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)

2018

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

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

		nue Service	Go to www.iis.gov/Formi990E2 for instructions and the latest informa		
			ar year, or tax year beginning , 2018, and ending		, 20
B c	heck if ap	plicable	C Name of organization		lentification number
	Address c	hange	THE PHILIPPIAN FELLOWSHIP	01-054	2385
$\overline{}$	Name cha	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone r	number
=	ndial retur		99 STOREK ROAD	(207)5	29-2333
=	-ınai returi Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Exe	emption
\equiv		n pending	BREMEN, ME 04551	Number	
		ting Method	Cash X Accrual Other (specify) ▶		if the organization is not
	/ebsite	J			tach Schedule B
		6.17.6.2	ck only one) — 🗵 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	•	0-EZ, or 990-PF)
		organization			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets	
			500,000 or more, file Form 990 instead of Form 990-EZ	▶ .	162,672.
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	e instruction	
	41 C U		the organization used Schedule O to respond to any question in this Part		•
	4		ons, gifts, grants, and similar amounts received		162,672.
	1			2	102,072.
	2		ervice revenue including government fees and contracts	· —	
	3		p dues and assessments	. 3	
	4	Investment	l I	4	
	5a		unt from sale of assets other than inventory 5a		
	b		or other basis and sales expenses		
	6	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events	<u>5</u> c	
ē	а		ome from gaming (attach Schedule G if greater than		
Revenue	ь	•	me from fundraising events (not including \$of contribution)	ons	
Re			aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000) 6b		
	c		t expenses from gaming and fundraising events 6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract	
	"	line 6c)		6d	
	70	•	s of inventory, less returns and allowances	· · · ou	
	7a		of goods sold		
	b		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	C	-		<u> </u>	
	8		nue (describe in Schedule O)	\ · · 8	1.60 670
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	162,672.
	10		I similar amounts paid (list in Schedule O) aid to or for members	<u>ري</u> . <u>10</u>	151,981.
	11	-	aid to or for members		
šes	12		ther compensation, and employee benefits	12 13	
Expenses	13		al fees and other payments to independent contractors	13	2,036.
ğ	14	•	ر, rent, utilities, and maintenance	14 کر ۲	
ũ	15	Printing, p	y, rent, utilities, and maintenance	15	399.
	16		enses (describe in Schedule O)	. 16	
	17	Total expe	and to or for members ther compensation, and employee benefits all fees and other payments to independent contractors y, rent, utilities, and maintenance ublications, postage, and shipping enses (describe in Schedule O) enses. Add lines 10 through 16	▶ 17	154,416.
S	18		(deficit) for the year (Subtract line 17 from line 9)	18	8,256.
šet	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	ee with	
Net Assets			r figure reported on prior year's return)	19	33,467.
et /	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	
Ž	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	41,723.
For			on Act Notice, see the separate instructions. BAA Cat No 106421 R		Form 990-EZ (2018)

