**Short Form Return of Organization Exempt From Income Tax** 

OMB No 1545-1150 2018

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. 2018, and ending 20 A For the 2018 calendar year, or tax year beginning B Check if applicable C Name of organization D Employer identification number ✓ Address change 20-2096846 Gamae International.Inc Room/suite Number and street (or P O box, if mail is not delivered to street address) E Telephone number Name change Initial return 109 Courts Garden Way Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Number ▶ Cary Application pending NC 27513 H Check ► If the organization is not ✓ Accrual Other (specify) G Accounting Method ☐ Cash required to attach Schedule B Website: ▶ J Tax-exempt status (check only one) — ✓ 501(c)(3) ☐ 501(c) ( (Form 990, 990-EZ, or 990-PF). ◄ (insert no.) ☐ 4947(a)(1) or □527 Other ☐ Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . . 1 1 0 Program service revenue including government fees and contracts 2 2 0 Membership dues and assessments . . 3 3 0 Investment income . . . . . . . . 4 4 0 5a 5a Gross amount from sale of assets other than inventory 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C Gaming and fundraising events. 6 Gross income from gaming (attach Schedule G if greater than RECEIVED Revenue 6a Gross income from fundraising events (not including \$ of contributions AUG 1 2 2020 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less direct expenses from gaming and fundraising events . . . OGCEN. UT Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 8 0 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 0 10 10 Grants and similar amounts paid (list in Schedule O) 0 11 11 0 12 Salaries, other compensation, and employee benefits . . . 12 0 13 Professional fees and other payments to independent contractors . . . . 13 0 14 14 0 15 15 Printing, publications, postage, and shipping . . . . . . . . . . . 0 Other expenses (describe in Schedule O) . . . . . . . 16 16 0 Total expenses. Add lines 10 through 16 . . . . . 17 17 0 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 0 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 379 20 20 Other changes in net assets or fund balances (explain in Schedule O) . 0

For Paperwork Reduction Act Notice, see the separate instructions.

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

Cat No 106421

Form **990-EZ** (2018)

