Short Form OMB No. 1545-1150 **Return of Organization Exempt From Income Tax 2017** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Inspection Department of the Tressury Internal Revenue Service ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information . 20 2017, and ending For the 2017 calendar year, or tax year beginning 10/01 C Name of organization B Check Fapplicable: **Jartford Community Shop Corp** 201669499 Address change Number and street (or P.O. box, if mell is not delivered to street address) E Telephone number Name change 3345880484 Initial mism Final return/ferrals City or town, state or province, country, and ZIP or foreign postal code F Group Examption Amended mium Hartford, AL 36344 Number > Application pending Other (specify) H Check ▶ if the organization is not ✓ Cash Accrual G Accounting Method: required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or K Form of organization: Corporation Trust ☐ Association Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 52462 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 0 Program service revenue including government fees and contracts 2 0 Membership dues and assessments . . . 3 3 0 Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Garning and fundraising events Gross income from garning (attach Schedule G if greater than |6a| Gross income from fundraising events (not including \$ Oof contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b AUG 8 2019 Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract RECEIVED ENT'S Y DEPT **6d** Gross sales of inventory, less returns and allowances 52462 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C n 8 Other revenue (describe in Schedule O) 52462 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10790 Grants and similar amounts paid (list in Schedule O) 10 0 11 Benefits paid to or for members 10537 12 Salaries, other compensation, and employee benefits . . . 17763 13 Professional fees and other payments to independent contractors 13 Occupancy, rent, utilities, and maintenance 8788 14 15 162 Printing, publications, postage, and shipping. 15 4981 Other expenses (describe in Schedule O) 16

SCANNED CT 2 2 20

17

18 19

20

21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.

end-of-year figure reported on prior year's return)

Excess or (deficit) for the year (Subtract line 17 from line 9)

Other changes in net assets or fund balances (explain in Schedule O) . . .

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Total expenses. Add lines 10 through 16 .

Cat. No. 106421

Form 990-EZ (2017)

19

20



914

53019

(557)

45271

(1441)

43830

Form	990-EZ (2017)					Page 2
Рa	It II Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[2223	22	782
23	Land and buildings		[43048	23	43048
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[45271	25	43830
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n tine 21)	45271	27	43830
Par	Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		•
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲	_	Expenses
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
Davier	cribe the organization's program service accomplis	shments for each o	f its three largest o	rogram services.		nizations; optional for
as n	neasured by expenses. In a clear and concise m	nanner, describe the	services provided	, the number of	othe	rs.)
pers	ons benefited, and other relevant information for ea	ach program title.				
28	Hartford Museum					
						Ì
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🛘	28a	5000
29	Hartford Cat Rescue					
						l
	***************************************					1
	(Grants \$) if this amount	includes foreign gra	ints, check here .	▶ 🔲	29a	300
30	Music Scholarship					
						}
						1
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🛘	30a	1000
31	Other program services (describe in Schedule O)					
	•	includes foreign gra	ints, check here .	▶ □	31a	4490
32	Total program service expenses (add lines 28a t				32	10790
Par	List of Officers, Directors, Trustees, and Key	Employees (list eacl	one even if not comp	ensated-see the in	struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this l	Part IV		🗆
		(b) Average	(c) Reportable componention	(d) Health benefits, contributions to amploye		
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)			ther compensation
	•	Gevoled to position	(if not paid, enter -0-)	deferred compensation		
Amy	Warren	30	•			
Mana	ager		10537			
Kenn	eth Goodnight	30 .			1	
Presi	dent] 30 `	l o	ļ		
Gloria	a Grady				1	
Vice	President	1 20			+	
Gene	President	30	0		-	
Secn	President					
		0				
	Brannon		0			
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	#Structions for Part 4.) Check it the organization used Schedule O to respond to any question at the	3 ran	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		1
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		1
ь	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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 $\ldots \ldots \ldots \ldots \ldots \ldots$	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37ь		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	00		
_		38a		
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	tritiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	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		√
	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			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a perty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		J
	List the states with which a copy of this return is filed ▶	<u> </u>		
	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		V1	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	120	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	42b		
	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:	42 c		✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. •	D
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
_	Did the organization operate one or more hospital facilities during the year? If "Yoc," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
đ	If "Yes" to line 44c; has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		✓

