DLN: 93493319047899 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable BAKING INĎUSTRY SANITATION STANDARDS ☐ Address change COMMITTEE 13-3041317 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1213 BAKERS WAY ☐ Amended return ☐ Application pending (866) 342-4772 City or town, state or province, country, and ZIP or foreign postal code MANHATTAN, KS  $\,$  66502  $\,$ G Gross receipts \$ 236,161 Name and address of principal officer H(a) Is this a group return for ANDRE BIANE ☐Yes **☑**No subordinates? 1213 BAKERS WAY H(b) Are all subordinates MANHATTAN, KS 66502 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) ( 6 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BISSC ORG L Year of formation 1949 M State of legal domicile IL Summary 1 Briefly describe the organization's mission or most significant activities TO IMPROVE BAKING SANITATION THROUGH STANDARDS FOR DESIGN AND CONSTRUCTION OF BAKING EQUIPMENT Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 51,845 63,185 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,851 10,349 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 105 159 69,801 73,693 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 38,798 46,088 38,798 46,088 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 27,605 Revenue less expenses Subtract line 18 from line 12 . 31,003 Net Assets or Fund Balances Beginning of Current Year End of Year 579,550 20 Total assets (Part X, line 16) . 601,972 21 Total liabilities (Part X, line 26) . 2,105 21,929 577,445 580,043 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here TOM OGLE OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00446506 Paid self-employed Firm's name RSM US LLP Firm's EIN ► 42-0714325 Preparer Use Only Firm's address ► 4801 MAIN STREET SUITE 400 Phone no (816) 753-3000 KANSAS CITY, MO 64112 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

| Form    | 990 (2018)             |   |                        |                  |  | Page <b>2</b>          |  |  |  |  |  |  |
|---------|------------------------|---|------------------------|------------------|--|------------------------|--|--|--|--|--|--|
| Pa      | rt III Statement       | of Program Service                      | Accomplishment         | :s               |  | _                      |  |  |  |  |  |  |
|         | Check if Sche          | edule O contains a respon               | se or note to any line | in this Part III |  | 🗹                      |  |  |  |  |  |  |
| 1       | Briefly describe the   | organization's mission                  |                        |                  |  |                        |  |  |  |  |  |  |
| TO II   | MPROVE BAKING SANI     | ITATION THROUGH STAN                    | DARDS FOR DESIGN       | AND CONSTRUCTION | OF BAKING EQUIPMENT  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
| _       |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
| 2       | _                      | undertake any significan                |                        |                  | were not listed on   |                        |  |  |  |  |  |  |
|         |                        | or 990-EZ?                              |                        |                  |  | ☐ Yes ☑ No             |  |  |  |  |  |  |
| _       | •                      | ese new services on Sche                |                        |                  |  |                        |  |  |  |  |  |  |
| 3       | <del>-</del>           | cease conducting, or ma                 |                        |                  | any program  |                        |  |  |  |  |  |  |
|         | services?              |   |                        |                  |  |                        |  |  |  |  |  |  |
|         | If "Yes," describe the | ese changes on Schedule                 | 0                      |                  |  |                        |  |  |  |  |  |  |
| 4       | Section 501(c)(3) ar   |   | s are required to repo |                  | est program services, as measui<br>nts and allocations to others, th |                        |  |  |  |  |  |  |
| 4a      | (Code                  | ) (Expenses \$                          | 46,088 includi         | ng grants of \$  | ) (Revenue \$  | 63,344 )               |  |  |  |  |  |  |
|         | See Additional Data    |   | ·                      |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
| 4b      | (Code                  | ) (Expenses \$                          | ıncludı                | ng grants of \$  | ) (Revenue \$  | )                      |  |  |  |  |  |  |
|         | _                      |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         | -                      |   |                        |                  |  |                        |  |  |  |  |  |  |
| 4c      | (Code                  | ) (Expenses \$                          | ıncludı                | ng grants of \$  | ) (Revenue \$  | )                      |  |  |  |  |  |  |
|         |                        | , |                        |                  |  | <b>,</b>               |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         | -                      |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
|         |                        |   |                        |                  |  |                        |  |  |  |  |  |  |
| <u></u> | Other present serior   | ucoc (Doceribe in Cabadilla             |                        |                  |  |                        |  |  |  |  |  |  |
| 4d      | (Expenses \$           | ices (Describe in Schedule<br>includ    | ling grants of \$      | 1                | (Revenue \$  | )                      |  |  |  |  |  |  |
| 40      | Total program ser      |   | 46,088                 |                  | (northide #  | ,                      |  |  |  |  |  |  |
| 4e      | rotar program ser      | vice expenses P                         | 40,000                 |                  |  | Form <b>990</b> (2018) |  |  |  |  |  |  |

| Form | 990 (2018)   |    |     | Page <b>3</b> |
|------|--|----|-----|---------------|
| Pai  | t IV Checklist of Required Schedules   |    |     |               |
|      |  |    | Yes | No            |
| 1    | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A  | 1  |     | No            |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2  |     | No            |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3  |     | No            |
| 4    | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II   | 4  |     |               |
| 5    | Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5  |     | No            |
| 6    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I                                      | 6  |     | No            |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7  |     | No            |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III   | 8  |     | No            |
| 9    | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV | 9  |     | No            |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔁   | 10 |     | No            |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  |    |     |               |
|      |  |    |     |               |

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Nο 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No

11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 . . . . . . . . . . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🛸 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a No Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b No valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 18 Nο

19

20a

20b

21

Nο

No

Νo

Nο

Form **990** (2018)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

19

21

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|------|---|-----|-----|---------------|
| Pai  | tiV Checklist of Required Schedules (continued)   |     |     |               |
|      |   |     | Yes | No            |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23  | Yes |               |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a                             | 24a |     | No            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |               |
| c    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     |               |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |               |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     |               |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | 25b |     |               |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | 26  |     | No            |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |     | No            |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |     |               |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a |     | No            |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | No            |
| c    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | No            |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$  | 29  |     | No            |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | 30  |     | No            |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31  |     | No            |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | No            |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | No            |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  | Yes |               |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | No            |
| b    | If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2  | 35b |     |               |
| 36   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  | 36  |     |               |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No            |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes |               |
| Pa   | tV Statements Regarding Other IRS Filings and Tax Compliance  |     |     |               |

Yes

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0

1a

1b

No

Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . . No Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Form **990** (2018)

| orm             | 990 (2018)  |                   |               | Page <b>6</b> |
|-----------------|---|-------------------|---------------|---------------|
| Par             | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI | " respo           | onse to       | lines         |
| Se              | ction A. Governing Body and Management  |                   |               |               |
| 1a              | Enter the number of voting members of the governing body at the end of the tax year 1a 3  |                   | Yes           | No            |
|                 | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O  |                   |               |               |
| Ь               | Enter the number of voting members included in line 1a, above, who are independent  1b  0   |                   |               |               |
| 2               | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2                 |               | No            |
| 3               | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •   | 3                 |               | No            |
| 4               | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .  | 4                 |               | No            |
| 5               | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5                 |               | No            |
| 6               | Did the organization have members or stockholders?  | 6                 |               | No            |
| 7a              | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a                |               | No            |
| b               | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7</b> b        |               | No<br>        |
| 8               | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |                   |               | 1             |
| а               | The governing body?   | 8a                | Yes           |               |
| Ь               | Each committee with authority to act on behalf of the governing body?   | 8b                | Yes           |               |
|                 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9                 |               | No            |
| Se              | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu   | <u>= Code</u>     |               |               |
|                 |   | $\longrightarrow$ | Yes           | No            |
|                 | Did the organization have local chapters, branches, or affiliates?  | 10a               |               | No            |
|                 | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b               |               |               |
|                 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a               |               | No            |
|                 | Describe in Schedule O the process, if any, used by the organization to review this Form 990  | $\sqcup$          |               |               |
|                 | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a               |               | No            |
|                 | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b               |               |               |
| С               | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  | 12c               |               |               |
| 13              | Did the organization have a written whistleblower policy?   | 13                |               | No            |
| 14              | Did the organization have a written document retention and destruction policy?  | 14                | Yes           |               |
| 15              | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                   |               |               |
| а               | The organization's CEO, Executive Director, or top management official  | 15a               |               | No            |
| b               | Other officers or key employees of the organization   | 15b               |               | No            |
|                 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |                   |               |               |
| 16a             | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | 16a               |               | No            |
| Ь               | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  | 4.51              |               | 1             |
| <u> </u>        |   | 16b               |               |               |
| <u>Se</u><br>17 | ction C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶  |                   |               |               |
| 18              | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  |                   |               |               |
|                 | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  |                   |               |               |
| 19              | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  |                   |               |               |
| 20              | State the name, address, and telephone number of the person who possesses the organization's books and records<br>TOM OGLE 1213 BAKERS WAY MANHATTAN, KS 66502 (785) 706-0122   |                   |               |               |
|                 | • • •   | F                 | orm <b>99</b> | 0 (2018)      |

