Professional fees and other payments to independent contractors ?...

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

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

Net assets or fund balances at end of year. Combine lines 18 through 20

Other expenses (describe in Schedule O) 2 . .

Total expenses. Add lines 10 through 16 .

Net assets or fund balances at end of year. Combine I

2 NY5

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

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

21259.60

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Form 990-EZ (2018)

OCT 2 1 2019

OGDEN, UTAH

T OILL	380-12. (2010)					rage 🚣	
Pai	t II Balance Sheets (see the instructions f	•					
	Check if the organization used Schedule	O to respond to ar				· · · · · · · · · · · · · · · · · · ·	
			<u> </u>	(A) Beginning of year	L_	(B) End of year	
22	Cash, savings, and investments		<u> 2</u>	1259.60	22	31836.60	
23	Land and buildings		· · · · · · [.		23		
24	Other assets (describe in Schedule O)			0577.00	+	10577 00	
25	Total assets			1836 60	+	42413.60	
26	Total liabilities (describe in Schedule O)		_	4000.00	26	40.440.00	
27 Par	Net assets or fund balances (line 27 of column till Statement of Program Service Accom			1836.60	2/1	42413 60	
rai	Check if the organization used Schedule				1	Expenses	
Mha			rin Vermont Support		i Re	Turni (or section (c)(3) and 501(c)(4)	
Desc as n	cribe the organization's program service accomplishes the organization's program service accomplishes the organization of each of the control	shments for each o	f its three largest pr	ogram services,	org	(c)(3) and 501(c)(4) anizations; optional for ers.)	
28	Phoenix Fire Department	ion program title.			╀		
26	- Hoches are confidential and the confidential and		······································		1	457.00	
]	1	
5	(Grants \$) If this amount	includes foreign ara	ints, check here .	<u> </u>	28:		7
29					120		
_						}	
	4				1	}	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	• 🗅	29	<u>.</u>	
30				<u></u>	1		
	+ + + + + + + + + + + + + + + + + + +				1		
			• • • • • • • • • • • • • • • • • • •			}	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	30:	a	
31	Other program services (describe in Schedule O)						
			ants, check here .		31:	a	
32	Total program service expenses (add lines 28a t	through 31a)		🕨	32	457.00	
Par	List of Officers, Directors, Trustees, and Key				nstr	ctions for Part IV)	
	Check if the organization used Schedule	O to respond to a				<u> </u>	
	?i (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation) Estimated amount of other compensation	
	ky Fratus, President, as needed				\top		
	Box 339, Bondville, VT 05340						
	Kilbum, Vice President, as needed	1					
PO	Box 339, Bondville, VT 05340				_		
	an Simonetti, Secretary, as needed		i .				
-	30x 339, Bondville, VT 05340				4		
	Polhemus, Treasurer, as needed	1	1		- 1		
PO	Box 339, Bondville, VT 05340				_		
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Form 991	0-EZ (2018)	/		ge 3
Part '	Other Information (Note the Schedule A and personal benefit contract statement requirement	nts in ti	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Parl	۲V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide detailed description of each activity in Schedule O	33		— х.
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforme copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	B	,	— і Х
35a	change on Schedule O. See instructions		 	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?			
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset during the year? If "Yes," complete applicable parts of Schedule N	36	<u> </u>	<u> </u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		CONT.	TA .
ь 39	ff "Yes," complete Schedule L, Part II and enter the total amount involved			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 495 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			X I
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelte transaction? If "Yes," complete Form 8886-T	r 40e		×
41	List the states with which a copy of this return is filed ▶ Vermont		· · ·	
42a	The organization's books are in care of ▶ Rocky Fratus, President, as needed Telephone no. ▶ 80 Located at ▶ Bondville, VT ZIP + 4 ▶	2-297-29 05343	27	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	r 42b	+	No X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank an Financial Accounts (FBAR).	127		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		<u>X</u>
43	Section 4947(a)(1) nonexempt chantable 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	<u> </u>	Yes	No
44a	completed instead of Form 990-EZ	44a		X
Ь	completed instead of Form 990-EZ	e 44b	网络	
4	Did the organization receive any payments for indoor tanning services during the year?	44c 1 44d	THE STATE OF	亞別
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			×