379

|           | 190-EZ (2018)  Til Balance Sheets (see the instructions   | for Port II\   | <del></del>  | <del></del>  |                     | Page 2                                     |
|-----------|---|--|--|--|---------------------|--|
| Pa        | <b>Balance Sheets</b> (see the instructions to Check if the organization used Schedule  | •  | ny question in this  | Part II  |                     | П  |
|           | Officer if the organization used conclude   | O to respond to d  |  | (A) Beginning of year  | Ė                   | (B) End of year                            |
| 22        | Cash, savings, and investments  |  | [  |  | 22                  | 379  |
| 23        | Land and buildings  |  | [  |  | 23                  |  |
| 24        | Other assets (describe in Schedule O)   |  |  |  | 24                  | 0  |
| 25        | Total seets   |  |  | <del></del>  | 25<br>26            | 379  |
| 26<br>27  | Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column   |  | <u> </u>   |  | 27                  | 379  |
| Par       |   |  |  | Part III)  |                     |  |
|           | Check if the organization used Schedule   |  |  |  | ( <sub>D</sub>      | Expenses                                   |
| ۷ha       | is the organization's primary exempt purpose?   |  |  |  |                     | quired for section<br>(c)(3) and 501(c)(4) |
| as m      | ribe the organization's program service accompli-<br>easured by expenses. In a clear and concise mons benefited, and other relevant information for ea  | lanner, describe the ach program title.  | e services provided  | , the number of  | orga<br>othe        | anizations, optional for                   |
| 20        |   |  |  |  |                     |  |
|           | (Grants \$ ) If this amount   | ıncludes foreign gra   | ants, check here .   | ▶ □  | 28a                 |  |
| 29        |   |  |  |  |                     |  |
|           |   |  |  |  |                     |  |
|           | (Grants \$ ) If this amount   | includes foreign gra   | ants, check here .   | • П  | 29a                 |  |
| 30        | Torum of the same |  |  |  |                     |  |
|           |   |  |  |  |                     |  |
|           | 70 X X X X X X X X X X X X X X X X X X X  |  |  | ······································   |                     |  |
|           |   |  |  |  |                     |  |
| 31        |   |  | ants, check here .   |  | 30a                 | 1 0  |
| 31        | Other program services (describe in Schedule O)   |  |  |  | 30a                 |  |
|           | Other program services (describe in Schedule O)   | ncludes foreign gra  | ants, check here   | · · · · · · · · · · · · · · · · · · ·  |                     | 1 0  |
| 32        | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Key  | includes foreign gra<br>through 31a)<br>Employees (list eac  | ants, check here   | bensated—see the in  | 31a<br>32           | 3 (  |
| 32        | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a   | includes foreign gra<br>through 31a)<br>Femployees (list eac<br>O to respond to a  | ants, check here  the contract of the contract | Densated—see the in  | 31a<br>32           | 3 (  |
| 32        | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Key  | includes foreign gra<br>through 31a)<br>Employees (list eac  | ants, check here   | pensated—see the in Part IV.   | 31a<br>32<br>nstruc | ctions for Part IV)                        |
| 32<br>Par | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  | includes foreign grathrough 31a)   | h one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)  | pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruc | ctions for Part IV)                        |
| 32<br>Par | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a and List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  | includes foreign grathrough 31a)   | h one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)  | pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruc | ctions for Part IV)                        |
| 32<br>Par | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a and List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  | includes foreign grathrough 31a)   | h one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)  | pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruc | ctions for Part IV)                        |
| 32<br>Par | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a and List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  | includes foreign grathrough 31a)   | h one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)  | pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruc | ctions for Part IV)                        |
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| 32<br>Par | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a    IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  | includes foreign grathrough 31a) .  / Employees (list eac O to respond to a (b) Average hours per week devoted to position | h one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)  | pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruc | ctions for Part IV)                        |
| 32<br>Par | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a    IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  | includes foreign grathrough 31a) .  / Employees (list eac O to respond to a (b) Average hours per week devoted to position | h one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)  | pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruc | ctions for Part IV)                        |
| 32<br>Par | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a*  IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title   | includes foreign grathrough 31a) .  / Employees (list eac O to respond to a (b) Average hours per week devoted to position | h one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)  | pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruc | ctions for Part IV)                        |
| 32<br>Par | Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a*  IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title   | includes foreign grathrough 31a) .  / Employees (list eac O to respond to a (b) Average hours per week devoted to position | h one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)  | pensated—see the in Part IV  (d) Health benefits, contributions to employ benefit plans, and | 31a<br>32<br>nstruc | ctions for Part IV)                        |



| Part     |   |         |               |                                       |
|----------|---|---------|---------------|---------------------------------------|
|          | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this  |         | v .<br>Yes    | No                                    |
| 33       | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O   | 33      | 100           | <b>√</b>                              |
| 34       | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions   | 34      |               |                                       |
| 35a      | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  | 35a     |               | <u> </u>                              |
| b        | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b     |               |                                       |
| C        | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  | 35c     |               | <b>✓</b>                              |
| 36       | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   | 36      |               | <b>✓</b>                              |
| 37a      | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a  |         |               |                                       |
| b        | Did the organization file Form 1120-POL for this year?  | 37b     | rije i        | <b>√</b>                              |
| 38a      | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .   | 38a     |               |                                       |
| b        | If "Yes," complete Schedule L, Part II and enter the total amount involved   38b  | Citiza. | 16555         | 7 <b>%</b> (3)                        |
| 39       | Section 501(c)(7) organizations. Enter.   |         |               |                                       |
| а        | Initiation fees and capital contributions included on line 9  |         |               |                                       |
| b        | Gross receipts, included on line 9, for public use of club facilities   |         |               |                                       |
| 40a      | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶  |         |               |                                       |
| b        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b     | <u>Birini</u> | <b>✓</b>                              |
| С        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |         |               |                                       |
| d        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  |         |               |                                       |
| е        | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  | 40e     |               | <b>/</b>                              |
| 41       | List the states with which a copy of this return is filed ▶   |         |               |                                       |
| 42a      | The organization's books are in care of ▶ Telephone no. ▶   |         |               |                                       |
| <b>L</b> | Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over   | т       | V             | Na                                    |
| ь        | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 42b     | Yes           | No<br>✓                               |
|          | If "Yes," enter the name of the foreign country   |         | Majoris.      |                                       |
|          | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |         |               |                                       |
| С        | At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country   | 42c     | <u> </u>      | ±elneLin ✓                            |
| 43       | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here   |         | . 1           | ▶ □                                   |
|          | and enter the amount of tax-exempt interest received or accrued during the tax year   |         | Yes           | No                                    |
| 44a      | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44a     |               | ##################################### |
| b        | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44b     |               | <b>√</b> .                            |
| c<br>d   | Did the organization receive any payments for indoor tanning services during the year?  | 44d     |               | <b>√</b>                              |
| 45a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 45a     | Mhi.          | <b>√</b>                              |
| b        | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions   | 45b     |               |                                       |