(A)

Name and Title

Part VII

(F)

Estimated

| Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, |
|--|
| and Independent Contractors  |
|  |

Check if Schedule O contains a response or note to any line in this Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Average

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

than one box, unless person compensation compensation hours per amount of other week (list is both an officer and a from related from the compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Highest compensatemployee Individual trustee or director organizations MISC) MISC) related Institutional Trustee below dotted emplo organizations line) Ξ 0 00 (1) ANDRE BIANE Х 299,533 43,548 PRESIDENT 40 00 0 00 (2) TOM OGLE х Χ 200,046 16.180 SEC/TREASURER 40 00 0 00 (3) ALFONSO CAPUCHINO ................. 0 0 Х DIRECTOR 0 00

| Form 990 (2018)                      |   |                                   |   |         |              |                              |        |  |   | Page <b>8</b>                                |
|--------------------------------------|---|-----------------------------------|---|---------|--------------|------------------------------|--------|--|---|--|
| Part VII Section A. Officers, Direct | tors, Trustees  | , Key I                           | Empl  | loye    | es,          | and I                        | High   | nest Compensate  | d Employees (co                                     | ntinued)                                     |
| (A)<br>Name and Title                | (B) Average hours per week (list any hours            | than o                            | ition (do not check more none box, unless person both an officer and a director/trustee)  Reportable compensation compensation from the director/trustee) |         |              |                              |        | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |  |
|                                      | for related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee   | Officer | Key employee | Highest compensated employee | Former | 2/1099-MISC)   | 2/1099-MISC)  | organization and<br>related<br>organizations |
|                                      |   |                                   |   |         |              |                              |        |  |   |  |
|                                      |   |                                   |   |         |              |                              |        |  |   |  |

|  |                          |   | 1 |   | ted         |   |         |        |
|--|--------------------------|---|---|---|-------------|---|---------|--------|
|  |                          |   |   |   |             |   |         |        |
|  |                          |   |   |   |             |   |         |        |
|  |                          |   |   |   |             |   |         |        |
|  |                          |   |   |   |             |   |         |        |
|  |                          |   |   |   |             |   |         |        |
|  |                          |   |   |   |             |   |         |        |
|  |                          |   |   |   |             |   |         |        |
|  |                          |   |   |   |             |   |         |        |
|  |                          |   |   |   |             |   |         |        |
| 1b Sub-Total                           |                          |   |   |   | <b>&gt;</b> |   |         |        |
| c Total from continuation sheets to Pa | art VII <b>, Section</b> | Α | • | • | <u> </u>    | 0 | 400 570 | 50 729 |

| 1b : | Sub-Total  |                         |         |        |      |      | •      |       |       |       |         |         |       |     |     |        |
|------|--|-------------------------|---------|--------|------|------|--------|-------|-------|-------|---------|---------|-------|-----|-----|--------|
| c ·  | Total from continuation sheets to Pa   | rt VII <b>, Section</b> | Α       |        |      |      | •[     |       |       |       |         |         |       |     |     |        |
| ď    | Total (add lines 1b and 1c)  |                         |         |        |      |      | ▶      |       |       |       | 0       |         | 499,5 | 579 |     | 59,728 |
| 2    | Total number of individuals (including of reportable compensation from the c                 |                         |         | e list | ed a | bove | e) who | o rec | eived | more  | than \$ | 100,000 | )     |     | Vac | No.    |
|      |  |                         |         |        |      |      |        |       |       |       |         |         |       |     | Yes | No     |
| 3    | Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i> |                         |         |        |      |      |        |       | -     |       |         |         |       | 3   |     | No     |
| 4    | For any individual listed on line 1a, is   | the sum of rep          | ortable | comp   | ensa | tion | and    | other | comp  | ensat | on fro  | m the   |       |     |     |        |

| c | Sub-Total  |    |     |        |  |  |
|---|--|----|-----|--------|--|--|
| d | Total (add lines 1b and 1c)  | '9 |     | 59,728 |  |  |
| 2 | 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0                        |    |     |        |  |  |
|   |  |    | V   | N.     |  |  |
|   |  |    | Yes | No     |  |  |
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3  | res | No     |  |  |

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 

|   |   |     | 5     |       | '   | ١ |
|---|---|-----|-------|-------|-----|---|
| S | ection B. Independent Contractors   |     |       |       |     |   |
| 1 | Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors. |     | mpens | ation |     |   |
|   | (A)   | (B) |       |       | (C) |   |

| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation |                         |              |  |  |  |  |  |  |
|---|---|-------------------------|--------------|--|--|--|--|--|--|
|   | from the organization. Report compensation for the calendar year ending with or within the organization's tax year              |                         |              |  |  |  |  |  |  |
|   | nom the organization report compensation for the calculating their or mentil the organization of tax year                       |                         |              |  |  |  |  |  |  |
|   | (A)   | (B)                     | (C)          |  |  |  |  |  |  |
|   | Name and business address   | Description of services | Compensation |  |  |  |  |  |  |

| (A) Name and business address | (B) Description of services | <b>(C)</b><br>Compensation |
|-------------------------------|-----------------------------|----------------------------|
|                               |                             |                            |
|                               |                             |                            |
|                               |                             |                            |

| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of |  |  |  |  |  |  |
|---|--|--|--|--|--|--|

compensation from the organization ▶ 0 Form **990** (2018)