	Check if the organization used Schedule	•	Wallestion in this !	Part II	
	. Check if the organization used Schedul	e o to respond to al		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments				41,723.
23	Land and buildings				23
24	Other assets (describe in Schedule O)			2	24
25	Total assets		[33,467.	25 41,723.
26	Total liabilities (describe in Schedule O)				26
27	Net assets or fund balances (line 27 of colum				41,723.
Par	t III Statement of Program Service Accord				1
	Check if the organization used Schedul				Expenses (Required for section
	it is the organization's primary exempt purpose?			CHED	501(c)(3) and 501(c)(4)
	cribe the organization's program service accomp neasured by expenses. In a clear and concise i				organizations, optional for others)
	ons benefited, and other relevant information for e				
28	FOSTERED CHURCH AND INDIDUAL RELA	ATIONSHIPS - SI	EE ATTACHED.		
	(Grants \$ 151,981.) If this amoun	t includes foreign gra	nts, check here .	▶ 🗵	28a 154,416.
29				•	
				•••••	
	/County C	tingly dog foreign are	nto about bara		29a
30	(Grants \$) If this amoun				298
30					
	(Grants \$) If this amoun	it includes foreign gra	nts, check here .	• 🗆 :	30a
31	Other program services (describe in Schedule O)				
	(Grants \$) If this amoun	it includes foreign gra			31a
32	Total program service expenses (add lines 28a	through 31a)		•	32 154,416.
Par	t IV List of Officers, Directors, Trustees, and Ke		•		structions for Part IV)
	Check if the organization used Schedul	e O to respond to a	av augetion in this l		
				,	· L
	(a) Name and title	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employed	e (e) Estimated amount o
	(a) Name and title	1	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	other compensation
		(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employed	other compensation
	FFREY NORTON	(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 employed benefit plans, and deferred compensation	other compensation
TRE	FFREY NORTON EASURER	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	other compensation
TRE	FFREY NORTON	(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 employed benefit plans, and deferred compensation	other compensation
TRE DAV	FFREY NORTON EASURER VID NELSON	(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 employed benefit plans, and deferred compensation	other compensation
DAY OUT ANG	FFREY NORTON EASURER VID NELSON FREACH DIRECTOR	(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 employed benefit plans, and deferred compensation	other compensation
DAV OUT ANO	FFREY NORTON EASURER VID NELSON FREACH DIRECTOR GELA NESSON	(b) Average hours per week devoted to position 12.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0.	O .
DAY OUT ANC DIE	FFREY NORTON EASURER VID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR	(b) Average hours per week devoted to position 12.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0.	O .
DAY OUT ANC DIE	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY	(b) Average hours per week devoted to position 12.00 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0.	O .
DAY OUT AND DIE SUE DIE	FFREY NORTON EASURER VID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR	(b) Average hours per week devoted to position 12.00 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0.	O .
DAY OUT ANC DIE ED DIE SUE MAT	FFREY NORTON EASURER VID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR THEW PAYSON	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0.	0 . 0 . 0 . 0 .
TRE DAY OUT AND DIE ED DIE SUE DIE MAT	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR TTHEW PAYSON RECTOR	(b) Average hours per week devoted to position 12.00 3.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0.	0 . 0 . 0 .
DIFE DIFE DIFE DIFE DIFE DIFE DIFE DIFE	FFREY NORTON EASURER VID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FITHEW PAYSON RECTOR IN PAYSON	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .
DIE DIE ERL	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0.	0 . 0 . 0 . 0 .
TRE DAY OUT ANG DIE ED DIE DIE MAT DIE ER MII	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR KE FERLAND	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
TRE DAY OUT ANG DIE ED DIE SUB MAT DIE ER DIE MIE	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .
TRE DAY OUT ANG DIE ED DIE SUB MAT DIE ER DIE MIE	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR KE FERLAND	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
TRE DAY OUT ANG DIE ED DIE DIE MAT DIE ER MII	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR KE FERLAND	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
TRE DAY OUT ANG DIE ED DIE DIE MAT DIE ER MII	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR KE FERLAND	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
TRE DAY OUT ANG DIE ED DIE DIE MAT DIE ER MII	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR KE FERLAND	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
TRE DAY OUT ANG DIE ED DIE DIE MAT DIE ER MII	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR KE FERLAND	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .
TRE DAY OUT ANG DIE ED DIE SUB MAT DIE ER DIE MIE	FFREY NORTON EASURER JID NELSON FREACH DIRECTOR GELA NESSON RECTOR GREELEY RECTOR E GREELEY RECTOR FTHEW PAYSON RECTOR IN PAYSON RECTOR KE FERLAND	(b) Average hours per week devoted to position 12.00 3.00 2.00 2.00 2.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employed benefit plans, and deferred compensation 0. 0. 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .

ABO

Page 3

Part	other information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart v.) Check if the organization used Schedule O to respond to any question in this	, all	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		×
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		×
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		
h	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		×
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 assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
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?	20-		×
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		 -
ь 39	Section 501(c)(7) organizations Enter.			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	L		
	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			
d	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 shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ JEFFREY NORTON Telephone no ▶ (20)		9-23	33
h	Located at ▶ 99 STORER ROAD, BREMEN ME ZIP + 4 ▶ 0455 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	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 and Financial Accounts (FBAR).			
С	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		.	▶ □
4.	, , , , , , , , , , , , , , , , , , ,		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		×
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		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	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		×
b	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		×

