## **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

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20									
В	Check if ap	plicable C Name of organization ?		dentification number					
	Address c	hange Uganda Far mers Inc.  Number and street (or PO box, if mail is not delivered to street address)		106-17	687129				
	Name cha	nge Number and street (or P O box, if mail is not delivered to street address)	?1 Room/suite	E Telephone					
	Initial retur	31 Cherry ST.	109	203 623 9076					
닏		City or town, state or province, country, and ZIP or foreign postal code	F Group Ex						
뉘	Amended		Number						
~	Application	<u> </u>	if the organization is not						
	Website		ttach Schedule B						
			•						
_	J Tax-exempt status (check only one) —     501(c)(3)								
K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other  L 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									
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ood or more, or in tota	ii assets	•				
			Jalamana Jana Aba		\$ Dort IV				
ŀ	Part I	Revenue, Expenses, and Changes in Net Assets or Fund B	•		·				
	a — .	Check if the organization used Schedule O to respond to any que	stion in this Part i		· · · · · · · · · · · · · · · · · · ·				
(?		Contributions, gifts, grants, and similar amounts received		1	66,061				
?		Program service revenue including government fees and contracts		2					
?		Membership dues and assessments		3					
13	8 4	Investment income		4	ļ				
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less. cost or other basis and sales expenses	5b		_				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b	from line 5a)	<u>5c</u>					
	6	Gaming and fundraising events:							
	a	Gross income from gaming (attach Schedule G if greater than							
i e		\$15,000)	6a						
Revenue	b	Gross income from fundraising events (not including \$	of contribution	าร					
ě		from fundraising events reported on line 1) (attach Schedule G if the							
		sum of such gross income and contributions exceeds \$15,000)	6b						
	C	Less. direct expenses from gaming and fundraising events	6c						
	d	Net income or (loss) from gaming and fundraising events (add lines	6a and 6b and su	btract	_				
		line 6c)		6d					
	7a	Gross sales of inventory, less returns and allowances	7a						
	Ь	Less: cost of goods sold	7b						
	l c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line	7a)	7c					
	8	Other revenue (describe in Schedule O)		. 8					
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶ 9	66 067				
_	10	Grants and similar amounts paid (list in Schedule O)		10	97.865				
	11	Benefits paid to or for members	RECEIVE	= 0 . 11	1,7				
v.	1	Salaries, other compensation, and employee benefits 2	RECEIVE	1012					
Se	13	Professional fees and other payments to independent contractors 22 is		101	0				
Expenses	14	Occupancy, rent, utilities, and maintenance	S JUL 0 9 20	119 . <b>1514</b>					
ž	15	Printing, publications, postage, and shipping			0				
	16	Other expenses (describe in Schedule O) [집	S OGDEN,		400				
	17	Total expenses. Add lines 10 through 16		17	98775				
_	40	Excess or (deficit) for the year (Subtract line 17 from line 9)	• • • •	18	70,360				
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, colur	nn (A)) (must agree		1 30, 104				
Ü	.5	endeof-year figure reported on prior year's return)	( 1)) (111d3t ag10t	19	59.735				
4	20	Other changes in net assets or fund balances (explain in Schedule O).		20	1 1 1 1 0				
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 2	PI RI	- 21	0 20 5377				
_				1	Form <b>990-EZ</b> (2018)				
Fo	r Papen	work Reduction Act Notice, see the separate instructions.	Cat No. (10642)		191 -				
			101 104	W 20 201	9 18 97 14				
			W						
			777	HERT					
			town						
					The Actual Control of the Control of				