Form 99	00-EZ (2017)	· · · · · · · · · · · · · · · · · · ·			Page 4			
46	Did the organization engage, directly or into candidates for public office? If "Yes,"				Yes No ition 48 ✓			
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization	s only	· · · · · · · · · · · · · · · · · · ·					
	50 and 51 Check if the organization used Sc	hedule O to respond	to any question in the	nis Part VI				
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election	n in effect during the	tax Yes No			
48	Is the organization a school as described in)? if "Yes," complete \$	Schedule E	. 48 🗸			
49 a								
50	If "Yes," was the related organization a se Complete this table for the organization's			er than officers direct	. 49b \square \forestrustees and key			
50	employees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation				
		. "		•				
f 51	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe		contractors who eac	h received more than			
	(a) Name and business address of each independ	tent contractor	(b) Type of servi	CB (C	Compensation			
			-					

d 52	Total number of other independent contra Did the organization complete Schedu completed Schedule A		• •		ha .▶☑ Yes ☐ No			
	enalties of perjury, I declare that I have examined this							
rue, con	rect, and complete. Declaration of preparer (other ther	officer) is based on all info	metion of which preparer h	as any knowledge.				
Sign Here	Signature of officer Kenneth God	dright	Presdent	Date - 10-30-	18			
Paid	Type or print name and title Print/Type preparer's name Michele Culverhouse	Promoter	Det Sa	24/16 Check Self-empk				
Prepa	arer 2500 County Pood 100	7	- Vy	Firm's EIN ▶	272147892			
Use (Firm's address ▶ Hartford, AL 38344			Phone no.	3342580025			
Vlay th	e IRS discuss this return with the prepare	r shown above? See i	nstructions		► ✓ Yes □ No			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Description of the organization is a section 501(c)(3) organization or a section 4947(a)(1) noncompt charitable trust.

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

OMB No. 1545-0047

20-1820/7

Open to Public

Inspection

Name of the organization

Employer Identification number 201689499

Harti	ord Community Shop Corp					2016	39499		
Pai							ns.		
The	organization is not a private found								
1	A church, convention of church	ches, or associati	ion of churches descr	ibed in se	ection 17	О(Б)(1)(А)(і). (Y		
2	A school described in section		•				<i>/</i>		
3	A hospital or a cooperative ho								
4	A medical research organizati	-	onjunction with a hosp	pital deco	ribod in e	xootion 170(b)(1)(A)	(iii). Enter the		
_	hospital's name, city, and stat								
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 gover								
7	An organization that normally described in section 170(b)(1)		-	port from	a gover	nmental unit or fron	n the general public		
8	A community trust described	in section 170(b)	(1)(A)(vij. (Complete	Part II.)					
9	An agricultural research organ or university or a non-land-gra university:	int college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or		
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu It income and un	nctions—subject to c related business taxai	ertain ex ble incom	xeptions, ie (less si	and (2) no more that ection 511 tax) from	n 331/a% of its		
	☐ An organization organized and	•	•	-					
12	An organization organized and								
	of one or more publicly supp Check the box in lines 12a thro								
8	Type I. A supporting organization supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	jority of t	• • • • • • • • • • • • • • • • • • • •			
b	Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its a	upportod organizati	on(s), by having		
٠.	control or management of	• • • •	_		persons	that control or man	age the supported		
	organization(s). You must	complete Part I	V, Sections A and C	•					
C	Type III functionally integer its supported organization						ally integrated with,		
đ	Type III non-functionally that is not functionally inte requirement (see instructional property).	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an			
•	Check this box if the organ functionally integrated, or						e II, Type III		
f	Enter the number of supported								
g	Provide the following information		orted organization(s).						
	(i) Name of supported organization	(M) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)	****		· · · · · · · · · · · · · · · · · · ·						
(C)									
(D)									
(E)				<u> </u>					

