Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2018

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

Open to Public

	Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/F	orm990EZ for instructions a	nd the l	atest informa	tion.	spection	
	A For the 2018 calend	ar year, or tax year beginning	January 1	, 2018,	, and ending	December 31	, 20 18	•
	B Check if applicable	C Name of organization ?:				D Employer identifica	tion number	•
	Address change	AFGE Local 1626				386158	173	
	Name change	Number and street (or P.O. box, if mail	is not delivered to street address)	?:	Room/suite	E Telephone number		•
	Initial return	74 N Washington Avenue			2-1-64	269-961-	5471	
	Final return/terminated		170			1		
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Par						
	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this l	Part II		<u> 🗆</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[178698	22	149989
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[178698	25	149989
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	178698	27	149989
escr	Check if the organization used Schedule	O to respond to a Labor Union shments for each o	ny question in this l	Part III	501 orga	Expenses equired for section 1(c)(3) and 501(c)(4) anizations; optional for ers.)
erso	ns benefited, and other relevant information for ea	ch program title.		, the number of	ļ	·
28 _	Employee's Children's Scholarship Gifts					
	(Grants \$ 5,000) If this amount	includes foreign gra	ints, check here .	▶ □	288	a 5,000
29 (Office and Administrative Expenses					
- ((Grants \$ 183,823) If this amount	includes foreign gra	ints, check here .	• 🗅	298	a 183,823
0 -						
-	(Consta Ø) If this associate	inal dos famina que			20-	
1 (Other program services (describe in Schedule O)				30a	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	316	
_	Total program service expenses (add lines 28a t				32	
art				pensated—see the in	nstru	ctions for Part IV)
	Check if the organization used Schedule	^ +				
		O to respond to a		Part IV		<u> </u>
	(a) Name and trtle	(b) Average hours per week devoted to position	(c) Reportable ?1	Part IV) Estimated amount of other compensation
arda	(a) Name and trite	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV		
		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV		
ce P	r K. Redditt President at Large/Steward	(b) Average hours per week devoted to position 15-20 Hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	1	other compensation
ce P obin	n K. Redditt President at Large/Steward Nichols	(b) Average hours per week devoted to position	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	1	other compensation
ce P obin esid	n K. Redditt President at Large/Steward Nichols	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0	other compensation
ce P obin esid ndra	n K. Redditt President at Large/Steward Nichols Jent	(b) Average hours per week devoted to position 15-20 Hrs	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0	other compensation
ce P bin esid ndr	n K. Redditt President at Large/Steward Nichols Jent Ta Chapman Itive Vice President	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817	Part IV	0	other compensation
esid ndra ecu	r K. Redditt President at Large/Steward Nichols dent a Chapman	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817	Part IV	0	other compensation
blin esid ndra ecu nth	n K. Redditt President at Large/Steward Nichols Jent a Chapman otive Vice President la Phillips	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607	Part IV	0	other compensation
ce Pobin esid andra eccu (nth ecret	n K. Redditt President at Large/Steward Nichols Jent a Chapman Itive Vice President la Phillips tary/Treasurer	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607	Part IV	0	other compensation
ce Pobin esid indra eccu /nth ecret	n K. Redditt President at Large/Steward Nichols dent a Chapman utive Vice President la Phillips tary/Treasurer a A. Smith	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs 20-25 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0	other compensation
ce Poblin esid indra ecu inth ecret mer	n K. Redditt President at Large/Steward Nichols Jent The Chapman Stive Vice President The Phillips The Chapman The	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0	other compensation
ce Poblin esid indra eccu inth ecret ermi	n K. Redditt President at Large/Steward Nichols dent a Chapman Itive Vice President lia Phillips tary/Treasurer ra A. Smith en's Coordinator & Fair Practice	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs 20-25 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0 0 0 0 0	other compensation
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ce Poblin esid indra ecu inth ecret mer	n K. Redditt President at Large/Steward Nichols Jent The Chapman Stive Vice President The Phillips The Chapman The	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs 20-25 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0 0 0 0 0	other compensation
ce Poblin esid indra eccu inth ecret ermi	n K. Redditt President at Large/Steward Nichols Jent The Chapman Stive Vice President The Phillips The Chapman The	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs 20-25 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0 0 0 0 0	other compensation
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ce Pobin resid andra kecu ynth ecret orme	n K. Redditt President at Large/Steward Nichols Jent The Chapman Stive Vice President The Phillips The Chapman The	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs 20-25 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0 0 0 0 0	other compensation
ce Pobin resid andra kecu ynth ecret orme	n K. Redditt President at Large/Steward Nichols Jent The Chapman Stive Vice President The Phillips The Chapman The	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs 20-25 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0 0 0 0 0	other compensation
ice Pobin resid andr xecu ynth ecret amer forme	n K. Redditt President at Large/Steward Nichols Jent The Chapman Stive Vice President The Phillips The Chapman The	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs 20-25 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0 0 0 0 0	other compensation
ice Pobin resid andr xecu ynth ecret amer forme	n K. Redditt President at Large/Steward Nichols Jent The Chapman Stive Vice President The Phillips The Chapman The	(b) Average hours per week devoted to position 15-20 Hrs 40-50 hrs 40-50 hrs 20-25 hrs	(c) Reportable 21 compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 1,817 8,607 3,395	Part IV	0 0 0 0 0	other compensation