Form 99	0-EZ (2018)				Page 4	
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of					
Part		s Only				
	Check if the organization used Sci	hedule O to respond	to any question in the	nis Part VI		
•					Yes No	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	tll			47 X	21
48	is the organization a school as described II					
49a	Did the organization make any transfers t	•	•		· · · · · · · · · · · · · · · · · · ·	
50	If "Yes," was the related organization a se Complete this table for the organization's			er than officers dire	49b X	;
50	employees) who each received more than					
	(e) 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 employ benefit plans, and defen compensation	ee (e) Estimated amount of	•
						,
						,
						•
						•
			ļ			
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compo anization. If there is no	ensated independent one, enter "None."	· · · · · · · · · · · · · · · · · · ·		
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	lce	(c) Compensation	
		··········				
						_

d 52	Total number of other independent control Did the organization complete Schedu completed Schedule A			nizations must atta	ach a ►ØYes □ No	
Under p	receities of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	mturn, including accompan	ying schedules and statems	ents, and to the best of my		
Sign	Signature of officer					
Here	Type or print name and title	Description,	-72-	Date \S	OCT 2019	
Paid	Print/Type preparer's name	Prenarer signature	Es Illa	te Check 09/15/19 setf-em		92
Prep Use	Only Firm's name Miss Bella's Accounting	·		Flm's EIN ▶	51-0543529	•
	Firm's address ► 235 Orchard Lane Tayl he IRS discuss this return with the prepare		iperructions	Phone no. 826	3-493-6860 · ▶ ☐ Yes ☑ No	
·vicey U	no and discuss and rotain was the prepare				Form 990-EZ (2018)	

SCHEDULE A (Form 990 er 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) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Winhall Industrial Society Inc

Employer identification number 23-7044599

		muustnai oodiety iito					20-1044099	
Par	t I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The o	organi	ization is not a private founda	ition because it i	s: (For lines 1 through	12, che	ck only o	ne box.)	
1		church, convention of churc	hes, or associati	on of churches descri	ibed in se	ection 17	'0(b)(1)(A)(i).	
2	□ A	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	z).) ' U'\	1
3		hospital or a cooperative hos						
4	_	medical research organization ospital's name, city, and state	•	onjunction with a hosi	oital desc	nbed in a	section 170(b)(1)(A)	(iii). Enter the
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	tal unit described in
6	□A	federal, state, or local gover	nment or govern	mental unit described	in secti	on 170(b))(1)(A)(v).	
7	_	in organization that normally escribed in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8		community trust described	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9	0	in agricultural research organi ir university or a non-land-gra niversity:						
10	re si a	in organization that normally in eceipts from activities related upport from gross investment cquired by the organization a	to its exempt fu t income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See section 509(a	ertain ex ble incon a)(2). (Co	ceptions, ne (less si mplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 331/3% of its
11		In organization organized and	operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12		in organization organized and						
		f one or more publicly support theck the box in lines 12a thro						
а		Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ajority of t		
b		Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	ion(s), by having
		control or management of organization(s). You must				e persons	that control or man	age the supported
C		Type III functionally integ its supported organization(ally integrated with,
đ		Type III non-functionally in that is not functionally integ requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement ar	
е		Check this box if the organ functionally integrated, or 1	ization received Type III non-func	a written determination	on from toporting	he IRS th organizat	at it is a Type I, Type ion.	e II, Type III
f		ter the number of supported o						[
g	Pro	ovide the following information	n about the supp	orted organization(s).	,			-
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
(A)								
(B)		=						
(C)								
(D)				···		 		***************************************
(E)								
					T.		1	1

Total

`	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality unde	or the tests he	sted below, p	icase compi	sto r art iii.j	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(4) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<u>/</u>	<u></u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						,
	on B. Total Support						
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(1) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
9	Similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Expîaîn în Part Vî.)					ì	
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	ie organization	n's first, secon		,		on 501(c)(3)
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6			1, column (f))	\	14	%
15 16a	Public support percentage from 2017 Sch 331/a% support test—2018. If the organi box and stop here. The organization qual	izatîon dîd not	check the box		nd lîne 14 îs 3: 	15 3 ¹ / ₃ % or more,	check this
, p	331/a% support test 2017. If the organization this box and stop here. The organization				•	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the organization	eets the "facts facts-and-circ	-and-circumsta umstances" te 	ances" test, chest. The organi	neck this box a zation qualifies	and stop here s as a publicity 	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ition meets the eets the "fact	e "facts-and-c ts-and-circums	circumstances' stances" test. 	" test, check The organizati	this box and some on qualifies as	stop here. a publicly
18/	Private foundation. If the organization di	d not check a	box on line 13,	, 1 6 a, 1 6b , 17a	i, or 17b, chec	k this box and	zes 🔝 🖊
_	instructions		<u> </u>	· · · · ·	· · · · ·		· · P 🗆
/		1			Sch	nedule A (Form 99	0 or 990-EZ) 2018

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.)