2

	Check if the organization used S	Schedule	O to respond to ar	ny question in this		<u> </u>	<u> </u>
, b.;	,					(	B) End of year
22	Cash, savings, and investments				59,735	22	
23	Land and buildings			[	1	23	0
24	Other assets (describe in Schedule O)			<i></i> [		24	0
25	·				161	25	1
26					<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	_	<del></del>
	•	•		line 21)			
	Statement of Program Service	e Accomi	olishments (see th	e instructions for F	Part IIIY		
L CI							Expenses
Mhai				<del></del>		(Requ	•
vviiai	it is the organization's primary exempt pur	ipose: pr	FST AFRICA - P	marily water	ore of		
Desc	cribe the organization's program service	accomplis	hments for each o	fits three largest pi	rogram services,	-	
				e services provided	, the number of	Others	? /
. <del>'</del>			<del></del>				
28	water project - Kichwa	mba L	ganda				
	benefits 2,500 reside	ents, d	schools, and	medicul el	ivic		
							542-0
?:					▶ 🗆	22   23   24   25   26   27   26   27   28a   5 4,3 05   29   29a   30a   17,965   29a   31a   5 595   296   297   298   32   9 7   865   297   298   297   298   297   298   297   298   297   298   297   298   298   297   298   297   298   298   297   298	
29	Deposit- Fort Porte	ents					
	benesits 2,000 reader	nts t	9200 87mg	ents at a	Schouls		
							•
	(Grants \$ - ) If this	is amount	includes foreign gra	nts, check here .	▶ 🔲	29a	90,000
30	<u> </u>	1	1	•	i		
	Co L. I I Assessed	0	er haldines	t infection	cture		
	Capital Improvement	3/)	00,10,1190	7 //// 42 17 0			
	(Grants \$) If thus	e amount	includes foreign gra	nte check here	<b></b>	302	17965
04					· · · · · · · · · · · · · · · · · · ·	Sua	1 1/6
31	•						5503
	(Grants \$ - ) If this	is amount	includes foreign gra	nts, check here .	<u> ▶                               </u>		2 2 4
							<u>77, 863</u>
Par	•					struct	ions for Part IV)
	Check if the organization used S	Schedule	U to respond to ar	ny question in this	ranıv		🗀
				/-\ C	(4) 1110-1-21		
						e (e) F	stimated amount of
	(a) Name and title		hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	(a) Name and title		hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	図 (a) Name and title		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Manechi		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO. V.P.		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Other assets (describe in Schedule O)  Total assets  Total assets  Total assets  Total assets or fund balances (line 27 of column (B) must agree with line 21)  Statement of Program Service Accomplishments (see the instructions for Part III Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? Provide refer to people of this three largest program services, seasons benefited, and other relevant information for each program title.  By Check fit the organization's program service accomplishments for each of its three largest program services, seasons benefited, and other relevant information for each program title.  By Check fit the program title, the program title.  By Check fit the program title, the program title.  By Check fit the program title, the progr						
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis	Schedule O)  Schedule O to respond to any question in this Part III  Stepnass  Facility of the service accomplishments (see the instructions for Part IIII)  Stepnass  Sequence of seach of its three largest program services, clear and concise manner, describe the services provided, the number of vant information for each program title.  Kichwambs Usands  Schools, Aschools, and medical clinic  If this amount includes foreign grants, check here  Portal usand by Ithis amount includes foreign grants, check here  If this amount includes foreign grants, check here  If the includes foreign grants foreign grant					
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	
	Jane Huller President Daniel Minechi CFO, V.P. June Lewis		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and	otl	



	Part*					
	<u></u>	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V . 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	163	<b>140</b>	,
?;	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		/	
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		/	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>	2
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b		717	
	b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	٥	3,	
	40a b	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	(1) (1)	1 1		
	D	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	13	A. 45	4.4	
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	ر ۲ م ۳ د	-		
	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	<del></del>			
	42a		ऽ ६ ४ ७६ ५ <u>६</u>	0		<b>.</b>
	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)? 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).	42b	Yes	No	
	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	· ·	Yes	No 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	10 m	<u>-</u>	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		ار <u>ث</u> -	
	, d	Did the organization receive any payments for indoor tanning services during the year?	44c 	iga 😭		
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-		