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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗆	
				No	-
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		,	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	24			- 12
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		-	-
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	—	~	-
С	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		,	•
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	?
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		~	j
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	?:
	If "Yes," complete Schedule L, Part II and enter the total amount involved	Soa			
39	Section 501(c)(7) organizations. Enter:				1
a b	Initiation fees and capital contributions included on line 9	1			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	1			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	?1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
41	List the states with which a copy of this return is filed ▶				_
42a	The organization's books are in care of ▶ Telephone no. ▶				
	Located at ► ZIP + 4 ►				-
р	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No 🗸	•
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		~	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	▶ 🗆	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	•
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		- NO	[
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		7	İ
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
	explanation in Schedule O	44d		1	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a]	/	;
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	 			
	+ O I II 330° L.C., 355 III 31 UCUONS , , , , , , , , , , , , , , , , , , ,	45h	. '		

orm 990)-EZ (2	2018)						F	age 4
			•			· · · · · · · · · · · · · · · · · · ·		Yes	No
		the organization engage, directly or ir andidates for public office? If "Yes," o						4	
art \	/1	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51.		estions 47–49b and	52, and cor	nplete the	tables	for lin	es
		Check if the organization used Sci	hadula O to respond	to any question in t	hie Part VI				
		Check if the organization used oc	riedule O to respond	to any question in t	IIIS F AIT VI	· · · ·	· · · ·	Yes	No
		the organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) election		•			<u></u>
18	is the	e organization a school as described in	n section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E				~
		the organization make any transfers to		•				1	~
		es," was the related organization a se					49t	,	~
		plete this table for the organization's					rs, truste	es, an	d key
	empl	loyees) who each received more than	1 \$100,000 of compe	nsation from the orga	nızation. If th	ere is none	e, enter "l	None."	
	(e)) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compens	nd deferred	(e) Estimate other co		
								<u>. </u>	
							•,		
					1				
	Total	I number of other employees paid ov	er \$100,000	. ▶			·		
f 51	Com \$100	I number of other employees paid over plete this table for the organization' 0,000 of compensation from the organ Name and business address of each independ	s five highest compounization. If there is no	ensated independent			received		than
f 51	Com \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest compounization. If there is no	ensated independent one, enter "None."					than
f 51	Com \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest compounization. If there is no	ensated independent one, enter "None."					than
f 51	Com \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest compounization. If there is no	ensated independent one, enter "None."					than
f 51	Com \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest compounization. If there is no	ensated independent one, enter "None."					than
f 51	Com \$100	plete this table for the organization' 0,000 of compensation from the orga	s five highest compounization. If there is no	ensated independent one, enter "None."					than
f f f f f f f f f f f f f f f f f f f	Com \$100 (a)	plete this table for the organization' 0,000 of compensation from the orga	s five highest compounization. If there is no dent contractor	over \$100,000 ection 501(c)(3) organ	nizations mu	(c)	Compensa	tion	
f 11	Com \$100 (a) Total Did comparattes	plete this table for the organization's,000 of compensation from the organization from the organization of compensation from the organization of each independent contrastic organization complete Scheduling (Compensation Complete Scheduling)	s five highest compounization. If there is not dent contractor actors each receiving alle A? Note: All section, including accompan	over \$100,000	nizations mu	ust attach	a ▶□ Ye	s []	
d d i2	Com \$100 (a) Total Did comparattes	plete this table for the organization's,000 of compensation from the organization from the organization of the organization from the organization from the organization complete Schedupleted Schedule A	s five highest compounization. If there is not dent contractor actors each receiving alle A? Note: All section, including accompan	over \$100,000	nizations mu	ust attach	a ▶□ Ye	s []	
d d 22	Com \$100 (a) Total Did comparattes	I number of other independent contratthe organization complete Schedule A	s five highest compounization. If there is not dent contractor actors each receiving alle A? Note: All security in the contractor and officer) is based on all info	over \$100,000	nizations mu	ust attach	a ▶□ Ye	s []	
d d 22	Com \$100 (a) Total Did compressional react, an	Inumber of other independent contratthe organization complete Schedule A	s five highest compounization. If there is not dent contractor actors each receiving alle A? Note: All security in the contractor and officer) is based on all info	over \$100,000	nizations mu	ust attach	a Ye. Dowledge an	s []	
d is 2	Com \$100 (a) Total Did compraidlesect, an	Inumber of other independent contrate organization complete Schedule A	s five highest compounization. If there is not sent contractor actors each receiving alle A? Note: All section, including accompany officer) is based on all info	over \$100,000	nizations mu	ist attach inest of my kno	a Ye. Dowledge an	s []	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer Identification number **AFGE Local 1626** 386158173 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) đ that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (ili) Type of organization (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No 501(c)(3) Labor Union (B) (C)

