Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

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.

OMB No 1545-0047

2018

Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2018 calendar year, or tax year beginning 2018, and ending 20 C Name of organization KOMO LEARNING CENTRES D Employer identification number Check if applicable Doing business as KOMO LEARNING CENTRES 26-3993914 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 15345 N Scottsdale Rd 914-433-2313 Initial return City or town, state or province country, and ZIP or foreign postal code Final return/terminated Scottsdale, AZ 85254 G Gross receipts S 617,550 Amended return Application pending F Name and address of principal officer H(a) is this a group return for subordinates? 🔲 Yes 🗹 No Antoine Chiquet 10 Stoneleigh Manor Lane, Purchase, NY 10577 H(b) Are all subordinates included? 🔲 Yes 🔲 No) ◀ (insert no) ☐ 4947(a)(1) or If "No, attach a list (see instructions) 501(c) (Tax-exempt status www komolearningentres.com Website: ▶ H(c) Group exemption number ▶ Form of organization 🗹 Corporation 🔲 Trust 🔲 Association L Year of formation 2008 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Provide access to health and education to vulnerable & undrepriviledged youth in a community in Uganda. Activities include - funding a primary school, sponsoring students at all level Activities & Governance of education, funding a health care facility and youth led clubs for community youth Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 2 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 4 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 38 7b 0 Prior Year **Current Year** Contributions and gran (Particulation 8 516,312 617,550 Revenue 9 Program service revenue (Part. VIII Jine 2 Investment income (Part VIII, column (A), lings 10 Other revenue (Part VIII column A), Imes 5, 66, 8c 11 10c, and 11e) 617,550 12 Total revenue - add lines 8 through 11 (must equal Park VIII, column (A), line 12) 516,312 Grants and similar amounts paid (PartelX) 486,000 13 column (A), lines 1-3) 515,000 Benefits paid to or for members 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A) line 11e) Total fundraising expenses (Part IX, column (D), fine 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3.744 44.526 489.744 559,526 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 26,568 58,024 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 328,476 24 Total assets (Part X, line 16) 20 21 Total liabilities (Part X, line 26) . 328,476 24 22 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 5/11/2019 Sign Signature of Office Date Here Antoine Chiquet Type or print name and title Date Print/Type preparer's name Preparer's signature Check ____ if Paid self-employed Preparer Firm's name ► Firm's EIN ▶ Use Only

136

Phone no.

Cat No 11282Y

Yes No

Form 990 (2018)

Form 99	00 (2018)	Page 2
Part I	Statement of Program Service Accomplishments Type text here	
	Check if Schedule O contains a response or note to any line in this Part III	. 🗆
1	Briefly describe the organization's mission	
	Public Charity - Education and Services provided to Vulnerable Children/Families in Uganda	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☑ No
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services? .	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others,
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code.) (Expenses \$ 160,000 including grants of \$ 160,000) (Revenue \$)	
	Grants to Schools in Uganda, that were used in Educational Assistance 1 Primary, 65 Secondary, 19 University and 16 Vocation	al
	Training Students A total of 101 Students supported at all educational levels	
	······································	
4b	(Code.) (Expenses \$ 125,000 including grants of \$ 125,000) (Revenue \$)	
TIJ	000 Clinic Serves the needs of the community with emphasis on reproductive health. Approximately 4800 patients were helped	
	our clinic serves the needs of the community with emphasis of reproductive reduct Approximately 4000 patients use helped	
	/O	
4c	(Code.) (Expenses \$ 230,000 including grants of \$ 230,000) (Revenue \$) Vocational Training Programs for approx 500 youths who dropped out of school	
	vocational training Programs for approx 500 youths who dropped out of school	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 515,000	



Part	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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
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		
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		v
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		~
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		
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		٧
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a	~	
b	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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	•	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		١
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a		20a		'
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A) line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		٧
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	04-		_
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		-
С	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		v
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		,
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		,
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		~
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		•
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		′
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		~
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		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	~	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	 v	. <u> </u>
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 1		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .	{		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
С	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	1c		
		For	n 99 0	(2018)