Schedu	le A (Form 990 or 990-EZ) 2018						Page 2
Part							7
•	(Complete only if you checked t						ality under
	Part III. If the organization fails to	o quality uno	er une tests in	stea below, p	lease comple	te Part III.	
	ion A. Public Support	(-) 0014	(h) 2015	(-) 2016	/-D 0047	(-) 0040	60 T-4-1
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		Ì		ł		
	include any "unusual grants.")			1		/	
_				 		/	
2	Tax revenues levied for the organization's benefit and either paid	l		ł	1 /	}	
	to or expended on its behalf						
_	•				 		
3	The value of services or facilities			İ	l /		
	furnished by a governmental unit to the organization without charge	[1	Į.			
_		 	<u> </u>		/		
4	Total. Add lines 1 through 3 \ .	1		7		E. Calendario	
5	The portion of total contributions by			7.7			
	each person (other than a				CHARLES TO PE		
	governmental unit or publicly				道在大家中心		
	supported organization) included on line 1 that exceeds 2% of the amount	A CONTRACTOR	CONTRACTOR OF THE PERSON AND PERS	B (8) 3)			
	shown on line 11, column (f)		A STATE AND	EM ASS	Carlo ta a la di di	10 mg	
6	Public support. Subtract line 5 from line 4	PARTY COLUMN					
	on B. Total Support	CONTRACT ASSESSMEN	THE PARTY OF THE P	FILE STREET	Marine State - Lands	15 1 Be . Soul N	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					() = 1	(4):042
8	Gross income from interest, dividends.					-	······································
	payments received on securities loans,		\ /				
	rents, royalties, and income from	Í		•		1	
	similar sources		V				
9	Net income from unrelated business						
	activities, whether or not the business			1	;	1	
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets	/ /	`	.			
	(Explain in Part VI.)						
11		1.70		7			
12	Gross receipts from related activities, etc			: ::\: : :		12	
13	First five years, if the Form 990 is for the organization, check this box and stop he		i's inst, secon	a, mira, tourin	, or titth tax ye	er as a section	
Coali	on C. Computation of Public Suppor			· · · / · ·	<u> </u>	· · · · · ·	· · • U
14	Public support percentage for 2018 (line)			1 cokers (d)		14	
15	Public support percentage from 2017 Sci	• • •	•	T, Commission (13)		15	<u>%</u>
16a	331/s% support test—2018. If the organi			con line 13. ar	d line 14 is 33		
	box and stop here. The organization qua						▶ □
b	3316% support test-2017, if the organi	zation did not	check a box o	n line 13 or 16	a. and line 15	is 331,5% or mo	
	this box and stop here. The organization						▶ 🗆
17a	10%-facts-and-circumstances test-2	D18. If the orga	anization did n	ot check a box	k on line 13, 10	Sa. or 16b. and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "					•	•
	organization /				\cdots		▶ 🗆
b	10%-facts-end-circumstances test-2						
	15 is 10% or more, and if the organiza	ation meets th	e "facts-and-o	circumstancec'	toct, chock t	thic box and s	top here.
	Explain in Part VI how the organization r	neets the "fact	ts-and-circum:	stances" test.	The organization	eo colillayó no	a publicly
	supported organization					/	▶ 🗆
18	Private foundation. If the organization di	d not check a	box on line 13.	, 16a, 16b, 17a	, or 17b, checl	k this box and s	:88
	instructions /					<u>· · · \ ·</u>	▶ □
	. /				Sch	edule A (Form 1990	or 990-EZ) 2018

Part I							
	(Complete only if you checked to if the organization fails to qualify						nder Part II.
Section	on A. Public Support	20/3	2014	2015	2016	2017	
	lar year (or fiscal year beginning in)	(a) 2014	(b) 2916	(c) 2010	(d) 2017	(e)-2018	(f) Total
	Gifts, grants, contributions, and membership fees			V-7	197	10,20.0	(7.00=
	received. (Do not include any "unusual grants.")	52729	69481	73594	66582	52492	314878
	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		-				·
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the 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						
6	Total. Add lines 1 through 5	52729	69481	73594	66582	52492	314878
7a .	Amounts included on lines 1, 2, and 3 received from disqualified persons .		-	-			
-	Amounts included on lines 2 and 3 received from other than disquelified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from				Acceptance of	•	171151-7
	line 6.)			<u> </u>			1147C
	n B. Total Support	2013	2014	2015	2916	2017	
	ar year (or fiscal year beginning in)	(a) 2014	(b) 2016	(o) 2016 -	- (d) 2017 -	(e) 2018	(f) Total
	Amounts from line 6	52729	69481	73594	66582	52492	314787
(Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
:	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				·	·	
I	Other income. Do not include gain or oss from the sale of capital assets (Explain in Part VI.)						-
13	Total support. (Add lines 9, 10c, 11, and 12.)	52729	` 69 481	73594	66582	52492	314787
	First five years. If the Form 990 is for thorganization, check this box and stop he			i, third, fourth,	=		n 501(c)(3) ▶ □