	90-52 (2018)							<del>uge 4</del>
	r)	indirectly in nelitical o	ompoian activities on	hobalf of or	in apposit	on [	Yes	No
46 .⊶	Did the organization engage, directly or to candidates for public office? If "Yes,"							7
Part V			, , , , , , , , , , , , , , , , , , , ,			1.40		<u> </u>
	All section 501(c)(3) organization		stions 47-49b and	52, and cor	nplete the	tables f	or line	es
	50 and 51.	·			•			
	Check if the organization used S	chedule O to respond	to any question in t	his Part VI				
						r	Yes	No
47	Did the organization engage in lobbyin year? If "Yes," complete Schedule C, Pa		section 501(h) electio	n in effect d	uring the t	ax   47		~
48	Is the organization a school as described	ın section 170(b)(1)(A)(ı	i)? If "Yes," complete	Schedule E		48		/
49a	Did the organization make any transfers		_	zation?				V
b	If "Yes," was the related organization a					49b		<u></u>
50	Complete this table for the organization							
_	employees) who each received more that	<u> </u>	1	(d) Health t		, enter iv	one.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit plans, a compens	o employee ind deferred	(e) Estimate other com		
	VO Employees							
	VO Employees All volunteers							
)	UÓ COMPENSATION							
		<u>.</u>					_	
					-			
		<del></del>						
							<del></del>	—
f	Total number of other employees paid of	over \$100,000	. >	<u> </u>				
51	Complete this table for the organizatio			contractors	who each	received	more	than
	\$100,000 of compensation from the org	ganization. If there is no	one, enter "None."	1				
	(a) Name and business address of each indepe	ndent contractor	(b) Type of serv	rice	(c)	Compensation	on	
	NONE							
	1.0							
		-		-				
					<u> </u>			
				1				
d	Total number of other independent cont	ractors each receiving	over \$100.000	► No	ME .			
52	Did the organization complete Scheo					a .		
	completed Schedule A	<u>.</u>				<b>▶</b> ☑ Yes		No
	penalties of perjury, I declare that I have examined this					owledge and	belief,	ıt ıs
rue, cor	rrect, and complete Declaration of preparer (other th	<del>_</del>	rmation of which preparer h	nas any knowled	ge			
N:		zebi	<u></u>					
Sign Here	Signature of officer	rale: To a =	- 05	Date	-14 - F	2		
iere	Type or print name and title	tcki, Theasu	<u> </u>	<u> </u>	17-1	I		
	15.5	Preparer's signature	Da	te	a	PTIN		·
Paid	, , , ,				Check L. self-employ	ıf ]		
	arer Firm's name		I	Firm'	s EIN ▶			
726 (	Only Firm's name Firm's address F			Phon				
∕lay th	ne IRS discuss this return with the prepar	er shown above? See i	nstructions		>	∑ Yes		No
								_

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

## **Public Charity Status and Public Support**

OMB No 1545-0047

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.

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

Open to Public Inspection

Name	of the organization					Employer identificatio		
	Uganda Fa				· —	06-183	7129	
Par		<del>`</del> `					ons.	
1	organization is not a private found	ches, or associat	ion of churches descr	nbed in <b>s</b>	ection 17	′0(b)(1)(A)(i).	17	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
3 4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	☐ A community trust described	ın <mark>section 170(b</mark>	)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-gra university:	ant college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state o	f 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 full times to the second income and un	inctions—subject to c irelated business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	in 33½% of its	
11	An organization organized and	•		-				
12	An organization organized and							
	of one or more publicly supp Check the box in lines 12a thre	ough 12d that de	scribes the type of sup	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.	
а	☐ Type I. A supporting organization the supported organization. Y supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of t			
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same				
С	☐ Type III functionally integ its supported organization						ally integrated with,	
d	☐ Type III non-functionally that is not functionally interequirement (see instructional functional functi	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an		
е	Check this box if the organ functionally integrated, or						e II, Type III	
f	Enter the number of supported						💮	
g	Provide the following information	· · · · · · · · · · · · · · · · · · ·	1	1			T	
	(i) Name 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			
(A)								
(B)								
(C)								
(D)								
(E)								
Total				1				

Part/

<u>+</u> 1	(Complete only if you checked the Part III. If the organization fails to						alify under
	ion A. Public Support	s quality arrac	51 the tests no	stod bolovi, p	iouse compie	20 1 dit 111.)	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	(4) 2011	(2) 2010	(0) 2010	(4) 2011	(6) 2010	(i) Total
•	membership fees received. (Do not include any "unusual grants.")	7 5'233	25,579	45,825	22,432	97,865	219,124
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	25'293	25,579	45,225	22,532	97.865	214, 124
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	P. propried				meta-use production in the second	0
	shown on line 11, column (f)			110		7. 7.	
6	Public support. Subtract line 5 from line 4		·		· .	7 . 74 9	914.194
	ion B. Total Support	1		1	T	T	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	99'293	<u> </u>	42,992	32,537	97,865	714,194
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	Total support. Add lines 7 through 10	•		,		-	214,124
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>	<u> </u>			🕨 🗆
Secti	ion C. Computation of Public Suppor	rt Percentag	<u>e                                    </u>				
14	Public support percentage for 2018 (line					14	100 %
15	Public support percentage from 2017 Sci					15	100 %
16a	331/3% support test—2018. If the organ						
	box and stop here. The organization qua						7
b	33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organiths box and stop here. The organization						
17a	10%-facts-and-circumstances test—2t 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, ch	neck this box a zation qualifies	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the meets the	e "facts-and-c ts-and-circums	circumstances' stances" test.	" test, check t The organizati	this box and son qualifies as	stop here.
18	Private foundation. If the organization di						see

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