_							Yes	NO
	d the organization engage, directly or in							
	candidates for public office? If "Yes," of		, Part I			· 46		×
Part VI	Section 501(c)(3) Organization							
	All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and cor	nplete th	e tables	for lin	es
	50 and 51.							_
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	· · ·		•	<u>. 🗆</u>
							Yes	No
	d the organization engage in lobbying		section 501(h) electio	n in effect o	luring the	tax		
-	ar? If "Yes," complete Schedule C, Par					. 47		×
48 Is	the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 48		×
	d the organization make any transfers t		_	zation?		. 49a	<u>ا</u>	×
	"Yes." was the related organization a se							
	omplete this table for the organization's							
en	nployees) who each received more than	1 \$100,000 of comper	nsation from the orgai	nization. If th	ere is non	e, enter "l	None.'	a)
		(b) Average	(c) Reportable	(d) Health		(a) Faluma		
	(a) Name and title of each employee	hours per week	compensation	contributions to benefit plans, a		(e) Estimat other co		
		devoted to position	(Forms W-2/1099-MISC)	compen	sation			_
NONE								
								-
f To	otal number of other employees paid ov	er \$100,000	•		•			
	omplete this table for the organization			contractors	who each	received	d more	e than
\$1	00,000 of compensation from the orga	anization. If there is no	one, enter "None."					
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c	Compensa	tion	
	<u> </u>		, , , , ,			· ·		
NONE			-					
						·		
	<u> </u>							
	otal number of other independent contra	•						
	d the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) orga	nizations m	ust attacl	. —	_	
co	ompleted Schedule A	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·			.►⊠ Ye	s <u> </u>	No
	Ities of perjury, I declare that I have examined this t, and complete Declaration of preparer (other than					nowledge an	d belief,	, it is
	t, and complete Declaration of preparer (other than	n officer) is based on all inic	ormation of which preparer i	as any knowled	ige			
C:	1 May Y. N. Spe			<u> </u>	<u>y 15/19</u>			
Sign	/ Signatural of officer	VIDED.		Date				
Here	JEFFREY NORTON, TREAS	OUKEK						
	Type or print name and title	lo ·				T ==::-		
Paid	Print/Type preparer's name	Preparer's signature	Da 4		Check X			
Prepare	Bruce A. Bachelder, CPA		9	15-19	<u></u>	yed P012)2
Use On	Firm's name Bruce A. Bache		V= 045:0	i i	s EIN ▶01			
	Firm's address ▶ 285 Biscay Roa			Phor	_{ne no} (2	07) 563		
May the I	RS discuss this return with the prepare	r shown above? See i	Instructions					No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service

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.

Open to Public

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

Inspection Employer identification number

THE	PHILLIPPIAN FELLOWSHIP					01-0542385		
Pai	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
The	organization is not a private founda		,		-		7	
1	A church, convention of church					0(b)(1)(A)(i).	, -	
2	A school described in section		·					
3	A hospital or a cooperative hos		•					
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Ente	er the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit (described in
6	☐ A federal, state, or local govern							
7	☑ An organization that normally described in section 170(b)(1)		·	port from	n a gover	nmental unit or fron	the ge	eneral public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II)				
9	An agricultural research organior university or a non-land-grauniversity:							
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt full tincome and uni	nctions—subject to c related business taxal	ertain exc ble incon	ceptions, ne (less si	and (2) no more tha ection 511 tax) from	n 33¹/₃%	6 of its
11	An organization organized and		-		•	•		
12	An organization organized and	•	•	-			rv out t	he nurnoses
	of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in sect i	ion 509(a)(1) or se	ection 509(a)(2). Se	e sectio	on 509(a)(3).
а	_ ,, ,	•	-	-		• • • • • • • • • • • • • • • • • • • •		
	the supported organization supporting organization.					he directors or trust	ees of t	he
b		· ·						
	control or management of organization(s). You must	complete Part I	V, Sections A and C	•			_	
C	Type III functionally integ its supported organization(ally integ	grated with,
d	Type III non-functionally in that is not functionally integrequirement (see instruction	grated The orga	nization generally mu	st satisfy	a distribi	ution requirement an		
е	Check this box if the organ functionally integrated, or						ıl, Typ	e III
f	Enter the number of supported of	• •					. [
g		0	orted organization(s).	,				
	(i) Name of supported organization	(u) 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)	other:	Amount of support (see tructions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								· ·
(E)								
Tota	1							