16	Public support percentage from 2017 Schedule A, Part III, line 15	16	100 %
Sect	on D. Computation of Investment Income Percentage		
17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	94
19a	331/s% support tests-2018. If the organization did not check the box on line 14, and line 15 is mo	re tha	n 331/s%. and line

Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . .

Section C. Computation of Public Support Percentage

- 17 is not more than 331,5%, check this box and stop here. The organization qualifies as a publicly supported organization . 🏓 📋
 - b 3314% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 3314%, and line 18 is not more than 331/x9%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🔲

100 %

PartilV 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Sa Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," unswer (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?
- 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 filling 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).
- 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).
- 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 VL
- © 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.)

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Schedule A (Form 990 or 990-EZ)	2018
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Page 5

Part	V Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
8	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			يعد بال
	below, the governing body of a supported organization?	118	<b>!</b>	<u> </u>
	A family member of a person described in (a) above?	11b		<b>↓</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.	11c	<u> </u>	<u> </u>
Secti	on B. Type I Supporting Organizations		154	1
_			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,			. ,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	i		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Secti	on C. Type II Supporting Organizations	1-	<u> </u>	Ь
<u> </u>	on o. Type it oupperais organization		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	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	1		
	the supported organization(s).	1		Г
Secti	on D. All Type III Supporting Organizations	<u> </u>		J
			Yes	No
1	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?	1		
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			
	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.			
<del></del>		3		<u> </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 it	nstru	ction	S).
8	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.  ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (		-4	امحما
С 2	Activities Test. Answer (a) and (b) below.		Yes	
	** **		163	140
8	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	j t	•	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	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.	2ь		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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.	3a		
h	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		

Partiv Type III Non-Functionally Integrated 509(a)(3) Supporting On	_		·
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section AAdjusted 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)
1 Aggregate fair market value of all non-exempt-use assets (see	1		
instructions for short tax year or assets held for part of year):	- A	Reserved to the second of the second	100
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	П	THE REAL PROPERTY.	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporting	organization (see
(networkings)		• • • • • • • • • • • • • • • • • • • •	

Part	V Type III Non-Functionally Integrated 509(a)(	<ol> <li>Supporting Organ</li> </ol>	izations (continued)	
Sect	ion D—Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of supp	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
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 whice (provide details in Part VI). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ī) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	大学·"宝宝代学·	and William	
2	Underdistributions, if any, for years prior to 2018. (reasonable cause required—explain in Part VI). See instructions.			a.
3	Excess distributions carryover, if any, to 2018	304.67		
ä	Fiuii 2013	Print I		
ь	From 2014			The state of the s
C	From 2015	251		
d	From 2016			7
0	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	and the second of the second of		
h	Applied to 2018 distributable arrivent	L. L. M. M.	Later to his wife and	
i_	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			han
4	Distributions for 2018 from Section D, line 7:		1	
8	Applied to underdistributions of prior years	AND THE PROPERTY.		
ь	Applied to 2018 distributable amount	<b>新文字</b>	16. 建物品,产品	
C	Remainder. Subtract lines 4a and 4b from 4.	•	外の一個を	THE THE PARTY OF
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 <b>Part VI</b> . 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.			
8	Breakdown of line 7:			
a	Excess from 2014	the training of	The state of the s	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Ь	Excess from 2015	g. b	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	44 17 May 20 20 1
C	Excess from 2016		は書かればの後の点	
d	Excess from 2017			19
6	Excess from 2018			

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Schedule A (	Schedule A (Form 990 or 990-EZ) 2018 Page 1			
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			
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## SCHEDULE 0 (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

Name of the grasnization

➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Hartford Community Shop Corp	201669499
Form 990EZ Part 1 Line 16 Sales Tax \$4981	
Form 990EZ Part III Line 31Donated items to needy families including clothes and household items \$4490	
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