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
•	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		~
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		~
b	and services provided to the payor?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.0		
C	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			<u> </u>
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			\vdash
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O			<u> </u>
	ii 100, complete i dini 1120, concedio o	Forn	990	(2018)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	for a	
Secti	on A. Governing Body and Management			r
4.	Enter the graph of setup graph and of the graph of the graph of the setup of the se	\vdash	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 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			
b	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	***	<u>, , , , , , , , , , , , , , , , , , , </u>
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		V V
7a	Did the organization have members or stockholders? 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		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	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		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_
b	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		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		'
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u></u> _
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	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		~
14	Did the organization have a written document retention and destruction policy?	14		~
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		~
b	Other officers or key employees of the organization	15b		-
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		~
b	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?	16b		
Secti	on C. Disclosure	.00		L.—
17	List the states with which a copy of this Form 990 is required to be filed ► AZ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (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)	(Sec	tion (501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Anotine Chiquet 10 Stoneleight Manor Lane, Purchase, NY 10577 Tel 917-433-2313	ords	_	

Form 990 (2018)		

Part VII	Compensation of Officers, Directors,	, Trustees, Key Employees,	Highest Compensated Employ	ees, 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 year.
- 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, and 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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	ensa	ited any currer	t officer, director	r, or trustee
				(0	C)					
(A)	(B)	(do n	ot of		ition	e than o	000	(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per week (list any		er and			or/trus		compensation from	compensation from related	amount of other
	hours for	or d	Inst	Officer	Key	뺽	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	ĕr	Key employee	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	악함	nal		οy	[©] S		,		and related
	line)	ıste	trus		ř	Pen	ĺ			organizations
			ee			Highest compensated employee				
(4) Antaina Churun	1.00									
(1) Antoine Chiquet President	1 00	1		/				0.00	0.00	0.00
(2) Ashley Rogers	1.00	V		-			┢	0.00	0.00	
Vice President	1.00	1						0.00	0.00	0 00
(3) Andy Bryant	1.00	_						0.55	0.00	
Treasurer	ļ	1		1				0.00	0.00	0.00
(4) Zoe So	1.00								·	_
Board Member		✓						0.00	0 00	0.00
(5) Zaınab Salbı	1 00									-
Board Member		✓	1					0.00	0.00	0 00
(6) John Gould	1.00									
Board Member		✓						0.00	0 00	0.00
.(7)										
(8)			\vdash						-	
										
(9)										
(10)				_						··· -
(11)										
(12)										
(13)			-							
(14)									-	

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	s pe d a d	ition more rson irecti	than on the street of the stre	an tee)	(D) Reportable compensation from	(E) Reportab compensation related	n from	Estr ame	(F) mated ount of	f
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		fro orga and	ensation the nization related in its alice of the control of the c	n d
(15)												_		
(16)			-					-						
(17)														
(18)														
(19)														
(20)														
(21)				_										
(22)														
(23)										<u></u>				
(24)						_								
(25)									it sales.					
	C.h Assal													
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					>						
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	lıst	ed a	above	e) w	ho received m	ore than \$1	00,000	of		
3			tor o	· +r	ueta	20	kov e	mn	lovee or bigh	est compe	neated		Yes	No
Ū	Did the organization list any former of employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch	ındı	vidu	ıal		•			3		V
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual Did any person listed on line 1a receive of									ation or inc	lividual	4		V
Section	for services rendered to the organization on B. Independent Contractors	o If "Yes," c	ompl	ete	Sch	edL	ile J f	or s	uch person	·	•	5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1	Complete this table for your five highest of compensation from the organization Replyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompens	ation	
			-											
											····			