|   |      | (2016)  | _                             |         |                   |             |               |        |                                       |                                |    | Page 9                                       |
|---|------|---|-------------------------------|---------|-------------------|-------------|---------------|--------|---------------------------------------|--------------------------------|----|--|
| Part  | VIII |   |                               |         |                   |             | h D4.\/III    |        |                                       |                                |    |  |
|   |      | Check if Schedule   | e O contains                  | a respo | onse or note to a | (           | A)<br>revenue | R∈     | (B)<br>elated or<br>exempt<br>unction | (C) Unrelated business revenue |    | (D)  Revenue excluded from ax under sections |
|   | Ta . |   |                               |         |                   |             |               | r      | evenue                                |                                |    | 512 - 514                                    |
| ts<br>st  |      | a Federated campaigr  |                               | 1a      |                   | _           |               |        |                                       |                                |    |  |
| ran<br>our  |      | <b>b</b> Membership dues .  |                               | 1b      |                   | _           |               |        |                                       |                                |    |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      | c Fundraising events  |                               | 1c      |                   | _           |               |        |                                       |                                |    |  |
| ifts<br>ar /  |      | d Related organization  |                               | 1d      |                   | _           |               |        |                                       |                                |    |  |
| ".E   |      | e Government grants (co   | •                             | 1e      |                   | _           |               |        |                                       |                                |    |  |
| ons<br>Sis  | 1    | <ul> <li>All other contributions,<br/>and similar amounts no</li> </ul> | gıfts, grants,<br>ot ıncluded | 1f      |                   |             |               |        |                                       |                                |    |  |
| outi<br>her   |      | above   |                               |         |                   | _           |               |        |                                       |                                |    |  |
| 真豆  | !    | g Noncash contribution<br>in lines 1a - 1f \$                           | ns included                   |         |                   |             |               |        |                                       |                                |    |  |
| <b>Cont</b>   |      | h Total. Add lines 1a-  |                               |         | 🕨                 |             |               |        |                                       |                                |    |  |
| <u> </u>  |      |   |                               |         | Busine            | ess Code    |               | I      |                                       |                                |    | T  |
|   | 2a   | AUTHORIZATIONS  |                               |         |                   |             |               | 34,840 | 34,                                   | 840                            |    |  |
| Program Service Revenue                                   |      | REGISTRATIONS   |                               |         |                   | 812900      |               | 21,560 | 21,                                   | 560                            |    |  |
| ož<br>¹   |      | SYMBOLS   |                               |         |                   | 812900      |               | 4,910  | 4,                                    | 910                            |    | +  |
| <u>ک</u><br>۲۰  | _    | WEB ADVERTISING   |                               |         |                   | 812900      |               | 1,875  | 1,                                    | 875                            |    |  |
| ₹   | a    | WEB ADVENTISING   |                               |         |                   | 812900      |               |        |                                       |                                |    |  |
| ram   | е    |   |                               | _       |                   |             |               |        |                                       |                                |    |  |
| Tog   | f    | All other program ser   | rvice revenue                 | !       |                   | 62.105      |               |        |                                       |                                |    |  |
| <u>-</u>  | g    | <b>Total.</b> Add lines 2a-2  | f                             |         | <b>&gt;</b>       | 63,185      |               |        |                                       |                                |    |  |
|   |      | Investment income (ir   |                               |         | nterest, and oth  |             | 11,19         | 7      |                                       |                                |    | 11,197                                       |
|   |      | similar amounts)  .<br>Income from investme                             |                               |         | and proceeds      | <b>&gt;</b> |               |        |                                       |                                | -+ |  |
|   |      | Royalties   |                               |         |                   | •           |               |        |                                       |                                |    |  |
|   |      | [   | (ı) Rea                       |         | (II) Personal     |             |               |        |                                       |                                |    |  |
|   | 6a   | Gross rents   |                               |         |                   |             |               |        |                                       |                                |    |  |
|   | ŀ    | Less rental expenses  |                               |         |                   | _           |               |        |                                       |                                |    |  |
|   |      | ,   |                               |         |                   |             |               |        |                                       |                                |    |  |
|   | c    | Rental income or (loss)   |                               |         |                   |             |               |        |                                       |                                |    |  |
|   | c    | Net rental income or  | r (loss)                      |         |                   |             |               |        |                                       |                                |    |  |
|   |      | [   | (ı) Securi                    |         | (II) Other        | -           |               |        |                                       |                                |    |  |
|   | 7a   | Gross amount  |                               |         | . , ,             |             |               |        |                                       |                                |    |  |
|   |      | from sales of<br>assets other   | :                             | L61,620 |                   |             |               |        |                                       |                                |    |  |
|   |      | than inventory  |                               |         |                   |             |               |        |                                       |                                |    |  |
|   | b    | tess cost or other basis and  | :                             | 162,468 |                   |             |               |        |                                       |                                |    |  |
|   | ,    | sales expenses<br>Gain or (loss)  |                               | -848    |                   | _           |               |        |                                       |                                |    |  |
|   |      | I Net gain or (loss)  |                               |         | •                 | $\dashv$    | -848          | 3      |                                       |                                |    | -848   |
|   | 8a   | Gross income from fu  | undraising ev                 | ents    |                   |             |               |        |                                       |                                |    |  |
| an  |      | (not including \$ contributions reporte                                 |                               | of      |                   |             |               |        |                                       |                                |    |  |
| 듄   |      | See Part IV, line 18  |                               | а       | l                 |             |               |        |                                       |                                |    |  |
| Re  | b    | Less direct expenses  | 5                             | ь       |                   |             |               |        |                                       |                                |    |  |
| Other Revenue   | C    | : Net income or (loss)  | from fundrais                 | sing ev | ents 🕨            |             |               |        |                                       |                                |    |  |
| e l   | 9a   | Gross income from g<br>See Part IV, line 19                             |                               | ies     |                   |             |               |        |                                       |                                |    |  |
| _   |      | See Fairty, inte 13   |                               | а       |                   |             |               |        |                                       |                                |    |  |
|   | b    | Less direct expenses  | 5                             | b       |                   |             |               |        |                                       |                                |    |  |
|   | c    | : Net income or (loss)  | from gamıng                   | activit | ies <b>&gt;</b>   |             |               |        |                                       |                                |    |  |
|   | 10   | Gross sales of inventare<br>returns and allowance                       |                               |         |                   |             |               |        |                                       |                                |    |  |
|   |      |   |                               | a       | ,                 |             |               |        |                                       |                                |    |  |
|   | b    | Less cost of goods s  | old                           | b       |                   |             |               |        |                                       |                                |    |  |
|   | c    | Net income or (loss)  | from sales of                 | invent  | ory >             |             |               |        |                                       |                                |    |  |
|   |      | Miscellaneous   | Revenue                       |         | Business Code     |             |               |        |                                       |                                |    |  |
|   | 11   | •aMISCELLANEOUS   |                               |         | 812               | 900         | 159           | 9      | 159                                   |                                |    |  |
|   |      |   |                               |         |                   |             |               |        |                                       |                                |    |  |
|   | b    | )   |                               |         |                   |             |               |        |                                       |                                |    |  |
|   |      |   |                               |         |                   |             |               |        |                                       |                                |    |  |
|   | c    | :   |                               |         |                   |             |               |        |                                       |                                | T  |  |
|   |      |   |                               |         |                   |             |               |        |                                       |                                |    |  |
|   |      | All other revenue .   |                               |         |                   |             |               |        |                                       |                                |    |  |
|   | €    | e Total. Add lines 11a-   | -11d                          |         | •                 |             | 159           | 9      |                                       |                                |    |  |
|   | 12   | <b>Total revenue.</b> See   | Instructions                  |         |                   |             | 73,69         | 3      | 63,344                                |                                | 0  | 10,349                                       |
|   |      |   |                               |         |                   |             | , 3,09.       | 1      | UU,UTT                                |                                |    | Form <b>990</b> (2018)                       |

| Part IX | Statement | t of Functional | Expenses |
|---------|-----------|-----------------|----------|
|         |           |                 |          |

| Form 990 (2018)   |                       |  |                                     | Page <b>10</b>             |
|---|-----------------------|--|-------------------------------------|----------------------------|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co   |                       |  | plete column (A)                    |                            |
| Check if Schedule O contains a response or note to any  | line in this Part IX  |  | <u> </u>                            | <u> ⊔</u>                  |
| Do not include amounts reported on lines 6b,<br>7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | ( <b>B)</b><br>Program service<br>expenses | (C) Management and general expenses | (D)<br>Fundraisingexpenses |
| Grants and other assistance to domestic organizations and<br>domestic governments. See Part IV, line 21.  |                       |  |                                     |                            |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22  |                       |  |                                     |                            |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16  |                       |  |                                     |                            |
| 4 Benefits paid to or for members   |                       |  |                                     |                            |
| 5 Compensation of current officers, directors, trustees, and key employees  |                       |  |                                     |                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |  |                                     |                            |
| 7 Other salaries and wages  |                       |  |                                     |                            |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   |                       |  |                                     |                            |
| 9 Other employee benefits   |                       |  |                                     |                            |
| <b>10</b> Payroll taxes   |                       |  |                                     |                            |
| 11 Fees for services (non-employees)  |                       |  |                                     |                            |
| a Management  |                       |  |                                     |                            |
| <b>b</b> Legal  | 3,722                 |  |                                     |                            |
| c Accounting  | 3,045                 |  |                                     |                            |
| d Lobbying  |                       |  |                                     |                            |
| e Professional fundraising services See Part IV, line 17  |                       |  |                                     |                            |
| f Investment management fees  | 3,970                 |  |                                     |                            |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)  | 262                   |  |                                     |                            |
| 12 Advertising and promotion  |                       |  |                                     |                            |
| <b>13</b> Office expenses   | 3,003                 |  |                                     |                            |
| 14 Information technology   |                       |  |                                     |                            |
| 15 Royalties  |                       |  |                                     |                            |
| <b>16</b> Occupancy   |                       |  |                                     |                            |
| 17 Travel   |                       |  |                                     |                            |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .   |                       |  |                                     |                            |
| 19 Conferences, conventions, and meetings   |                       |  |                                     |                            |
| <b>20</b> Interest  |                       |  |                                     |                            |
| 21 Payments to affiliates   |                       |  |                                     |                            |
| 22 Depreciation, depletion, and amortization  | 3,046                 |  |                                     |                            |
| 23 Insurance  |                       |  |                                     |                            |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) |                       |  |                                     |                            |
| a INTERCOMPANY EXPENSES   | 20,831                |  |                                     |                            |
| b STAFF EXPENSES  | 7,085                 |  |                                     |                            |
| c BANK CHARGES  | 1,009                 |  |                                     |                            |
| d TAXES AND FEES  | 115                   |  |                                     |                            |
| e All other expenses  |                       |  |                                     |                            |
| 25 Total functional expenses. Add lines 1 through 24e   | 46,088                |  |                                     |                            |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                                  |                       |  |                                     |                            |
| Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)  |                       |  |                                     |                            |
|   | l l                   |  |                                     | Form 900 (2018)            |