|             | 90-EZ (2018)   |  |   |  |               | Р       | age '    |
|-------------|--|--|---|--|---------------|---------|----------|
|             |  |  |   |  |               | Yes     | No       |
| 46          | Did the organization engage, directly or in  | ndirectly, in political c                            | ampaign activities on                                   | behalf of or in oppos  | sition        |         |          |
|             | to candidates for public office? If "Yes," of  | complete Schedule C                                  | , Part I  | <u> </u>   | 46            |         | <b>√</b> |
| art         | All section 501(c)(3) organization   |  | stions 47–49b and                                       | 52, and complete tl  | he tables f   | or line | es       |
|             | 50 and 51.  Check if the organization used Sci   | hadula O ta respond                                  | l to any question in t                                  | hie Part VI  |               |         | _        |
|             | Check if the organization used Sc  | negatie O to respond                                 | to any question in t                                    | ilis rait vi   | • • • •       | Yes     | No       |
| 47          | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par         |  | section 501(h) electio                                  |  | I             |         | <b>√</b> |
| 18          | Is the organization a school as described in   | n section 170(b)(1)(A)(i                             | i)? If "Yes," complete:                                 | Schedule E   | . 48          |         | <b>1</b> |
| 19a         | Did the organization make any transfers t  | o an exempt non-cha                                  | ritable related organiz                                 | ation?   | . 49a         |         | <b>√</b> |
| b           | If "Yes," was the related organization a se  | ection 527 organizatio                               | on?   |  | . 49b         |         | L        |
| 50          | Complete this table for the organization's   | five highest compen                                  | sated employees (oth                                    | er than officers, direc  | tors, truste  | es, an  | d ke     |
|             | employees) who each received more than   | 1 \$100,000 of comper                                | 1   | (d) Health benefits,   | Tie, enter is | Tone.   |          |
|             | (a) Name and title of each employee  | (b) Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC) | contributions to employee<br>benefit plans, and deferred<br>compensation |               |         |          |
|             |  |  |   |  |               |         |          |
|             |  |  |   |  |               |         |          |
|             |  |  |   | -  |               |         |          |
|             |  |  |   |  |               |         |          |
|             |  |  |   |  |               |         |          |
|             | Total number of other employees paid ov  | rer \$100 000  | . •   | 1  |               |         |          |
| 51          | Complete this table for the organization \$100,000 of compensation from the organization | 's five highest comp                                 | ensated independent                                     | contractors who ead  | ch received   | more    | tha      |
|             | (a) Name and business address of each independ   | dent contractor                                      | (b) Type of serv  | rice (   | (c) Compensat | ion     |          |
|             |  |  |   |  | _             |         |          |
|             |  |  | -   |  |               |         |          |
|             |  |  |   |  |               |         |          |
|             |  |  | -   |  |               | -       |          |
|             |  |  | -   |  |               |         | -        |
|             |  | actors each recours                                  | Over \$100,000  |  |               |         |          |
|             | Total number of other independent centre   | actors each receiving                                |   | nizations must attac   |               |         |          |
| d<br>52     | Total number of other independent contribution of the organization complete Schedule A   |  |   |  |               | , n     | Vο       |
| 52<br>Inder | Did the organization complete Schedu   | return, including accompar                           | ying schedules and stateme                              | ents, and to the best of my  | .▶□ Yes       |         |          |