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

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

	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 received (Do not						
	include any "unusual grants.") .	114,417.	123,270.	145,142.	145,645.	162,672.	691,146.
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalt						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
		774 477	102 070	145 140	145 645	160 670	601 146
4	Total. Add lines 1 through 3 .	114,417.	123,270.	145,142.	145,645.	162,672.	691,146.
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 (t)						87,470.
6	Public support. Subtract line 5 from line 4						603,676.
	on B. Total Support	<u> </u>	_				003/0.01
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 .	114,417.	123,270.	145,142.	145,645.	162,672.	691,146.
8	Gross income from interest, dividends,			-			
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI).						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	/oog instruction	2001	<u> </u>		12	691,146.
13	First five years. If the Form 990 is for the	-	-	 d third fourth	or fifth tay w		n 501(a)(3)
13	organization, check this box and stop he		13 11131, 360011	a, tima, loaitii	, or militax ye	cai as a sectio	11 30 1(c)(3)
Secti	on C. Computation of Public Suppor			<u> </u>	<u> </u>	· ·	
	Public support percentage for 2018 (line 6			1, column (f))		14	87.34%
15	Public support percentage from 2017 Sch		=			15	81.78 %
16a	331/3% support test-2018. If the organi			on line 13, ar	nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization			▶ 🗙
b	331/3% support test—2017. If the organi					ıs 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ □
17a	10%-facts-and-circumstances test - 20	•					
	10% or more, and if the organization me						
	Part VI how the organization meets the "	facts-and-circ	umstances" te	st. The organi	zation qualifies	s as a publicly	
	organization			•	•		. ▶ 🗆
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r	neets the "fact	is-and-circum	stances" test.	ine organizati	on qualities as	a publicly
40	supported organization .			10= 10= 17=		بنجوا منطقيا	
18	Private foundation. If the organization di	u not check a	box on line 13	, iba, ibb, 1/a	i, or 17b, chec	k this box and	see
	instructions	• •	•	• • •	· · ·	•	

Schedul	, e A (Form 990 or 990-EZ) 2018						Page 3
Part	II Support Schedule for Organiza	tions Descr	ibed in Secti	ion 509(a)(2)		·	
	. (Complete only if you checked th	e box on line	e 10 of Part I	or if the orga	nization failed	d to qualify ur	nder Part II. /
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	11.)	
Secti	on A. Public Support				_		
alen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) √fotal
1	Gifts, grants, contributions, and membership fees				+		
	received (Do not include any "unusual grants")						/
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
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 .			/	1		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6).						
Secti	on B. Total Support				•		,
Calen	dar year (or fiscal year beginning in)	(a) 2014	(၆) 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						
b	Unrelated business taxable income (less 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 (Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the		n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	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				· · ·	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (umn (f))	17	%
18	Investment income percentage from 2017					18	%
19a	33/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box						

331/3% support tests-2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v	<u>.) </u>	
Secti	on A. All Supporting Organizations		1	
			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			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	_1_		
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).	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	3a		
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		
С	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		
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	4c		
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		
с 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 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 .	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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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		
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		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

Part	V 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		
b	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		
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			
	organizations and what conditions of 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			
			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	Ī		
	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			
		·	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	<u> </u>	<u></u>	
	supported organizations played in this regard	3		
Secti	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	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
ь	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ 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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	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.	<u> </u>		
_	•	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
Ь	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	-	
	- ON US SUDDOMED OMBINIZADORS (IL. 185). DESCRIPE IL F ALL VI INCTORE DIAVED DV (RE OMBINIZADOR IN TRIS FEDAM	יוני י		1

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janı	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)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	<u></u>		
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)			
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			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y int	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	ion D-Distributions			Current Year
• 1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
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 which (provide details in Part VI) See instructions	h the organization is res	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)	(ı) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) 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			
3	Excess distributions carryover, <u>if any, to 2</u> 018	1 4		
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017		,	
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			·
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2018 distributable amount			
<u> </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			
8	Breakdown of line 7			
а	Excess from 2014	,		
Ь	Excess from 2015			n I
С	Excess from 2016			
d	Excess from 2017			,
	Excess from 2018			

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 O (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.

2018

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization	Employer identification number
THE PHILIPPIAN FELLOWSHIP	01-0542385
Other: SEE ATTACHED STATEMENT FOR PURPOSE, ACCOMPLISHMENTS AND LI	ST OF GRANTS
MADE	
•••••	
·	•
·	