| Forn         | า 990 | (2018)   |  |                          |         | Page <b>11</b>     |
|--------------|-------|--|--|--------------------------|---------|--------------------|
| P            | art X | Balance Sheet  |  |                          |         |                    |
|              |       | Check if Schedule O contains a response or not   | e to any line in this Part IX                              |                          |         | 🗆                  |
|              |       |  | ,  | (A)<br>Beginning of year |         | (B)<br>End of year |
|              | 1     | Cash-non-interest-bearing  |  | 156,805                  | 1       | 207,986            |
|              | 2     | Savings and temporary cash investments .   |  | 415,660                  | 2       | 393,986            |
|              | 3     | Pledges and grants receivable, net   |  |                          | 3       |                    |
|              | 4     | Accounts receivable, net   | -  |                          | 4       |                    |
|              | 5     | Loans and other receivables from current and fo  | <b>⊢</b>   |                          |         |                    |
|              | 6     | trustees, key employees, and highest compensa<br>Part II of Schedule L   |  | 5                        |         |                    |
| s            |       | section 4958(f)(1)), persons described in sectio<br>contributing employers and sponsoring organiza-<br>voluntary employees' beneficiary organizations<br>Part II of Schedule L | stions of section 501(c)(9)<br>(see instructions) Complete |                          | 6       |                    |
| ssets        | 7     | Notes and loans receivable, net  |  |                          | 7       |                    |
| Ass          | 8     | Inventories for sale or use  |  |                          | 8       |                    |
| Q            | 9     | Prepaid expenses and deferred charges  |  | 7,085                    | 9       | 0                  |
|              | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a  |                          |         |                    |
|              | Ь     | Less accumulated depreciation  | 10b  |                          | 10c     |                    |
|              | 11    | Investments—publicly traded securities .   |  |                          | 11      | _                  |
|              | 12    | Investments—other securities See Part IV, line   |  | 12                       |         |                    |
|              | 13    | Investments—program-related See Part IV, line  |  | 13                       |         |                    |
|              | 14    | Intangible assets  |  | 14                       |         |                    |
|              | 15    | Other assets See Part IV, line 11  |  | 15                       |         |                    |
|              | 16    | Total assets.Add lines 1 through 15 (must equ  | 579,550  | 16                       | 601,972 |                    |
|              | 17    | Accounts payable and accrued expenses  |  |                          | 17      |                    |
|              | 18    | Grants payable   |  |                          | 18      |                    |
|              | 19    | Deferred revenue   | 🕇  |                          | 19      |                    |
|              | 20    | Tax-exempt bond liabilities  |  |                          | 20      |                    |
| ۲۸           | 21    | Escrow or custodial account liability Complete F   | Part IV of Schedule D                                      |                          | 21      |                    |
| Liabilities  | 22    | Loans and other payables to current and former key employees, highest compensated employee   | officers, directors, trustees,                             |                          |         |                    |
| æ            |       | persons Complete Part II of Schedule L   |  |                          | 22      |                    |
|              | 23    | Secured mortgages and notes payable to unrela  | ited third parties   |                          | 23      |                    |
|              | 24    | Unsecured notes and loans payable to unrelated   | I third parties  |                          | 24      |                    |
|              | 25    | Other liabilities (including federal income tax, pa<br>and other liabilities not included on lines 17 - 24<br>Complete Part X of Schedule D                                    |  | 2,105                    | 25      | 21,929             |
|              | 26    | Total liabilities. Add lines 17 through 25   |  | 2,105                    | 26      | 21,929             |
|              |       | Organizations that follow SFAS 117 (ASC 9  | ES) shock hore by and                                      |                          |         |                    |
| Fund Balance | 27    | complete lines 27 through 29, and lines 33 Unrestricted net assets   |  | 577,445                  | 27      | 580,043            |
| 38           | 28    | Temporarily restricted net assets  |  |                          | 28      |                    |
| G E          | 29    | Permanently restricted net assets  |  |                          | 29      |                    |
| Ē            |       | Organizations that do not follow SFAS 117  | (ASC 958),   |                          |         |                    |
| or F         |       | check here ▶ ☐ and complete lines 30 th  |  |                          |         |                    |
| 5 0          | 30    | Capital stock or trust principal, or current funds   |  |                          | 30      |                    |

31

32

33

34

580,043

601,972

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577,445

579,550

Net Assets or

30 31

32

33

34

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances .

Total liabilities and net assets/fund balances

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|------|---|--------|----|-----|----------------|
| Pai  | Reconcilliation of Net Assets   |        |    |     |                |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |        |    |     |                |
|      | Tatal savanus (must asual Dart VIII. aslumn (A), line 12)   |        |    |     | 72.602         |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |    |     | 73,693         |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2      |    |     | 46,088         |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3      |    |     | 27,605         |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4      |    |     | 577,445        |
| 5    | Net unrealized gains (losses) on investments  | 5      |    |     | -25,007        |
| 6    | Donated services and use of facilities  | 6      |    |     |                |
| 7    | Investment expenses   | 7      |    |     |                |
| 8    | Prior period adjustments  | 8      |    |     |                |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9      |    |     | 0              |
|      | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))   | 10     |    |     | 580,043        |
| Pa   | TXII Financial Statements and Reporting   |        |    |     | _              |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |        |    |     |                |
|      |   |        |    | Yes | No             |
| 1    | Accounting method used to prepare the Form 990  |        |    |     |                |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |        |    |     |                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   |        | 2a |     | No             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both   | on a   |    |     |                |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |        |    |     |                |
| Ь    | Were the organization's financial statements audited by an independent accountant?  |        | 2b | Yes |                |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both  | basis, |    |     |                |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |        |    |     |                |
| С    | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? |        | 2c |     | No             |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | dule O |    |     |                |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii<br>Audit Act and OMB Circular A-133?  | ngle   | 3a |     | No             |

3b

Form **990** (2018)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

### Additional Data

Software ID:

Software Version:

**EIN:** 13-3041317

BAKING INDUSTRY SANITATION STANDARDS

COMMITTEE

Form 990 (2018)

#### Form 990, Part III, Line 4a:

THE BISSC (BAKING INDUSTRY SANITATION STANDARDS COMMITTEE) WAS FORMED IN 1949 TO DEVELOP AND PUBLISH VOLUNTARY STANDARDS FOR THE DESIGN AND CONSTRUCTION OF BAKERY EQUIPMENT WHICH TODAY ARE RECOGNIZED AS THE DEFINITIVE SANITATION STANDARDS FOR EQUIPMENT USED IN THE BAKING INDUSTRY IN 2018. THERE WERE 43 AUTHORIZED MANUFACTURERS WHO QUALIFIED FOR CERTIFICATION IN ADDITION. THE BISSC OFFICE OF CERTIFICATION WAS ESTABLISHED IN 1966 TO PROMOTE GREATER RECOGNITION AND USE OF EQUIPMENT CONFORMING TO THE CRITERIA OF BISSC STANDARDS. THE OFFICE OF

CERTIFICATION OFFERS TWO EOUIPMENT CERTIFICATION PROGRAMS TO MANUFACTURERS WITH EOUIPMENT BUILT TO ANSI/ASB/Z50 2-2013 SANITATION STANDARD

FOR THE DESIGN OF BAKERY EQUIPMENT CRITERIA CERTIFICATION - MANUFACTURERS WHO CAN WARRANT THAT EQUIPMENT CONFORMS TO THE CRITERIA OF THE ANSI/ASB/Z50 2-2013 SANITATION STANDARD FOR THE DESIGN OF BAKERY EOUIPMENT CAN DISPLAY THE BISSC CERTIFIED SYMBOL ON THE EOUIPMENT THIRD-PARTY VERIFICATION - MANUFACTURERS ALREADY REGISTERED AND CERTIFIED WITH BISSC WHO SUCCESSFULLY PASS A THIRD-PARTY INSPECTION BY A BISSC-APPOINTED INDEPENDENT TESTING AGENCY CAN DISPLAY THE BISSC VERIFIED SYMBOL

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

DLN: 93493319047899 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public Inspection