Part	VIII	Check if Schedule O		nonse or note to	any line in this	Part VIII	1	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns				ulont a remomini attacamenta di a		- American de la company de la
Gra	b	Membership dues .			27 1000		44.7	
ts. An	С	Fundraising events	1c					
ig i	d	Related organizations		,				
Sir	e •	Government grants (con: All other contributions, gi						
utic Je	'	and similar amounts not incl		617,550				
를 를 다	, g	Noncash contributions includ			1000 AV 1000 A			
Contributions, Gifts, Grants and Other Similar Amounts,	h	Total. Add lines 1a-1		. •	617,550			
			·	Business Code		15. M. L. H. W.	era a seri	The state of the s
/en	2a					, <u>, , , , , , , , , , , , , , , , , , </u>	-	
æ	b	7		-			•	,
Program Service Revenue	С							
Ser	d	***************************************						
ä	e	`	·					- 11
rogu	f	All other program serv				AGRESTICAL FACASI STREETS	E. D. TOWN DA PRODUCTION	STATE OF LOVE AND A
	<u>g</u> 3	Total. Add lines 2a-2- Investment income		dends interest		0.0044-4.00204-0.000	1	
	"	and other similar amo		derius, interest,				, `
	4	Income from investment		ond proceeds				
	5	Royalties	· Or tax operation		-		-	
			(ı) Real	(ii) Personal	X2EXX554455	NEW YEAR		秦全型是不够为
	6a	Gross rents .						
	b	Less rental expenses						
	С	Rental income or (loss)	-					
	d	Net rental income or (<u> </u>		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Con the Strategy and Strategy at the	I M S S S S S S S S S S S S S S S S S S
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		•		35.00		
	b	Less cost or other basis					100	E 4
		and sales expenses		<u> </u>			4.0	
	C	Gain or (loss)			######################################	31/24 19 19 19 19 19 19 19 19 19 19 19 19 19		<u> </u>
	d	Net gain or (loss)	· · · . · ·		A	2007 (2004 94 74)		
e.	8a	Gross income from fu	ındraising					
,enne		events (not including \$	3	•				
Re'		of contributions reporte	ed on line 1c)					
ē		See Part IV, line 18	·	a				
Other Rev	b.	Less direct expenses	s. I	o		THE CONTRACTOR	400	
	C	Net income or (loss) f		events •			The second secon	Example that Annual Control Control
	9a	Gross income from ga	aming activities		1-107-4			
		-See Part IV, line 19		9		Participation of the second	В.	
	b	Less direct expenses		ol		2007-792	972	
	100	Net income or (loss) f		tivities >		ANALTHANNI PERENTAN		
	iva	Gross sales of ingreturns and allowance	ess					
	Ь.	Less cost of goods s	_	0				
	C	Net income or (loss) f		·	Less 2000 2000 2000 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	842-17 30 V L A 17 LO (1984) 2 42	7:23:41-327-690303-1-C	
,		Miscellaneous R		Business Code.	W. 19.55	学院总法院	7/30/12/30/20	MAT OF THE AN
	11a							
	b				·		` ;' '	
	C		*	3				
•	d.	All other revenue ,			-	DEN'S MADES HAVE A	\$200,256,000,000,000,000,000,000,000,000,000	Control of the Contro
	е	Total. Add lines 11a-		. •		X2-17-847-13-6		法等的证据
	112	Total révenue See u	netructions		617 550	1	1	1

	00 (2018)				Page 10
	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must cor	molete all columns	All other organization	ns must complete co	olumn (A)
	Check if Schedule O contains a respon	•			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21			•	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	515,000	515,000		,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			faire in state on the free constants	and the second second second second
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees)				
a b	Management Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .				
12	Advertising and promotion .				
13	Office expenses				-
14	Information technology .				
15 16	Royalties				
17	Occupancy Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3504	3504		
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)				,
а	Bank Fees	286	<u>-</u>	286	
b	Program Development Consultant	44,240	44,240		
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	563,030	562,744	286	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	57,128 24	1	115,151 9
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directo trustees, key employees, and highest compensated employees	· 1		
		Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a sponsoring organizations of section 501(c)(9) voluntary employees' beneficial organizations (see instructions). Complete Part II of Schedule L	and .	6	
	7	Notes and loans receivable, net	·	7	
Ąŝ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	,731	-	
	b	104	,947 271,288	10c	267,784
	11		,747 271,200	11	207,70
	12	Investments—publicly traded securities Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11.		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	328,416 24	16	382,935 98
	17	Accounts payable and accrued expenses	320,410 24	17	302,733 70
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directo	re		
Liabilities	22	trustees, key employees, highest compensated employees, a disqualified persons. Complete Part II of Schedule L		22	
Li a	22			23	
_	23 24	Secured mortgages and notes payable to unrelated third parties		24	
		Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related th	ırd ————	24	
	25	parties, and other liabilities not included on lines 17–24) Complete Part			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·	26	
— sa	20		and	20	
ğ				27	
ala	27	Unrestricted net assets		28	
80	28	Temporarily restricted net assets		29	
Ĕ	29	Permanently restricted net assets	and	29	
Ē		complete lines 30 through 34.	aliu		
Net Assets or Fund Balances	20	•		30	
še	30	Capital stock or trust principal, or current funds		31	
AS	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	328,416 24		382,936 00
ĕ	33	Total net assets or fund balances	328,416 24		382,936 00
Z	34	Total liabilities and net assets/fund balances	328,416 24		382,936 00
	34	Total liabilities and tiet assets/fully baldiffes	320,410 24	- 	302,730 00

rom 9	20 (20 (3)			Pa	ige IZ
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		61	7,550
2	Total expenses (must equal Part IX, column (A), line 25)	2		56	3,030
3	Revenue less expenses Subtract line 2 from line 1	3		5	4,520
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		328,4	16 24
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		-		
	33, column (B))	10		328,9	36 00
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990. 🗸 Cash 🔲 Accrual 📗 Other		_		}
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın i	n		}
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. <u>2a</u>	<u> </u>	V
	If "Yes," check a box below to indicate whether the financial statements for the year were com	olled o	or		
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			.	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both		1	4	}
	Separate basis Consolidated basis Both consolidated and separate basis			·	لــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account			 	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n		
	Schedule O.		ļ	-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth i	n a-		٠, ا
	the Single Audit Act and OMB Circular A-133?	, .	3a	 	-
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ergo th	e 3b]]
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.		m 990	1 (0015)
			FOI	וווי ששע	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public