Secti	on A. Public Support						
Calen	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				1		
	received. (Do not include any "unusual grants.")	8413.00	(3803.09)	3900.00	2000.00	2150.00	12659.91
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	30839.35	35676.00	32044.00	29641.74	42611.00	170812.09
3	Gross receipts from activities that are not an				 	 	
	unrelated trade or business under section 513				<u> </u>		
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	39252.35	31872 91	35944 00	31641 74	44761 00	183472 00
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					<u> </u>	
b	Amounts included on lines 2 and 3	1			}		
	received from other than disqualified	}	1.		}		
	persons that exceed the greater of \$5,000	ŀ		ļ	}	}	
	or 1% of the amount on line 13 for the year	<u> </u>			ļ	<u> </u>	
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)	1	}		1	1	183472.00
Sacti	on B. Total Support	L		L	<u> </u>	L	100412.00
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	39252 35	31872.91	35944.00	31641.74	44761,00	183472.00
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.	20.40	0.00	3.00	0	0.00	23.40
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	20 40	0.00	3 00	0	0.00	23.40
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 (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	39292.75	31872.91	35947.00	31641.74	44761.00	183495.40
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			, or fifth tax y		` '` '
Secti	on C. Computation of Public Support						
15	Public support percentage for 2018 (line			13, column (f))		15	99 %
16	Public support percentage from 2017 Sci	• • •	•			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (line 10c, colun	nn (f), divided t	by line 13, colu	mn (f))	17	0.00 %
18	Investment income percentage from 2017					18	%
19a	331 a% support tests—2018. If the organ 17 is not more than 331 a%, check this box						•
b	331/a% support tests—2017. If the organization 18 is not more than 331/a%, check this				•		331/3%, and
20	Private foundation If the organization di	•	_	•	•		

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.)

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		res	NO
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	_	
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	. 1,	-
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	 4c		10.
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	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 chantable 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.	5c		*
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).	7	(1) 5	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1.	-
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Lise Schedule C. Form 4720, to			1

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a`	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	ļ	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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.			
		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,			ļ
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations			,
		$\overline{}$	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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		ļ
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).	-		ļi
•		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.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netnu	ctions	e)
a	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J.1.O.1.	3 /.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ionsl
2	Activities Test. Answer (a) and (b) below.]	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\Box		1.1.4
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ł		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		i	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	- - -	•	ì
_	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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			<u> </u>
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		ئــــــ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			· · · · · · · · · · · · · · · · · · ·
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru nizat	st on Nov. 20, 1970 (expicions must complete Sec	lain in Part VI). See tions A through E.
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		<u> </u>
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):			
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		<u> </u>
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		*
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	y int	egrated Type III supporti	ng organization (see
instructions)	-	,, FF	5 5

Part	Type III Non-Functionally integrated 509(a)(3	y Supporting Organi	zaciona (continued)	r
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish a	exempt purposes	*	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	<u> </u>
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
7	Total annual distributions. Add lines 1 through 6.			···
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	•		
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	并1987更加加加	通過的基準	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018	TENENT SHARE THE TENENT SHARE		
а	From 2013			WINT THE TANK
<u>_</u>	From 2014			
	From 2015			
d	From 2016			THE STATE OF THE S
e	From 2017	THE PARTY OF THE PARTY.		THE STREET STREET
f	Total of lines 3a through e		WAR STANKED	
g	Applied to underdistributions of prior years	THE REPORT OF THE PARTY OF THE		ACCEPTANCE OF THE PARTY OF THE
h	Applied to 2018 distributable amount		Mary Control of the C	
i	Carryover from 2013 not applied (see instructions)			经工程的经验
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			ALSON POLICE STREET
	Section D, line 7:			
а	Applied to underdistributions of prior years	建作进程的扩张		
b	Applied to 2018 distributable amount	集员的通常的自由的	る。自然は、一般など、一般など、一般など、一般など、一般など、一般など、一般など、一般など	<u></u>
С	Remainder. Subtract lines 4a and 4b from 4.		高学的有限的	
. 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.			
8	Breakdown of line 7:	经验证的证据		WEX STANDED STAND
а	Excess from 2014	《李星》 《李星》	論語:過數的公式建設在	
b	Excess from 2015		不是你们这些话就是不是	
С	Excess from 2016	可以为他的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人		计算中间显示。
d	Excess from 2017	在外的 1987年 19	THE STATE OF THE S	
е	Excess from 2018	発売が変換を表現を表	建筑水源设置	AND LEAST OF THE PARTY.

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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