|    | THE OF THE OFGANIZATION  (ING INDUSTRY SANITATION STANDARDS  |                        |         |                       | Employe      | er identification number             |
|----|--|------------------------|---------|-----------------------|--------------|--------------------------------------|
|    | MITTEE   |                        |         |                       | 13-3041      |                                      |
| Pa | Organizations Maintaining Donor Advi<br>Complete of the organization answered "Ye  |                        |         |                       | r Accoun     | its.                                 |
|    | Complete if the organization answered Te   |                        |         | sed funds             | (b)          | Funds and other accounts             |
| L  | Total number at end of year  | (, 2 55                |         |                       | (-)          |                                      |
| 2  | Aggregate value of contributions to (during year)  |                        |         |                       |              |                                      |
| 3  | Aggregate value of grants from (during year)   |                        |         |                       |              |                                      |
| ı  | Aggregate value at end of year   |                        |         |                       |              |                                      |
|    | Did the organization inform all donors and donor advisor   | ors in writing that th | e ass   | ets held in donor ad  | vised funds  | s are the                            |
|    | organization's property, subject to the organization's ex<br>Did the organization inform all grantees, donors, and d   | xclusive legal contro  | 17      |                       |              | ☐ Yes ☐ No                           |
|    | charitable purposes and not for the benefit of the donor private benefit?  |                        |         |                       |              |                                      |
| Pa | rt III Conservation Easements. Complete if t   | he organization a      | nswe    | red "Yes" on Forn     | n 990, Pa    | rt IV, line 7.                       |
| L  | Purpose(s) of conservation easements held by the orga  | nızatıon (check all t  | hat a   | pply)                 |              |                                      |
|    | $\square$ Preservation of land for public use (e g , recreation  | n or education)        |         | Preservation of an    | historically | ımportant land area                  |
|    | Protection of natural habitat  |                        |         | Preservation of a c   | ertified his | toric structure                      |
|    | ☐ Preservation of open space   |                        |         |                       |              |                                      |
| 2  | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year   | qualified conservat    | ion co  | ntribution in the for |              | servation eld at the End of the Year |
| а  | Total number of conservation easements   |                        |         | 1                     | 2a           | elu at tile Eliu of tile Year        |
| b  | Total acreage restricted by conservation easements   |                        |         |                       | 2b           |                                      |
| c  | Number of conservation easements on a certified histor   | ıc structure ınclude   | dın (a  | )                     | 2c           |                                      |
| d  | Number of conservation easements included in (c) acquistructure listed in the National Register  |                        | •       | ´                     | 2d           |                                      |
| 3  | Number of conservation easements modified, transferred tax year ▶  | ed, released, exting   | uished  | , or terminated by    | the organiz  | zation during the                    |
| Ļ  | Number of states where property subject to conservation  | on easement is loca    | ted ►   |                       |              |                                      |
| 5  | Does the organization have a written policy regarding t<br>and enforcement of the conservation easements it hold   |                        | ıng, ır | spection, handling o  | of violation | s,                                   |
| 5  | Staff and volunteer hours devoted to monitoring, inspe   | cting, handling of vi  | olatio  | ns, and enforcing co  | onservation  | easements during the year            |
| ,  | Amount of expenses incurred in monitoring, inspecting,   | handling of violation  | ns, a   | nd enforcing conser   | vation ease  | ements during the year               |
| ,  | Does each conservation easement reported on line 2(d   | ) above catisfy the    | ogur    | monte of section 1    | 70(h)(4)(B   | \\.\\\                               |
| •  | and section 170(h)(4)(B)(ii)?  | above satisfy the i    | equii   | entents of section 1  | 70(11)(4)(6  | Yes No                               |
| )  | In Part XIII, describe how the organization reports con-<br>balance sheet, and include, if applicable, the text of the<br>the organization's accounting for conservation easemer | footnote to the org    |         |                       |              |                                      |
| ar | <b>t III</b> Organizations Maintaining Collections Complete if the organization answered "Ye   |                        |         |                       | er Simila    | ır Assets.                           |
| la | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final  | public exhibition, e   | ducat   | on, or research in f  |              |                                      |
| b  | If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for put following amounts relating to these items                     | 16 (ASC 958), to re    | oort ir | ıts revenue statem    |              |                                      |
| (  | i) Revenue included on Form 990, Part VIII, line 1   |                        |         |                       | •            | \$                                   |
| (i | ii)Assets included in Form 990, Part X   |                        |         |                       | •            | \$                                   |
| 2  | If the organization received or held works of art, histor following amounts required to be reported under SFAS   |                        |         |                       | ncıal gaın,  | provide the                          |
| а  | Revenue included on Form 990, Part VIII, line 1  |                        | -       |                       | <b>&gt;</b>  | \$                                   |
| b  | Assets included in Form 990, Part X  |                        |         |                       | •            | • \$                                 |
| _  |  |                        |         |                       | 50300D       |                                      |

| Par  | t III                               | Organizations Mai  | ntaining Col                     | lections c        | of Art, F            | listori      | cal Tr     | eası   | ıres, or   | Other      | Similar A                  | ssets (          | continued)               |   |
|------|-------------------------------------|--|----------------------------------|-------------------|----------------------|--------------|------------|--------|------------|------------|----------------------------|------------------|--------------------------|---|
| 3    |                                     | g the organization's acquis<br>s (check all that apply)    | sition, accessior                | n, and other      | records,             | check        | any of     | the fo | llowing t  | hat are a  | sıgnıfıcant                | use of it        | s collection             |   |
| а    |                                     | Public exhibition  |                                  |                   |                      | d            |            | Loan   | or excha   | inge prog  | ırams                      |                  |                          |   |
| b    |                                     | Scholarly research   |                                  |                   |                      | e            |            | Othe   | r          |            |                            |                  |                          |   |
| c    | Preservation for future generations |  |                                  |                   |                      |              |            |        |            |            |                            |                  |                          |   |
| 4    | Provi<br>Part                       | ide a description of the or<br>XIII                        | ganızatıon's coll                | ections and       | explain l            | how the      | ey furth   | er the | e organız  | atıon's ex | empt purp                  | ose in           |                          |   |
| 5    |                                     | ng the year, did the organ<br>ts to be sold to raise funds |                                  |                   |                      |              |            |        |            |            | ular                       | □ Y <sub>6</sub> | es 🗆 No                  |   |
| Pa   | rt IV                               | Escrow and Custoo<br>Complete if the orga<br>X, line 21.   |                                  |                   | " on For             | m 990        | , Part     | IV, lı | ne 9, or   | reporte    | ed an amo                  | unt on           | Form 990, Part           |   |
| 1a   |                                     | e organization an agent, t<br>ded on Form 990, Part X?     |                                  | an or other       | ıntermed             | lary for     | contril    | oution | s or othe  | r assets i | not                        | ☐ Y              | es 🗌 No                  |   |
| b    | If "Y                               | es," explain the arrangem                                  | nent in Part XIII                | and comple        | ete the fo           | llowing      | table      |        | ſ          |            |                            | Amount           |                          |   |
| c    | Begır                               | nning balance  |                                  |                   |                      |              |            |        | Ī          | 1c         |                            |                  |                          |   |
| d    | Addıt                               | tions during the year                                      |                                  |                   |                      |              |            |        | [          | 1d         |                            |                  |                          |   |
| е    | Dıstr                               | butions during the year                                    |                                  |                   |                      |              |            |        | [          | 1e         |                            |                  |                          |   |
| f    | Endır                               | ng balance   |                                  |                   |                      |              |            |        |            | 1f         |                            |                  |                          |   |
| 2a   | Did t                               | he organization include ar                                 | n amount on Fo                   | rm 990, Par       | t X, line            | 21, for      | escrow     | or cu  | stodial a  | ccount lia | bility?                    | . 🗆 Y            | es 🗌 No                  |   |
| b    | If "Ye                              | es," explain the arrangem                                  | ent ın Part XIII                 | Check here        | e if the ex          | xplanatı     | on has     | been   | provided   | in Part)   | KIII                       | . 🗆              |                          |   |
| Pa   | rt V                                | Endowment Funds  | . Complete ıf                    | the organ         | ızatıon a            | answer       | ed "Ye     |        |            |            |                            |                  |                          |   |
|      |                                     |  |                                  | (a)Currer         | nt year              | <b>(b)</b> P | rıor yeaı  | _      | (c)Two ye  | ars back   | (d)Three ye                | ears back        | (e)Four years back       | - |
|      | -                                   | ning of year balance .                                     |                                  |                   |                      |              |            | _      |            |            |                            |                  |                          | - |
|      |                                     | butions  |                                  |                   |                      |              |            | _      |            |            |                            |                  |                          | - |
|      |                                     | vestment earnings, gains,                                  |                                  |                   |                      |              |            |        |            |            |                            |                  |                          | _ |
| d    | Grants                              | s or scholarships  | •                                |                   |                      |              |            | _      |            |            |                            |                  |                          | _ |
| е    |                                     | expenditures for facilities rograms                        |                                  |                   |                      |              |            |        |            |            |                            |                  |                          | _ |
| f    | Admın                               | istrative expenses   |                                  |                   |                      |              |            |        |            |            |                            |                  |                          | _ |
| g    | End of                              | f year balance   |                                  |                   |                      |              |            |        |            |            |                            |                  |                          | _ |
| 2    |                                     | ide the estimated percenta                                 |                                  | nt year end       | l balance            | (line 1      | g, colur   | nn (a  | )) held as | 5          |                            |                  |                          |   |
| а    | Boar                                | d designated or quasi-end                                  | lowment 🟲                        |                   |                      |              |            |        |            |            |                            |                  |                          |   |
| b    | Perm                                | nanent endowment 🟲   |                                  |                   |                      |              |            |        |            |            |                            |                  |                          |   |
| c    | Temp                                | porarily restricted endown                                 | nent 🟲                           |                   |                      |              |            |        |            |            |                            |                  |                          |   |
|      | The p                               | percentages on lines 2a, 2                                 | 2b, and 2c shou                  | ld equal 100      | 0%                   |              |            |        |            |            |                            |                  |                          |   |
| 3а   |                                     | :here endowment funds no<br>nızatıon by                    | ot in the posses                 | sion of the       | organızat            | on that      | t are he   | eld an | d admini   | stered fo  | r the                      |                  | Yes No                   |   |
|      | (i) u                               | nrelated organizations .                                   |                                  |                   |                      |              | •          |        |            |            |                            | <b>⊢</b>         | a(i)                     |   |
| b    |                                     | related organizations   .<br>es" on 3a(ii), are the relat  |                                  | <br>s listed as r | equired o            | <br>on Sche  | <br>dule R | · .    | • •        |            |                            |                  | a(ii)<br>3b              |   |
| 4    | Desc                                | ribe in Part XIII the intend                               | ded uses of the                  | organızatıo       | n's endov            | wment f      | funds      |        |            |            |                            |                  |                          |   |
| Pa   | rt VI                               |  |                                  |                   |                      |              | _          |        |            |            |                            |                  |                          |   |
|      | Dess                                | Complete If the orga                                       | nization answ<br>(a) Cost or oth |                   | " on For<br>(b) Cost |              |            |        |            |            | rm 990, Pa<br>lepreciation |                  | ne 10.<br>(d) Book value | _ |
|      | Descr                               | iption of property   | (investme                        |                   | (B) Cost             | or other     | Dasis (C   | iciei) | (C) Acci   | amulated d | ергестацоп                 |                  | (u) book value           |   |
| 1a   | Land                                |  |                                  |                   |                      |              |            |        |            |            |                            |                  |                          |   |
| b    | Buildir                             | ngs  |                                  |                   |                      |              |            |        |            |            |                            |                  |                          |   |
| c    | Leasel                              | hold improvements  |                                  |                   |                      |              |            |        |            |            |                            |                  |                          | _ |
| d    | Equipr                              | ment   |                                  |                   |                      |              |            |        |            |            |                            |                  |                          |   |
| е    | Other                               |  |                                  |                   |                      |              |            |        |            |            |                            |                  |                          |   |
| Tota | I. Add                              | lines 1a through 1e (Colu                                  | ımn (d) must ed                  | jual Form 9       | 90. Part             | X colur      | mn (B)     | line   | 10(c)) -   |            | <b>&gt;</b>                |                  |                          | n |

| Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.   | organization a  | answered         | d "Yes" on Form 9  | 990, Part IV, line 11b.                  |
|---|-----------------|------------------|--------------------|--|
| (a) Description of security or category (including name of security)  | (b<br>Bo<br>val | ok               |                    | nod of valuation<br>of-year market value |
| (1) Financial derivatives          (2) Closely-held equity interests          (3)Other  |                 |                  |                    |  |
| (A)   |                 |                  |                    |  |
| (B)   |                 |                  |                    |  |
| (C)   |                 |                  |                    |  |
| (D)   |                 |                  |                    |  |
| (E)   |                 |                  |                    |  |
| (F)   |                 |                  |                    |  |
| (G)   |                 |                  |                    |  |
| (H)   |                 |                  |                    |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )   | <b>•</b>        |                  |                    |  |
| Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form   | n 990, Part I   | V, line 1        | 1c. See Form 990   | , Part X, line 13.                       |
| (a) Description of investment   | (b) Book v      | alue             |                    | nod of valuation<br>of-year market value |
| (1)   |                 |                  |                    |  |
| (2)   |                 |                  |                    |  |
| (3)   |                 |                  |                    |  |
| (4)   |                 |                  |                    |  |
| (5)   |                 |                  |                    |  |
| (6)   |                 |                  |                    |  |
| (7)   |                 |                  |                    |  |
| (8)   |                 |                  |                    |  |
| (9)   |                 |                  |                    |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes               | s' on Form 99   | D. Part IV.      | line 11d See Form  | 1 990. Part X. line 15                   |
| (a) Description   |                 |                  |                    | (b) Book value                           |
| (1)<br>(2)  |                 |                  |                    |  |
| (3)   |                 |                  |                    |  |
| (4)   |                 |                  |                    |  |
| (5)   |                 |                  |                    |  |
| (6)   |                 |                  |                    |  |
| (7)   |                 |                  |                    |  |
| (8)   |                 |                  |                    |  |
| (9)   |                 |                  |                    |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )   |                 |                  |                    | . •                                      |
| <b>Part X Other Liabilities.</b> Complete if the organization answ See Form 990, Part X, line 25.   | vered 'Yes' o   | n Form 9         | 990, Part IV, line | 11e or 11f.                              |
| (a) Description of liability     (1) Federal income taxes   | (               | <b>b)</b> Book v | alue               |  |
| INTERCOMPANY LIABILITIES  |                 |                  | 21,929             |  |
| (2)   |                 |                  |                    |  |
| (3)   |                 |                  |                    |  |
| (4)   |                 |                  |                    |  |
| (5)   |                 |                  |                    |  |
| (6)   |                 |                  |                    |  |
| (7)   |                 |                  |                    |  |
| (8)   |                 |                  |                    |  |
| (9)   |                 |                  |                    |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the | ▶               | ne organia       | 21,929             | tements that reports the                 |
| organization's liability for uncertain tax positions in Part XIII, provide the text of the  |                 |                  |                    | _  |

Schedule D (Form 990) 2018

| Pa    |  | venue per Audited Financial Statements With Reve<br>zation answered 'Yes' on Form 990, Part IV, line 12a.                                     | nue per Return   |                         |
|-------|--|---|------------------|-------------------------|
| 1     |  | upport per audited financial statements   | . 1              |                         |
| 2     |  | ot on Form 990, Part VIII, line 12  |                  |                         |
| а     | Net unrealized gains (losses) on i           | nvestments   2a   |                  |                         |
| b     | Donated services and use of facil            | ties  |                  |                         |
| С     | Recoveries of prior year grants              | 2c  |                  |                         |
| d     |  |   |                  |                         |
| е     | Add lines 2a through 2d                      |   | 2e               |                         |
| 3     | Subtract line <b>2e</b> from line <b>1</b> . |   | 3                |                         |
| 4     | Amounts included on Form 990, I              | Part VIII, line 12, but not on line <b>1</b>  |                  |                         |
| а     | Investment expenses not include              | d on Form 990, Part VIII, line 7b . 4a  |                  |                         |
| b     | Other (Describe in Part XIII ) .             | 4b  |                  |                         |
| c     | Add lines 4a and 4b                          | <del></del>   | 4c               |                         |
| 5     | Total revenue Add lines 3 and 4              | c. (This must equal Form 990, Part I, line 12)  | . 5              |                         |
| Par   |  | penses per Audited Financial Statements With Expersation answered 'Yes' on Form 990, Part IV, line 12a.                                       | enses per Return |                         |
| 1     | Total expenses and losses per au             | dited financial statements  | . 1              |                         |
| 2     | Amounts included on line 1 but n             | ot on Form 990, Part IX, line 25  |                  |                         |
| а     | Donated services and use of facil            | ties  |                  |                         |
| b     | Prior year adjustments                       |   |                  |                         |
| С     | Other losses                                 | 2c  |                  |                         |
| d     | Other (Describe in Part XIII ) $\ .$         | 2d  |                  |                         |
| е     | Add lines 2a through 2d                      | <del></del>   | . 2e             |                         |
| 3     | Subtract line ${f 2e}$ from line ${f 1}$ .   |   | . 3              |                         |
| 4     | Amounts included on Form 990, I              | Part IX, line 25, but not on line 1:  |                  | _                       |
| а     | Investment expenses not include              | d on Form 990, Part VIII, line 7b 4a  |                  |                         |
| b     | Other (Describe in Part XIII ) $\ .$         | 4b  |                  |                         |
| С     | Add lines 4a and 4b                          | <del></del>   | . 4с             |                         |
| 5     | Total expenses Add lines 3 and 4             | 1c. (This must equal Form 990, Part I, line 18)   | 5                |                         |
| Pai   | t XIII Supplemental Info                     | ormation  |                  |                         |
|       |  | art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b<br>s 2d and 4b  Also complete this part to provide any additional info |                  | 4, Part X, line 2, Part |
|       | Return Reference                             | Explanation   |                  |                         |
| See / | Addıtıonal Data Table                        |   |                  |                         |
|       |  |   |                  |                         |
|       |  |   |                  |                         |
|       |  |   |                  |                         |
|       |  |   |                  |                         |
|       |  |   |                  |                         |

Page **4** 

| Schedule D (Form 990) 2018  | Page <b>5</b>      |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference            | Explanation        |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |
|                             |                    |