Inspection

Name of the organization

Employer identification number

KOW	O CLARINING CLIVINES					20-39	73714
Pa	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The	organization is not a private founda	ition because it i	s (For lines 1 through	12, che	ck only or	ne box.)	_
1	A church, convention of churc	hes, or associati	on of churches descr	ibed in s i	ection 17	O(b)(1)(A)(i).	λ^{-1}
2	A school described in section) 1
3	A hospital or a cooperative ho						
4	A medical research organization						(iii). Enter the
	hospital's name, city, and state	•	organionon				(iii)i Liitoi tiio
5	An organization operated for		college or university	owned o	r operate	nd by a government	al unit described in
	section 170(b)(1)(A)(iv). (Com		conege or arriversity	OWING C	operate	a government	ai aint described in
6	_	•	mantal unit dagambaa		470/b)	(4\(A\(.)	
6 7	A federal, state, or local govern	-					a tha annoral authin
•	An organization that normally described in section 170(b)(1)			port iron	i a gover	ninental unit or from	i the general public
_							
8	A community trust described i						
9	☐ An agricultural research organ						
	or university or a non-land-gra university.		·			•	•
10	An organization that normally i	eceives (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, and gross
	receipts from activities related support from gross investmen	to its exempt tu	nctions—subject to c	ertain exi	ceptions,	and (2) no more tha	N 331/3% Of ITS
	acquired by the organization a	fter June 30, 19	75 See section 509(a	a)(2). (Co	mplete Pa	art III.)	businesses
11	☐ An organization organized and						
12	An organization organized and	·	-	-			ry out the purposes
	of one or more publicly support						
	Check the box in lines 12a thro						
a	☐ Type I. A supporting organ	ization operated	supervised, or contr	olled by	ts suppo	rted organization(s).	typically by giving
	the supported organization	•	•	-			
	supporting organization Y				-		
b		-				unnorted organizati	on(s) by baying
_	control or management of						
	organization(s) You must				persons	that control of than	ago the supported
_					onnectio	n with and functions	ally integrated with
C	its supported organization(any integrated triting
							tod organization(a)
d	Type III non-functionally integrated that is not functionally integrated that it is not functionally integrated that it is not functionally integrated that is not functionally integrated the functional						
	requirement (see instructio						u an attentiveness
	• •	•	•		-		
е		ization received	a written determination	on from t	ne IRS th	atitis a Type I, Type	e II, Type III
_	functionally integrated, or 1		tionally integrated sup	oporting	organizati	ion	
f	Enter the number of supported of						٠ ـ
g				ı			
	(i) Name of supported organization	(ii) EIN	(described on lines 1–10	(iv) Is the o	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
			, ,		т	,	
				Yes	No		
(A)							
							
(B)					1		
					ļ		
(C)							
					ļ	ļ	
(D)							
				ļ		·	
(E)							

Total

Section A. Public Support

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

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

Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(a) 2017	(e) 2018	(i) rotai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") .	522,513	560,899	483,437	536,312	617,550	2,720,711
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 turnished by a governmental unit to the organization without charge .						
4	Total. Add lines 1 through 3	522,513	560,899	483,437	536,312	617,550	2,720,711
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,720,711
	on B. Total Support	г					1
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total 2,720,711
7	Amounts from line 4	522,513	560,899	483,437	536,312	617,550	2,720,711
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						2,720,711
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization re	's first, second	d, third, fourth	, or fifth tax ye	12 ear as a secti	on 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor					r 1	
14	Public support percentage for 2018 (line			1, column (f))	•	14	100 %
15 16a	Public support percentage from 2017 Sch 33 ¹ / ₃ % support test—2018. If the organi	nedule A, Part	II, IINE 14 check the boy	on line 13 ar	 nd line 14 is 33		
104	box and stop here. The organization qua				13 1110 14 15 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ ☑
	331/3% support test—2017. If the organithis box and stop here. The organization	zation did not qualifies as a j	check a box o publicly suppo	n line 13 or 16 rted organizati	on		more, check . ► □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization means the "organization meets the organization"	eets the "facts	-and-circumsta	ances" test, ch	eck this box a	and stop her e	e. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets th meets the "fact	e "facts-and-d ts-and-circums	circumstances' stances" test	' test, check The organizati	this box and on qualifies a	stop here. as a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	d see ▶ □