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

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

20-2096846 Gamae International, Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives. (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving ก the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (i) Name of supported organization (ii) EIN (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

| Part     | (Complete only if you checked the   |  |                                       |                                   |                                      |                      |                |
|----------|---|--|---------------------------------------|-----------------------------------|--------------------------------------|----------------------|----------------|
|          | Part III. If the organization fails to  |  |                                       |                                   |                                      |                      |                |
| Secti    | on A. Public Support  | y gaamy arras  | ,                                     | ,                                 |                                      | <u>,</u>             |                |
|          | dar year (or fiscal year beginning in)  | (a) 2014   | <b>(b)</b> 2015                       | (c) 2016                          | (d) 2017                             | (e) 2018             | (f) Total      |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not   | ,,   |                                       |                                   |                                      |                      |                |
| _        | include any "unusual grants.")  |  |                                       |                                   |                                      |                      |                |
| 2        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |  |                                       |                                   |                                      |                      |                |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge   |  |                                       |                                   |                                      |                      |                |
| 4        | Total. Add lines 1 through 3  | 1111-45 1111-11-11-11  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Mil Grand Miller Co. Call College | File Shipter 1 . P. C. Mark 1        | (25)                 |                |
| 5        | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | (in the state of t |                                       |                                   | manufacion indontrinamente discripto |                      |                |
| 6        | Public support. Subtract line 5 from line 4   | Mary Carlotte  | 1965 - 1865 - 1871 <u>4</u>           | Ber Billion Control               |                                      | MANUAL PROPERTY.     |                |
|          | on B. Total Support   | 4-2-0044   | #-> 004E                              | (-) 001C                          | (4) 0017                             | (a) 0010             | (6) Total      |
|          | dar year (or fiscal year beginning in) Amounts from line 4  | (a) 2014   | <b>(b)</b> 20,15                      | (c) 2016                          | <b>(d)</b> 2017                      | (e) 2018             | (f) Total      |
| 7        | Gross income from interest, dividends,  |  | <del></del>                           | <u> </u>                          |                                      |                      |                |
| 8        | payments received on securities loans, rents, royalties, and income from similar sources  |  |                                       |                                   |                                      |                      |                |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |                                       |                                   |                                      |                      |                |
| 10       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |  |                                       |                                   |                                      |                      |                |
| 11       |   | Mi Gerin Wille Wille   |                                       |                                   | n Land of the second of the second   | Marin Mallanis.      |                |
| 12       | Gross receipts from related activities, etc   |  | •                                     |                                   |                                      | 12                   |                |
| 13       | First five years. If the Form 990 is for the  |  |                                       |                                   |                                      |                      |                |
|          | organization, check this box and stop he  |  |                                       |                                   | · · · · ·                            | _ <del></del>        |                |
|          | on C. Computation of Public Suppo   |  |                                       | 11 1 (6)                          |                                      | 44                   |                |
| 14<br>15 | Public support percentage for 2018 (line Public support percentage from 2017 Sc   |  |                                       | i i, column (i))                  |                                      | 15                   | <del>-</del> % |
| 16a      | 331/3% support test—2018. If the organ  | ization did not  | check the bo                          |                                   | <br>nd line 14 is 33                 |                      |                |
| .00      | box and stop here. The organization qua   |  |                                       |                                   |                                      |                      | ▶ 🗆            |
| b        | 331/3% support test-2017. If the organ  | •  |                                       | -                                 |                                      |                      |                |
| _        | this box and stop here. The organization  |  |                                       |                                   |                                      |                      | ▶ 🗆            |
| 17a      | 10%-facts-and-circumstances test—2<br>10% or more, and if the organization m<br>Part VI how the organization meets the<br>organization  | eets the "facts  | -and-circumst                         | ances" test, ch                   | neck this box a                      | and <b>stop here</b> | . Explain in   |
| b        | 10%/facts-and-circumstances test—2 15 s 10% or more, and if the organization is supported organization.   | ation meets th   | e "facts-and-                         | circumstances                     | " test, check                        | this box and         | stop here.     |
| 18 /     | Private foundation. If the organization d   | ıd not check a   | box on line 13                        | . 16a, 16b, 17a                   | a, or 17b, chec                      | k this box and       | see .          |
| $\angle$ | instructions  |  |                                       |                                   |                                      |                      |                |