(D)

(E) **Total**

	(Complete only if you checked th						alify under
0 : -1	Part III. If the organization fails to	quality unde	er the tests iis	sted below, p	lease comple	te Part III.)	
	ion A. Public Support	(-) 001 ((F) 0015	(-) 001C	(4) 0047	(-) 2012	1 /O Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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			/			
Secti	on B. Total Support			/			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015/	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						ļ
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop her						🕨 🗆
	on C. Computation of Public Suppor				· · · · ·		
14	Public support percentage for 2018 (line 6		•			14	<u>%</u>
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organization	zation did not	check the box		nd line 14 is 33	15 31/3% or more,	%, check this
_	box and stop here. The organization qual	•		•			🟲 🗆
b	331/3% support test—2017. If the organization this box and stop here. The organization						nore, check · · · ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumsta umstances" te	ances" test, ch	eck this box a	and <mark>stop here</mark>	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization or supported organization	tion meets th neets the "fact	e "facts-and-d	circumstances' stances" test.	' test, check t	this box and	stop here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 10a, 16b, 17a	, or 17b, check	k this box and	see

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

Part	Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on line	e 10 of Part I	or if the orga	nization faile	d to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
Secti	ion A. Public Support						/
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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				/	1	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					1	
4	Tax revenues levied for the						
	organization's benefit and either paid to			ļ	/	!	
	or expended on its behalf				/		
5	The value of services or facilities				7		
	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 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			ľ			
Ç	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from		/				
	line 6.)		/		į	1	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,		/ /		ł	1	
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less		[/			1	
	section 511 taxes) from businesses		/			1	
	acquired after June 30, 1975		/				
C	Add lines 10a and 10b		Ĺ				
11	Net income from unrelated business	/					
	activities not included in line 10b, whether	/]	
	or not the business is regularly carried on						
12	Other income. Do not include gain or	1]	
	loss from the sale of capital assets	/					
	(Explain in Part VI.)					<u> </u>	
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12.)		Ļ.,		<u> </u>		
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·			<u>· · ▶ □</u>
	on C. Computation of Public Suppor					 	
15	Public support percentage for 2018 (line 8						<u>%</u>
16	Public support percentage from 2017 Sch			<u></u>	<u> </u>	16	<u>%</u>
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2018 (-	* * * *		<u>%</u>
18	Investment income percentage from 2017						<u>%</u>
19a	331/3% support tests—2018. If the organi						
	17 is not more than 331/3%, check this box		-	•		_	
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this t	-	-				_
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	check this box	and see instruc	ctions 🕨 🔲

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.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
_		1_	├	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	_	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
_	designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 		: : :
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
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		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
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 determine whether the organization had excess business holdings).	10a		

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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?	11a		<u>. </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations		¥	- A1-
	Did the dispeters twisters or membership of one or mare compared experimetions have the necessity		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,			اــــا
	supervised, or controlled the supporting organization.	2		Ĺ
secti	on C. Type II Supporting Organizations		· ·	
1	More a majority of the apparientiants discators by the plant of the discators		Yes	No
•	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		
Secti	on D. All Type III Supporting Organizations		<u> </u>	<u> </u>
			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		ļ <u>i</u>
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			1
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstrud	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	!	. 4 4	/a\
с 2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Activities Test. Answer (a) and (b) below.	ee INS 	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
-	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,			įÌ
	how the organization was responsive to those supported organizations, and how the organization determined			<u> </u>
	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			Ĩ
	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. <i>Answer (a) and (b) below.</i>			
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>	20		
b		3a	-	<u>i</u>
	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		

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

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pur	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		4,45,
7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		•
Secti	ion 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			
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			
а	From 2013			
b	From 2014			
С	From 2015			i
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
	Remainder. Subtract lines 3g, 3h, and 3r from 3f.			•
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount Remainder. Subtract lines 4a and 4b from 4.			······································
<u>_</u>				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			· · · · · · · · · · · · · · · · · · ·
а	Excess from 2014			
				i
	Excess from 2016			
	Excess from 2017			· · · · · · · · · · · · · · · · · · ·
	Excess from 2018			

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