Support Schedule for Organizations Described in Section 509(a)(2)	Schedui	le A (Form 990 or 990-EZ) 2018						Page
Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year for fiscal year beginning in I → I offits, grains, contributions, and membership fees received. (Do not include any "unusual grants.") Gins are cepts from admissions, merchandises sold or services performed, or facilities furnished in any activity had its related to the organization's tox-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leveled for the organization's benefit and either pard to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons. b Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities losins, rents, royaltes, and moment form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regulative carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990's for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here			ations Descr	ibed in Sect	ion 509(a)(2)	-		/ rage
Section A. Public Support Calendar year (or fiscal year beginning in) 1 Offis, graits, contributors, and membership fees received. (Do not include any "unusual graits.") Cross receipts from admissions, merchandes for the corporation is fax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons. b Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7 and 7b 8 Public support. (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities blans, rents, royshes, and roome from smaller sources b Unrelated business taxable income (less section 51 11 taxes) from businesses accourted after June 30, 1975 c Add lines 10 and 10b 11 Net income from unrelated business activities not included an ine 10b, whether or not the business is regularly carried on 120 Char income Do not include gain or just from the sale of capital assety (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 999's for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						nization failed	d to qualify ur	nder Part II.
Calendar year (or fiscal year beginning in) 1		If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.) /	_
1 Gifts, grants, confrobutions, and membership flees received. (Do not include any "imusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or calletes furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 unrelated trade or business to the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons. b Amounts included on lines 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.). Section B. Total Support Calendar year (or fiscal year beginning in) P Amounts from line 6 organization without from line 6 organization without from line 6 organization of the business sactivities and robe from smilar sources b Unrelated business sactivities not included in line 10b, whether or not the business is regularly carned on loss from the sale of capital assets (Explain in Part VI) . 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 999 fis for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	Secti	on A. Public Support						
2 Gross receipts from admissions, merchandses old or services performed, or facilities furnished in any activity hat is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, diwdends, payments received on securities loans, rents, royaltes, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses accurred after June 30, 1975 c Add lines 10 a and 10b 11 Net income from unrelated business section 511 taxes) from businesses accurred after June 30, 1975 c Add lines 10 a on 10b 11 Net income from unrelated business section 511 taxes) from businesses accurred after June 30, 1975 c Add lines 10 a on 10b 11 Net income Do not include gain or joss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 999 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) ∕2018	(f) Total
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. 8 Public support. (Subtract line 7c from line 6.). Section B, Total Support 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business activities of the amount on line 100, whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12,) 14 First five years, if the Form 989 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(i(3)) organization, check this box and stop here.	1							
unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.)	2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the						
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Inne 6.)	С	Add lines 7a and 7b		/				
Section B. Total Support Calendar year (or fiscal year beginning in) 9	8							
Calendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Cother income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Secti			1		J		
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loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	11	activities not included in line 10b, whether						
and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	12	loss from the sale of capital assets	Y					
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	13							-
	14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	
	Secti			е				

	- S					
ect	ion C. Computation of Public Support Percentage					
15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))			15	%	
16	Public support percentage from 2017 Schedule A, Part III, line 15	•		16	%	
001	action D. Computation of Investment Income Percentage					

ecu	on D. Computation o	ymvesiment i	ncome r	rencentage	<i>5</i>	
17	Investment income pero	entage for 2018	(line 10c.	column (f).	divided by line	13. colu

17	investment income percentage for 2018 (line 100, column (i), divided by line 10, column	יעיא
18	Investment income percentage from 2017 Schedule A. Part III, line 17	

19a	331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, a	and line	
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	. ▶ {	

D 00,	/3% support rests – 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, a	4110	
line	e 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Pri	vate foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	•	

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%

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.)