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

|          | If the organization fails to qualify   | under the tes               | its listed belo  | w, please co                                   | mplete Part I  | <u>.)                                    </u> | <del>.</del> |
|----------|--|-----------------------------|--|--|--|---|--------------|
| Secti    | on A. Public Support   |                             |  |  |  |   |              |
| Calen    | dar year (or fiscal year beginning in) 🕨   | (a) 2014                    | <b>(b)</b> 2015  | (c) 2016                                       | (d) 2017   | (e) 2018                                      | (f) Total    |
| 1        | Gifts, grants, contributions, and membership fees  |                             |  |  |  |   |              |
|          | received. (Do not include any "unusual grants.")   | 1,043                       | 1,876  | o  | 50   | 0   | 2,969        |
| 2        | Gross receipts from admissions, merchandise  |                             | -  |  |  |   |              |
|          | sold or services performed, or facilities furnished in any activity that is related to the |                             |  |  |  |   |              |
|          | organization's tax-exempt purpose  | i                           |  |  |  |   |              |
| 3        | Gross receipts from activities that are not an   |                             |  | -  |  |   |              |
| •        | unrelated trade or business under section 513  | 1                           |  |  |  |   |              |
| 4        | Tax revenues levied for the  | -                           |  |  | -  |   |              |
| -        | organization's benefit and either paid to  |                             |  |  |  |   |              |
|          | or expended on its behalf  |                             |  |  |  |   |              |
| -        | '  |                             |  |  |  |   | <del></del>  |
| 5        | The value of services or facilities furnished by a governmental unit to the                |                             |  |  |  |   |              |
|          | organization without charge  |                             |  |  |  |   |              |
| _        |  | 1043                        | 1876   | 0  | . 50   | 0   | 2,969        |
| 6        | <b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3                  | . +                         |  |  |  | -   |              |
| 7a       | received from disqualified persons .   |                             |  |  |  |   | _            |
| _        | · · · · · ·  |                             |  |  |  | _   | 0            |
| b        | Amounts included on lines 2 and 3  |                             |  |  |  |   |              |
|          | received from other than disqualified persons that exceed the greater of \$5,000           |                             |  |  |  |   |              |
|          | or 1% of the amount on line 13 for the year  |                             |  |  |  |   | _            |
|          |  |                             |  |  | +  |   | 0            |
|          | Add lines 7a and 7b  | Marchine St. Commission NAZ | 739458W///WWW.000  | :///::six2000000000000000000000000000000000000 | TO THE SECOND PORT OF THE SECOND |   |              |
| 8        | Public support. (Subtract line 7c from line 6.)  |                             |  |  |  |   |              |
| Sooti    | on B. Total Support  |                             | STATE OF THE STATE | Mirok I Star Million Star                      |  |   | 2,969        |
|          | dar year (or fiscal year beginning in)   | (a) 2014                    | <b>(b)</b> 2015  | (c) 2016                                       | (d) 2017   | <b>(e)</b> 2018                               | (f) Total    |
| 9        |  |                             |  | 0  | (u) 2017<br>50   | 0   |              |
| _        |  | 1,043                       | 1,876  | - 0  | _ 30   |   | 2,969        |
| 10a      | Gross income from interest, dividends, payments received on securities loans, rents,       |                             |  |  |  |   |              |
|          | royalties, and income from similar sources.  |                             |  |  |  |   |              |
| <b>L</b> | Unrelated business taxable income (less  |                             |  |  |  |   | <del></del>  |
| D        | section 511 taxes) from businesses   |                             |  |  |  |   |              |
|          | acquired after June 30, 1975   |                             |  |  |  |   |              |
| _        | Add lines 10a and 10b  | 1                           |  |  |  |   |              |
| С<br>11  | Net income from unrelated business   | -                           |  |  |  | -   |              |
| •••      | activities not included in line 10b, whether   |                             |  |  |  |   |              |
|          | or not the business is regularly carried on  |                             |  |  |  |   |              |
| 12       | Other income. Do not include gain or   | -                           |  |  | -  | -   |              |
| 12       | loss from the sale of capital assets   |                             |  |  |  |   |              |
|          | (Explain in Part VI.)  | 1 042                       | 1 076  | o  | 50   | o   | 2000         |
| 13       | Total support. (Add lines 9, 10c, 11,  | 1,043                       | 1,876  |  | 30   | <u> </u>                                      | 2969         |
|          | and 12.)   |                             |  |  |  |   |              |
| 14       | First five years. If the Form 990 is for the   | ne organization             | 's first, secon  | d. third. fourth                               | or fifth tax ve  | ar as a section                               | 501(c)(3)    |
|          | organization, check this box and stop he   | •                           |  |  | -  |   |              |
| Secti    | on C. Computation of Public Suppor   |                             |  |  |  |   |              |
| 15       | Public support percentage for 2018 (line 8   | 3, column (f), di           | vided by line  | 13, column (f))                                |  | 15  | %            |
| 16       | Public support percentage from 2017 Sch  | nedule A, Part I            | II, line 15 .  | <u>.</u> . <u></u>                             | <u> </u>   | 16  | %            |
| Secti    | on D. Computation of Investment In   |                             |  |  |  |   |              |
| 17       | Investment income percentage for 2018 (  | line 10c, colum             | n (f), divided b   | y line 13, colu                                | mn (f))  | 17  | %            |
| 18       | Investment income percentage from 2017   |                             |  |  |  | 18  | %            |
| 19a      | 331/3% support tests-2018. If the organ  |                             |  |  |  |   |              |
|          | 17 is not more than 331/3%, check this box   | and <b>stop here.</b>       | The organization   | on qualifies as a                              | a publicly suppo   | orted organization                            | on . ► 🗸     |
| b        | 331/3% support tests-2017. If the organiz  | ation did not ch            | neck a box on  | line 14 or line 1                              | 9a, and line 16  | is more than 33                               | 31/3%, and   |
|          | line 18 is not more than 331/3%, check this I  |                             |  |  |  |   |              |
| 20       | Private foundation. If the organization di   | d not check a l             | oox on line 14,  | 19a, or 19b, c                                 | heck this box  | and see instruc                               | tions 🕨 🗌    |