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN:** 13-3041317

Name: BAKING INDUSTRY SANITATION STANDARDS

COMMITTEE

Supplemental Information
Return Reference

Explanation

PART X, LINE 2

FASB ASC 740-10-05 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS THIS TOPIC PRESCRIBES A RECOGNITION THRESHOLD AND ME ASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSIT ION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THIS TOPIC ALSO PROVIDES GUIDANCE ON DE RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLO SURE, AND TRANSITION THE INSTITUTE HAS NOT IDENTIFIED ANY UNCERTAINTIES IN FEDERAL OR STA TE INCOME TAXES FOR ANY OPEN TAX YEARS AS OF DECEMBER 31, 2018 THE INSTITUTE IS NO LONGER SUBJECT TO FEDERAL AND STATE TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015 NO AUTHORITIES HAVE COMMENCED INCOME TAX EXAMINATIONS AS OF DECEMBER 31, 2018

| efil  | e GRAPHIC pr                                | rint - DO NOT PROCESS   | As Filed Dat                                 | a -   | DLN: 934                | 19331  | 9047         | 899      |  |  |
|-------|---|---|--|---|-------------------------|--------|--------------|----------|--|--|
| Sch   | edule J                                     | Co  | mpensat                                      | ion Information   | 00                      | 1B No  | 1545-0       | 0047     |  |  |
| (For  | n 990)                                      | For certain Officer   | •  |   |                         |        |              |          |  |  |
|       |   | ► Complete if the orga  | Compensa<br>nization answ                    | ated Employees<br>vered "Yes" on Form 990, Part IV,                                 | , line 23.              | 2018   |              |          |  |  |
| D     |   |   | ▶ Attach                                     | n to Form 990.<br>instructions and the latest inforn                                |                         |        | en to Public |          |  |  |
| •     | tment of the Treasury<br>al Revenue Service | ₽ do to <u>www.irs.gov</u>  | <u>/                                    </u> | mstructions and the latest miori  | nation.                 |        | ectio        |          |  |  |
|       | ne of the organiza                          | ation<br>ITATION STANDARDS  |  |   | Employer identificat    | ion nu | ımber        |          |  |  |
|       | MITTEE                                      | TIMION SIMBINOS   |  |   | 13-3041317              |        |              |          |  |  |
| Pa    | rt I Questi                                 | ons Regarding Compensati  | on   |   |                         |        |              |          |  |  |
|       |   |   |  | 5.11  |                         |        | Yes          | No       |  |  |
| 1a    |   |   |  | f the following to or for a person lister<br>by relevant information regarding thes |                         |        |              |          |  |  |
|       |   | s or charter travel   |  | Housing allowance or residence for  | •                       |        |              |          |  |  |
|       |   | companions  | 님  | Payments for business use of persoi   |                         |        |              |          |  |  |
|       |   | nification and gross-up payments  | H  | Health or social club dues or initiation  Personal services (e.g., maid, chauf      |                         |        |              |          |  |  |
|       | □ Discretion                                | nary spending account   |  | Personal services (e g , maid, chaur  | reur, cher)             |        |              |          |  |  |
| b     |   | xes in line 1a are checked, did the<br>all of the expenses described abov |  | ollow a written policy regarding paym<br>nplete Part III to explain                 | nent or reimbursement   | 1b     |              |          |  |  |
| 2     |   |   |  | or allowing expenses incurred by all<br>r, regarding the items checked in line      | 152                     | 2      |              |          |  |  |
|       | directors, truste                           | es, officers, including the CEO/EX  | ecutive Directo                              | r, regarding the items checked in line  | e la'                   |        |              |          |  |  |
| 3     |   | If any, of the following the filing of EO/Executive Director Check all    |  | ed to establish the compensation of th  | ne                      |        |              |          |  |  |
|       | _   | •   |  | CEO/Executive Director, but explain i   | n Part III              |        |              |          |  |  |
|       | Componer                                    | ation committee   | П  | Written employment contract   |                         |        |              |          |  |  |
|       |   | ent compensation consultant   | H  | Compensation survey or study  |                         |        |              |          |  |  |
|       |   | of other organizations  |  | Approval by the board or compensa   | tion committee          |        |              |          |  |  |
| 4     |   |   | 90, Part VII, Se                             | ection A, line 1a, with respect to the fi   | ılıng organızatıon or a |        |              |          |  |  |
|       | related organiza                            | ation   |  |   |                         |        |              |          |  |  |
| a     |   | ance payment or change-of-contr   |  |   |                         | 4a     |              | No       |  |  |
| b     | •   | r receive payment from, a supple  | •  | · ·   |                         | 4b     |              | No       |  |  |
| С     |   | r receive payment from, an equity of lines 4a-c. list the persons and     |  | nsation arrangement?<br>plicable amounts for each item in Part                      | : III                   | 4c     |              | No       |  |  |
|       |   |   | F  |   |                         |        |              |          |  |  |
|       |   | ), 501(c)(4), and 501(c)(29)  | _  | -   |                         |        |              |          |  |  |
| 5     |   | ed on Form 990, Part VII, Section<br>ontingent on the revenues of         |  | the organization pay or accrue any  |                         |        |              |          |  |  |
| а     | The organization                            | n?  |  |   |                         | 5a     |              |          |  |  |
| b     | Any related orga                            |   |  |   |                         | 5b     |              |          |  |  |
|       | •   | 5a or 5b, describe in Part III  |  |   |                         |        |              |          |  |  |
| 6     |   | ed on Form 990, Part VII, Section ontingent on the net earnings of        | A, line 1a, did                              | the organization pay or accrue any  |                         |        |              |          |  |  |
| a     | The organization                            |   |  |   |                         | 6a     |              | <u> </u> |  |  |
| b     | Any related orga                            | anization?<br>6a or 6b, describe in Part III                              |  |   |                         | 6b     |              |          |  |  |
| 7     | •   | •   | A line 15 did                                | the organization provide any nonfixed   | d                       |        |              |          |  |  |
|       | payments not d                              | escribed in lines 5 and 6? If "Yes,                                       | " describe in Pa                             | rt III  | u                       | 7      |              |          |  |  |
| 8     |   |   |  | red pursuant to a contract that was<br>section 53 4958-4(a)(3)? If "Yes," de        | escribe                 | 8      |              |          |  |  |
| 9     | If "Yes" on line 3<br>53 4958-6(c)?         | 8, did the organization also follow                                       | the rebuttable                               | presumption procedure described in  | Regulations section     | 9      |              |          |  |  |
| For F | Panerwork Redu                              | uction Act Notice, see the Insti  | uctions for Fo                               | orm 990. Cat No. 5  | 50053T Schedule J       | (Forn  | 990)         | 2018     |  |  |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (F) Compensation in (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 ANDRE BIANE 0 (i) 0 0 0 0 0 0 PRESIDENT 283,637 343,081 0 (ii) 14,333 1,563 22,000 21,548

| 2 TOM OGLE<br>SEC/TREASURER | (i)  | 0       | 0      | 0   | 0      | 0   | 0        | 0                 |
|-----------------------------|------|---------|--------|-----|--------|-----|----------|-------------------|
| ,                           | (ii) | 184,830 | 14,333 | 883 | 15,933 | 247 | 216,226  | 0                 |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
|                             |      |         |        |     |        |     |          |                   |
| -                           |      |         |        |     |        |     | Schedule | J (Form 990) 2018 |

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

| efile GRAPH                                     | IC print - DO NOT PROCESS   | DLN   | : 93493319047899               |  |  |  |
|---|---|---|--------------------------------|--|--|--|
| SCHEDUL<br>(Form 990 or<br>EZ)                  | 990- Complete to provide information for re Form 990 or 990-EZ or to provide Attach to Form 990 | esponses to specific questions on<br>any additional information.<br>90 or 990-EZ. | 2018 Open to Public Inspection |  |  |  |
| Name & the of BAKING INDUSTRY                   |   | <b>Employer ident</b> 13-3041317  | ification number               |  |  |  |
| Return<br>Reference                             | E   | xplanation  |                                |  |  |  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE ORGANIZATION'S GOVERNING BODY WILL NOT RE   | VIEW FORM 990 PRIOR TO FILING   |                                |  |  |  |

990 Schedule O, Supplemental Information

Return Explanation

Reference

| Reference  |  |
|------------|--|
| FORM 990,  | NOTICE OF DOCUMENT AVAILABILITY IS POSTED ON THE BULLETIN BOARD STATING THE DOCUMENTS MAY  |
| PART VI,   | BE VIEWED UPON REQUEST DURING THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D |
| SECTION C, |  |
| LINE 19    |  |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