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		<u> </u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
9a	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
b	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
D	determine whether the organization had excess business holdings)	10b		

Schedule	A /Earm	000 00	000-E2	2010

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	44.		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	on B. Type I Supporting Organizations		(L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	İ	
Secti	on D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	-	_

Schedule		

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

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	' <u>-</u>
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			ı
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 whice (provide details in Part VI). See instructions	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6	······································		
10	Line 8 amount divided by line 9 amount	•	· · · · · · · · · · · · · · · · · · ·	
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		Maradon Manas	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.		•	
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015 .			
d	From 2016		作的原始中国工作	
е	From 2017	\$40.5×14.06×15.5		
f	Total of lines 3a through e		THE REAL PROPERTY OF THE PARTY	
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount		等。在,在1988年的1986年	
i	Carryover from 2013 not applied (see instructions)		AN THE	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		第四次,如此时间的	
4	Distributions for 2018 from Section D, line 7 \$			
а	Applied to underdistributions of prior years	ANEX SANTANE TO		TO ME THE SEASON THE
b	Applied to 2018 distributable amount	数据的总统公司	数约额3°兰xxxxxx	
С	Remainder Subtract lines 4a and 4b from 4.			Section of the State of the section
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		,	
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.	ACCUMULATE STATES AND ACCURATE TO A STATE OF THE STATE OF		
8	Breakdown of line 7.	A STANDARY DESCRIPTION OF THE		
a	Excess from 2014 .			
b	Excess from 2015		F-05-2000 (2000)	
С	Excess from 2016 .	CASE AND		6172 % A 154 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d	Excess from 2017		SEARCH CERTAIN	
e	Excess from 2018		Sacrate Anna Sacrata	

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.)
••	

SCHEDULE D (Form 990)

Department of the Treasury

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.

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

OMB No 1545-0047 2018

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number KOMO LEARNING CENTRES 26-3993914 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements . Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? . . · 🗌 Yes 🗌 No . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 . .

b Assets included in Form 990, Part X

Schedule	D /Form	ggai	2018

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۲	а	a	е	_

Part	Organizations Maintaining	Collections of	Art, His	torical	Treasures,	or Ot	her Similar Ass	ets (conti	nued)
0	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her reco	rds, chec	ck any of the	follow	ring that are a sig	gnificant us	e of its
а	☐ Public exhibition		d	□ Loan	or exchange	progr	ams		
b	☐ Scholarly research			Othe					
С	☐ Preservation for future generations	5							
4	Provide a description of the organizar XIII		and expl	ain how t	hey further t	he org	anızatıon's exem	pt purpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather								☐ No
Pari								100	
	Complete if the organization 990, Part X, line 21.	answered "Yes					·		rm
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	ier intern	nediary fo	or contribution	ons or	other assets not	☐ Yes	
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing t	able				
	, ,	•		3			Am	nount	
С	Beginning balance					1c			
d	Additions during the year .	<i>.</i> .				1d	1		
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or cu	stodial	account liability?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII Check her	e if the e	xplanatio	n has been p	provide	d on Part XIII		
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, line	10.			
		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four year	s back
1a	Beginning of year balance .								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships .								
e	Other expenditures for facilities and programs								
f	Administrative expenses	• • • • • • • • • • • • • • • • • • • •					•		
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	, column (a))	held a	IS		
а	Board designated or quasi-endowmer								
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and		00%						
3a	Are there endowment funds not in the	•		zation the	at are held a	nd adr	ministered for the		
	organization by:							Yes	s No
	(i) unrelated organizations .							3a(i)	
	(ii) related organizations							3a(ii)	_
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	chedule R?			3b	+
4	Describe in Part XIII the intended uses	-	•						
Part	VI Land, Buildings, and Equip	ment.				***			
	Complete if the organization		on For	m 990, l	Part IV, line	11a. S	See Form 990, F	art X, line	10.
	Description of property	(a) Cost or ot (investm			or other basis ther)	٠,,	occumulated preciation	(d) Book val	ue
1a	Land				140,000			1	40,000
b	Buildings		·····		144,731		16,947	1	27,784
c	Leasehold improvements								
d	Equipment				- +				
e	Other							****	
	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part)	K, columr	(B), line 10d	 :.) .	. •	2	267,784
			<u></u>						