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

|     |                    | Yes                                     | No   |
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| Part    | Supporting Organizations (continued)   |                   |
|---------|--|-------------------|
| 4.4     | Heather and the control of the contr | Yes No            |
| 11      | Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  |                   |
| а       | below, the governing body of a supported organization?   | 11a               |
| b       | A family member of a person described in (a) above?  | 11b               |
|         | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>   | 11c               |
|         | on B. Type I Supporting Organizations  | 110               |
|         | 511 21 1 ypo i oupporting organizations  | Yes No            |
| 1       | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1                 |
| 2       | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization   | 2                 |
| Section | on C. Type II Supporting Organizations   |                   |
| 1       | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)   | Yes No            |
| Section | on D. All Type III Supporting Organizations  |                   |
|         |  | Yes No            |
| 1       | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1                 |
| 2       | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2                 |
| 3       | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3                 |
| Section | on E. Type III Functionally Integrated Supporting Organizations  |                   |
| 1       | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | instructions).    |
| а       | ☐ The organization satisfied the Activities Test. Complete line 2 below  |                   |
| b       | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  |                   |
| C       | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (  | (see instructions |
| 2       | Activities Test. Answer (a) and (b) below.   | Yes No            |
| а       | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a                |
| b       | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement   | 2b                |
| 3<br>a  | Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a                |
| b       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in <b>Part VI</b> the role placed by the organization in this regard   | 3b                |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org   | jan  | izations  |   |
|--|------|---|---|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ  |      |   |   |
| Section A—Adjusted Net Income  |      | (A) Prior Year  | (B) Current Year<br>(optional)                      |
| 1 Net short-term capital gain  | 1    |   |   |
| 2 Recoveries of prior-year distributions   | 2    |   |   |
| 3 Other gross income (see instructions)  | 3    |   |   |
| 4 Add lines 1 through 3.   | 4    |   |   |
| 5 Depreciation and depletion   | 5    |   |   |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6    |   |   |
| 7 Other expenses (see instructions)  | 7    |   | <u> </u>  |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8    |   |   |
| Section B—Minimum Asset Amount   |      | (A) Prior Year  | (B) Current Year<br>(optional)                      |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short-tax year or assets-held for-part of year).  |      | on megunadi na majaka apat interfacia da majaka da<br>A ta haka da majaka d   | นิสติสเตอร์สติสติสติสติสติสติสติสติสติสติสติสติสติส |
| a Average monthly value of securities  | 1a   |   |   |
| <b>b</b> Average monthly cash balances   | 1b   |   |   |
| c Fair market value of other non-exempt-use assets   | 1c   |   |   |
| d Total (add lines 1a, 1b, and 1c)   | 1d   |   | _   |
| e Discount claimed for blockage or other factors (explain in detail in Part VI).   |      |   |   |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2    |   |   |
| 3 Subtract line 2 from line 1d.  | 3    |   |   |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).   | 4    | ,   |   |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5    |   |   |
| 6 Multiply line 5 by .035.   | 6    |   |   |
| 7 Recoveries of prior-year distributions   | 7    |   |   |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8    |   |   |
| Section C-Distributable Amount   |      |   | Current Year  |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1    | The Marie Control of the Control of |   |
| 2 Enter 85% of line 1.   | 2    |   |   |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3    |   |   |
| 4 Enter greater of line 2 or line 3.   | 4    |   |   |
| 5 Income tax imposed in prior year   | 5    | la Brita Dilliani sa Dilliani |   |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to   |      |   |   |
| emergency temporary reduction (see instructions).  | 6    |   |   |
| 7 Check here if the current year is the organization's first as a non-functionall  | y in | tegrated Type III supporting  | g organization (see                                 |