2018

DLN: 93493319047899 OMB No 1545-0047

> Open to Public Inspection

| Name of the organization BAKING INDUSTRY SANITATION STANDARDS COMMITTEE   |                                       |                                |          |                                     |                        |                   |         | <b>loyer identif</b><br>041317                   | icatior | n number                          |                    |          |
|---|---------------------------------------|--------------------------------|----------|-------------------------------------|------------------------|-------------------|---------|--|---------|-----------------------------------|--------------------|----------|
| Part I Identification of Disregarded Entities Complete  | f the organ                           | ızatıon answer                 | ed "Yes  | " on Form 9                         | 990, Part              | IV, line 33       |         |  |         |                                   |                    |          |
| (a) Name, address, and EIN (if applicable) of disregarded entity  |                                       | <b>(b)</b><br>Primary acti     | vity     | (c)<br>Legal domic<br>or foreign c  | ile (state<br>country) | (d)<br>Total inco | me      | <b>(e)</b><br>End-of-year as                     | ssets   | <b>(f</b><br>Direct co<br>ent     | ntrolling          |          |
|   |                                       |                                |          |                                     |                        |                   |         |  |         |                                   |                    |          |
|   |                                       |                                |          |                                     |                        |                   |         |  |         |                                   |                    |          |
|   |                                       |                                |          |                                     |                        |                   |         |  |         |                                   |                    |          |
| Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. | <b>ons</b> Comple                     | te if the orgar                | nization | answered "                          | Yes" on F              | orm 990,          | Part IV | /, line 34 be                                    | cause   | it had one or                     | more               |          |
| (a)  Name, address, and EIN of related organization   | Prima                                 | <b>(b)</b><br>Primary activity |          | (c)<br>micile (state<br>gn country) | Exempt Co              | ode section   Pub |         | (e) Public charity status (if section 501(c)(3)) |         | (f)<br>rect controlling<br>entity | Section<br>(13) co |          |
| (1)AMERICAN INSTITUTE OF BAKING<br>1213 BAKERS WAY<br>MANHATTAN, KS 66502<br>36-2166946                         | EDUCATION<br>FOR THE FO<br>RELATED IN |                                |          | KS                                  | 501(C)(3)              |                   | LINE 2  |  | N/A     |                                   | Yes                | No<br>No |
|   |                                       |                                |          |                                     |                        |                   |         |  |         |                                   | <u> </u>           |          |
|   |                                       |                                |          |                                     |                        |                   |         |  |         |                                   |                    |          |
|   |                                       |                                |          |                                     |                        |                   |         |  |         |                                   |                    |          |
| For Paperwork Reduction Act Notice, see the Instructions for Form   | 990.                                  |                                | Ca       | t No 50135                          | Y                      |                   |         |  | Sche    | edule R (Form                     | 990) 2             | 018      |

| Part III Identification of Related Organ one or more related organizations |  |               |  | te if the  | orga  | anızatıon  | ansv           | vered "Ye                                 | s" on Form                                 | 990,                            | Part I                            | V, line 34 | 1 bec                   | cause                                       | t had                     |                               |
|--|--|---------------|--|--|-------|--|----------------|---|--|---------------------------------|-----------------------------------|------------|-------------------------|---|---------------------------|-------------------------------|
| (a)<br>Name, address, and EIN o<br>related organization                    | (a)<br>Name, address, and EIN of<br>related organization |               | (c) Legal domicile (state or foreign country)    | Legal Direct controll controll entity or foreign |       | Predominant income(related, unrelated, excluded from tax under sections 512-514) |                | (f)<br>Share of<br>total income           | (g)<br>Share of<br>e end-of-year<br>assets | (h) Disproprtionat allocations? |                                   |            |                         | <b>(j)</b><br>Beneral<br>managin<br>partner | or Perce<br>g own         | <b>k)</b><br>entage<br>ership |
| _  |  |               |  |  |       |  |                |   |  | Yes                             | No                                |            | ,                       | Yes N                                       | 2                         |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   | +  |                                 |                                   |            | +                       |   | +                         |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   | -  |                                 |                                   |            | _                       |   | +                         |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
| Part IV Identification of Related Organ                                    | nizatione Tavable as a C                                 | `ornoration   | Or Trus  | + Comr   | loto. | if the ora   | ו אות בו       | ation and                                 | wered "Vec                                 | " on E                          | orm 9                             | 90 Part    | T\/ li                  | ne 34                                       |                           |                               |
| because it had one or more related   | d organizations treated as                               | a corporation | on or tru  | st durir   | ng th | e tax yea  | r.             | acion ans                                 | wered res                                  | , 0111                          | 011111                            | 50, Ture   | 10, 11                  | 1110 5 1                                    |                           |                               |
| (a)<br>Name, address, and EIN of<br>related organization                   | (b)<br>Primary activity                                  | d<br>(state   | (c)<br>Legal<br>omicile<br>or foreign<br>ountry) |  |       | (d)<br>t controlling<br>entity   | Type<br>(C cor | (e)<br>of entity<br>rp, S corp,<br>trust) | (f)<br>Share of tota<br>Income             |                                 | (g)<br>e of end<br>year<br>assets |            | (h)<br>ercenta<br>wners | age   | Section<br>(13) co<br>ent | 512(b)<br>ntrolled<br>ity?    |
| (1)AIB INTERNATIONAL INC   | CONSULTING   |               | KS   |  | N/A   |  | С              |   |  | +                               |                                   |            |                         |   | Yes                       | No<br>No                      |
| 1213 BAKERS WAY<br>MANHATTAN, KS 66502<br>48-1192044                       |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
| (2)AIB INTERNATIONAL CERTIFICATION SERVICES                                | AUDITING   |               | KS   |  | N/A   |  | С              |   |  |                                 |                                   |            |                         |   |                           | No                            |
| 1213 BAKERS WAY<br>MANHATTAN, KS 66502<br>46-4393081                       |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   |            |                         |   |                           |                               |
|  |  |               |  |  |       |  |                |   |  |                                 |                                   | Cabadula   | . D /'                  | <i>-</i>                                    | 100) 30                   | 110                           |

1r

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

1s Yes

No

| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. |     |    |
|---|-----|----|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  | Yes | No |

|            | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |            | Yes | No |
|------------|--|------------|-----|----|
| <b>1</b> D | During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | П          |     |    |
| а          | Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity  | 1a         |     | No |
| b          | Gift, grant, or capital contribution to related organization(s)  | <b>1</b> b |     | No |
| c          | Gift, grant, or capital contribution from related organization(s)  | 1c         |     | No |
| d          | Loans or loan guarantees to or for related organization(s)   | 1d         |     | No |
| е          | Loans or loan guarantees by related organization(s)  | 1e         |     | No |
|            |  |            |     |    |
| f          | Dividends from related organization(s)   | 1f         |     | No |
| -          | Sala of accepts to related expansion(s)  | 10         |     | No |

| b | Girt, grant, or capital contribution to related organization(s)              | 120           | NO |
|---|--|---------------|----|
| c | Gift, grant, or capital contribution from related organization(s)            | 1c            | No |
| d | Loans or loan guarantees to or for related organization(s)                   | 1d            | No |
| e | Loans or loan guarantees by related organization(s)                          | 1e            | No |
|   |  |               |    |
| f | Dividends from related organization(s)                                       | 1f            | No |
| g | Sale of assets to related organization(s)                                    | <b>1</b> g    | No |
| h | Purchase of assets from related organization(s)                              | 1h            | No |
| i | Exchange of assets with related organization(s)                              | 1i            | No |
| j | Lease of facilities, equipment, or other assets to related organization(s)   | 1j            | No |
|   |  |               |    |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k            | No |
|   |  | $\overline{}$ |    |

| e Loans or loan guarantees by related organization(s)  | 1e         | No |
|--|------------|----|
| f Dividends from related organization(s)   | 1f         | No |
| g Sale of assets to related organization(s)  | <b>1</b> g | No |
| <b>h</b> Purchase of assets from related organization(s)   | 1h         | No |
| i Exchange of assets with related organization(s)  | <b>1</b> i | No |
| j Lease of facilities, equipment, or other assets to related organization(s)                     | 1j         | No |
| k Lease of facilities, equipment, or other assets from related organization(s)                   | 1k         | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11         | No |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | 1m         | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n         | No |
| o Sharing of paid employees with related organization(s)   | 10         | No |
| p Reimbursement paid to related organization(s) for expenses                                     | 1p         | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses                              | <b>1</b> q | No |

(b)

Transaction type (a-s)

(c)

Amount involved

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a)

Name of related organization

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (a)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- |     |    | (f)<br>Share of<br>total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |    | Code V-UBI<br>amount in box<br>20<br>of Schedule<br>K-1<br>(Form 1065) |           |      | <b>(k)</b><br>Percentage<br>ownership |
|---|--------------------------------|---|---|-----|----|------------------------------------|--|--|----|--|-----------|------|---------------------------------------|
|   |                                |   | 514)  | Yes | No |                                    |  | Yes                                    | No |  | Yes       | No   |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  |    |  |           |      |                                       |
|   |                                |   |   |     |    |                                    |  |  | •  | Schedul  | e R (Forn | n 99 | 0) 2018                               |