Part VII	Investments—Other Securities					
	Complete if the organization ans					· · · · · · · · · · · · · · · · · · ·
	(a) Description of security or categor (including name of security)	ry	(t) Book value		hod of valuation -of-year market value
(1) Financial		• • •				
	neld equity interests .					
(3) Other			<u> </u>			
(A)						
(B)			.			
(C)			-			
(D)						<u> </u>
(È) (F)			· 			
(G)			-			
(H)			-			
	(1)		-			
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments — Program Relate					
Part VIII	Complete if the organization ans		-m 00	O Bort IV line	a 11a Saa Farm	000 Port V line 12
		wered tes on ro				
	(a) Description of investment		(0) Book value		hod of valuation -of-year market value
(1)			<u> </u>			
(2)					·	
(3)						
(4)			ļ			
(5)		 -				·
(6)			 			
(7)			1			
(8)						
Total (Column)	b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.		<u>. </u>			
I GILIX	Complete if the organization ans	wered "Yes" on Fo	rm 99	0 Part IV line	a 11d. See Form	990 Part X line 15
		(a) Description	1111 00	0, 1 411 14, 1111	3 11d. 000 1 0111	(b) Book value
(1)						<u> </u>
(2)						
(3)				<u> </u>	·	<u></u>
(4)				· ·		
(5)		· · · · · · · · · · · · · · · · · · ·				
(6)						
(7)						
(8)		***				
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, o	col. (B) line 15.) .			. >	
Part X	Other Liabilities.					
	Complete if the organization ans line 25.	swered "Yes" on Fo	rm 99	0, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			············	
(1) Federal ır						•
(2)			_			
(3)						
(4)	***************************************					
(5)						
(6)			_			
(7)		1				
(8)						;
(9)						
Total. (Column ((b) must equal Form 990, Part X, col (B) line 25) ▶		-			
	r uncertain tax positions. In Part XIII, prov	ride the text of the footr	ote to	the organization	's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	econciliation of Revenue per Audite			•	·
	omplete if the organization answered '		art IV, line 128		
	enue, gains, and other support per audited			1	
	included on line 1 but not on Form 990, F	art VIII, line 12	1 - 1		
	alized gains (losses) on investments		2a		
	services and use of facilities		2b		
	es of prior year grants		2c		
•	escribe in Part XIII.)		2d		
e Add lines	2a through 2d			2e	
3 Subtract I	line 2e from line 1		: .	3	
4 Amounts	included on Form 990, Part VIII, line 12, b	out not on line 1			
a Investme	nt expenses not included on Form 990, P	art VIII, line 7b	4a		
b Other (De	escribe in Part XIII)		4b		
	4a and 4b			4c	
5 Total reve	enue. Add lines 3 and 4c. (This must equa	l Form 990, Part I, line	12.)	. 5	
Part XII Re	econciliation of Expenses per Audit	ed Financial Statem	ents With Exp	enses per Retu	rn.
Co	emplete if the organization answered the	'Yes" on Form 990, F	Part IV, line 12a	a.	
1 Total exp	enses and losses per audited financial sta	atements		1	
2 Amounts	included on line 1 but not on Form 990, F	Part IX, line 25			
	services and use of facilities .		2a		
	r adjustments		2b		
c Other los	•		2c	.	
	escribe in Part XIII.)		2d		
*	2a through 2d			2e	
	line 2e from line 1			3	
	included on Form 990, Part IX, line 25, bu	it not on line 1	1 1		**************************************
	nt expenses not included on Form 990, P		4a		
	escribe in Part XIII)	art viii, iii o i o	4b		
3	4a and 4b	•		4c	
	enses. Add lines 3 and 4c. (This must equ	ial Form 990 Part I line	e 18)	5	
	ipplemental Information.		/	<u> </u>	<u></u>
2, Part XI, lines 2	2d and 4b, and Part XII, lines 2d and 4b A		a provide any a		
		·			

Schedule D (For	m 990) 2018	Page 5
Part XIII	Supplemental Information (contin	nued)
	. 7	. , , , , , , , , , , , , , , , , , , ,
	•••••••••••••••••••••••••••••••••••••••	
	••••••	
	•	
•••••		
	••••••	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Inspection
Employer identification number

26-3993914 KOMO LEARNING CENTRES Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes
☐ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (e) If activity listed in (d) is (f) Total (a) Region (b) Number (d) Activities conducted in the employees, agents, and independent expenditures for of offices in region (by type) (such as, a program service, the region fundraising, program services describe specific type of and investments service(s) in the region investments, grants to recipients in the region contractors in the region located in the region) (1) Sub Saharan Africa, Angola **Program Services** Educational and Health 515,000 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)515,000 Subtotal . Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

515,000

Schedule F (Form 990) 2018

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

						-			
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV. appraisal, other)
			Sub Saharan Africa Educati	Education Sponsoring	160,000	160,000 Wire Transfer			
			Uganda	Health Clinic	125,000	125,000 Wire Transfer			
			Uganda	Vocational Training	230,000	230,000 Wire Transfer			
									i
2	Enter total nu	imber of recipie	ant organizations list	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IDS or for which the granded or country as considered a section 501/e/20 country latter.	Soliced as charities	s by the foreign coun	try, recognized as ta	ax-exempt	
ო	Enter total nu	mber of other	by the this, or for writch the grantee of coursel has Enter total number of other organizations or entitles	by the ind, or for which the grantee of course has provided a section do (c)(d) equivalency letter Enter total number of other organizations or entitles	שמות באחות מים	ווכא ופנופו		.	
'									