| Part     | y Type III Non-Functionally Integrated 509(a)(3  | Supporting Organi  | zations (continued)  | <del></del> -   |
|----------|--|--|--|---|
| Secti    | on D—Distributions   |  |  | Current Year  |
| 1        | Amounts paid to supported organizations to accomplish  | exempt purposes  |  |   |
| 2        | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity   | empt purposes of suppo   | orted  |   |
| 3        | Administrative expenses paid to accomplish exempt purp   | oses of supported orga   | inizations   |   |
| 4        | Amounts paid to acquire exempt-use assets  |  |  |   |
| 5        | Qualified set-aside amounts (prior IRS approval required)  |  |  |   |
| 6        | Other distributions (describe in Part VI). See instructions  |  |  |   |
| 7        | Total annual distributions. Add lines 1 through 6.   |  |  |   |
| 8        | Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.   | h the organization is res  | sponsive   |   |
| 9        | Distributable amount for 2018 from Section C, line 6   | (  |  |   |
| 10       | Line 8 amount divided by line 9 amount   | <u> </u>   |  |   |
| Secti    | on E—Distribution Allocations (see instructions)   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2018   | (iii)<br>Distributable<br>Amount for 2018   |
| 1        | Distributable amount for 2018 from Section C, line 6   |  |  | <u> </u>  |
| 2        | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.  |  |  | 4   |
| 3        | Excess distributions carryover, if any, to 2018  |  |  |   |
| а        | From 2013  |  |  |   |
| b        | From 2014  |  |  |   |
| C        | From 2015  |  |  |   |
| d        | From 2016  |  |  |   |
| е        | From 2017  |  |  |   |
| f        | Total of lines 3a through e  |  | Berlin March St. 1965.   | 25 14 548 28 Million 18 19 25 26 14 16 17 16 17   |
| <u>g</u> | Applied to underdistributions of prior years   |  |  | Thinks dilling sales & South Book I   |
| <u>h</u> | Applied to 2018 distributable amount   |  |  | 1111111.111117.61.111111.111115571.1111175.*************  |
| i_       | Carryover from 2013 not applied (see instructions)   |  |  | 200 - 100 - |
|          | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  | MIMILES IN STRUCTURE OF THE APPLY AND A LABORATHY  | Commence of the Commence of th |   |
| 4        | Distributions for 2018 from Section D, line 7.   |  |  |   |
| а        | Applied to underdistributions of prior years   |  |  |   |
| b        | Applied to 2018 distributable amount   | Maddalla de Control de La Cont |  | E delet wit the all tilllette willer to the to the  |
| c        | Remainder. Subtract lines 4a and 4b from 4.  | 10. 60116-300741181. maga-66. J. 611-34. 11. 1. 27.614381.11   | 100 (18 18 18 18 18 18 18 18 18 18 18 18 18 1  |   |
| 5        | Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions. |  | _  | 477   |
| 6        | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.                        |  |  | ,   |
| 7        | Excess distributions carryover to 2019. Add lines 3j and 4c.   |  |  |   |
| 8        | Breakdown of line 7:   |  |  |   |
| а        | Excess from 2014   |  |  |   |
| b        | Excess from 2015   |  | 24.5   |   |
| С        | Excess from 2016   |  |  |   |
| d        | Excess from 2017   |  |  |   |
| е_       | Excess from 2018   |  |  |   |

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