3c 3c 3c 3c 3c 3c 3c | |
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| 10b | 1 |

| Part | Supporting Organizations (continued) | | | |
|--------------|--|----------|----------|---|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | , | , | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | <u> </u> |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | 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, | | | ľ |
| | 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. | | <u></u> | / |
| _ | | 1 | | ļ |
| 2 | 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. | | | |
| Secti | on C. Type II Supporting Organizations | 2 | | <u> </u> |
| Secti | on o. Type it supporting organizations | | Yes | l Nia |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | res | No |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | <u> </u> | 1 | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | ······ | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | on or all type in dappering diguinzations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | \Box | 163 | 140 |
| - | 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 | <u> </u> | ١ , | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | N-00- |
| 2 | 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). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | ļ |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | <u> </u> |
| | supported organizations played in this regard. | 3 | | |
| <u>Secti</u> | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | nstru | ction | s). |
| а | The organization satisfied the Activities Test, Complete line 2 below. | | | |
| Ь | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in: | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | ' | <u>'</u> |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | · | , | 14 |
| | 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. | | · | ۔۔۔۔ ۔ |
| ı. | · | 2a | | <u> </u> |
| 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. | | ******** | |
| ^ | | 2b | | ļ |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | <u> </u> |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | [:] |
| | orns supported organizations in Tes, describe in rait vi the fole played by the organization in this regard. | עט ן | | 1 |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | |
|--|-------|---|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | ' | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | 34 |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C-Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | <u></u> |
| 2 Enter 85% of line 1. | 2 | P . | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | - | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | • | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | , | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions). | ly in | tegrated Type III supporting | organization (see |

| | e A (Form 990 or 990-EZ) 2018 |) C | | Page |
|--------------|--|-----------------------------|---------------------------------------|----------------------------------|
| Part | V Type III Non-Functionally Integrated 509(a)(3 | Supporting Organi | zations (continued) | |
| Secti | on D-Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| | Amounts paid to perform activity that directly furthers exe | | orted | |
| - | organizations, in excess of income from activity | mpt parposes or suppe | riod | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | ponsive | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | | (3) | (ii) | (iii) |
| Sect | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2018 | Distributable Amount for 2018 |
| 1_ | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See | | | |
| | instructions. | | <u> </u> | |
| 3 | Excess distributions carryover, if any, to 2018 | la g | | |
| a | From 2013 | , | - | 1 ја |
| <u>b</u> | From 2014 . | • | , | |
| Ç | From 2015 | | | |
| <u>_d</u> | From 2016 | | <u> </u> | |
| 0 | From 2017 | | | |
| f_ | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2018 distributable amount | | | |
| <u> </u> | Carryover from 2013 not applied (see instructions) | | | |
| _ <u>i_</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | , , | • , | • 1 |
| | Section D, line 7. | | | |
| _ <u>a</u> _ | Applied to underdistributions of prior years | | | <u> </u> |
| _ <u>b</u> _ | Applied to 2018 distributable amount | | | |
| _ <u>c</u> _ | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | , |
| | | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | , | , | |
| | | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c. | | | ļ |
| 0 | Breakdown of line 7: | | | 14 |
| 8_ | Excess from 2014 | <u> </u> | | |
| _a b | Excess from 2014 | | | |
| C | Excess from 2016 | · · | <u> </u> | |
| d | F 60 0047 | | | |
| | Excess from 2017 | - 49 | · · · · · · · · · · · · · · · · · · · | |