Schedule F (Form 990) 2018

Page 3

Schedule F (Form 990) 2018

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2018 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Ξ (10) (11) (12) (13) (14) (15) (16) (17) **₹** (2) 9 8 6) <u>0</u> <u>(C)</u> ϵ

Part IV For	eign	Forms
-------------	------	-------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	₽ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	₽ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990).	☐ Yes	⊮ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information. See instructions.

Part 1, Line 2 - The Organization makes grant funds available for students but pays the fees directly to the institution rather than paying the
amounts to the indivisuals. The Organization maintains records of the amounts disbursed.
<u>-</u>
Part II, Column D -
Sponsorship of students at all levels of education. Directly paying the institutions rather than the individual students
Sponsoring and Supporting health clinics with special emphasis on reproductive health. Helps approximately 4800 people
Sponsorship of 500 students for vocational training
•

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

	or the organization					Employer Identific	
	D LEARNING CENTRES						3993914
Par	Form 990-EZ filers are r	ot required to	complete	this part.			line 17.
1	Indicate whether the organization	n raised funds			_		
а			е 🗆] Solicitati	on of non-governr	ment grants	
b	☐ Internet and email solicitatio	ns	f [] Solicitati	on of government	grants	
C	Phone solicitations		g [Special f	fundraising events		
d	☑ In-person solicitations		_	- '	· ·		
2a	Did the organization have a writ or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or	entities (fund		•	•	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No	-		
			ļ				
2							
3					:		
4							
5							
6	· · · · · · · · · · · · · · · · · · ·						
7						-	
8	And Andrews and a second second second						
9							
10				-			
Total		J.,					
3	List all states in which the organization or licensing.						
	·····		• • • • • • • • • • • • • • • • • • • •				
			· · · · · · · · · · · · · · · · · · ·				
		••••					

	edule G	Form 990 or 990-EZ) 2018 Fundraising Events. Corthan \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" o and gross income on	n Form 990, Part IV, lin Form 990-EZ, lines 1 a	Page 2 e 18, or reported more and 6b. List events with
Revenue	1 2	Gross receipts Less. Contributions	(a) Event #1	(b) Event #2	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	3	Gross income (line 1 minus line 2)				
i	4	Cash prizes				
;	5	Noncash prizes		· · · · · · · · · · · · · · · · · · ·	,	
enses	6	Rent/facility costs .		··. · ·		
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
Рa	10 11 rt III	Direct expense summary Ac Net income summary Subtra Gaming. Complete if th	act line 10 from line 3, co	olumn (d)		or reported more than
		\$15,000 on Form 990-E		· · ·		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>ш</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				-
	5	Other direct expenses		· · · · · · · · · · · · · · · · · · ·		
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary Ac	dd lines 2 through 5 in co	olumn (d)	•	
	8	Net gaming income summar	y. Subtract line 7 from lii	ne 1. column (d)	>	
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain.	onduct gaming activities	in each of these state		
10	a W	ere any of the organization's g	gaming licenses revoked			Yes No

b If "Yes," explain

Schedu	ile G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address►		
	Does the organization have a contract with a third party from whom the organization receives gaming	☐ Yes	□Мо
h	revenue?	163	
D	amount of gaming revenue retained by the third party \$\bigs\ \\$		
С	Administration of the contract		
	Name ▶		
	Address▶		
16	Gaming manager information:		
	Name ►	••••	-
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		•••••
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(iii) and (nal infor	v); and mation.
			•
			••

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

KOMO LEARNING CENTRES	26-3993914
Form 990 Part 1 Line 1	
Description of Organization Mission - Providing educational solutions for vulnerable and disadvantage	ed children in Uganda Since then it has
steadly moved towards identifying and refining a model of sustainable development for rural commun	ities Our model aims to empower
Mpoma community members to improve their own well-being through education, agriculture and food	security and income generating
activities	
Form 990 Part VI, Section B, Line 11	
The Form 990 is prepared by the President and filled without review from the board review. The form 9	90 is reviewed by the Board members
before being posted on the website	
Form 990 Part VI , Section C, Line 18	
The Organization posts the Form 990 and Annual Reports on its Website	
Form 990, Part VI, Line 19	
The Organization posts the Form 990 on its website	
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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
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