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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	A F	or the	2018 calendar year, or tax year beginning	1/1/ ,2018,	and ending		/1	, 20 iS				
	Вс	heck if ap	C Name of organization					tification number				
	□ ′	Address c	squat Media Inc			1 <i>4</i> 6	7-14	139043				
	_	Name cha		delivered to street address)	Room/suite	E Telep	hone num	nber				
	=	nitial retui	1724 E. Miles St.				520-	977-1346				
	=	mended	City or town, state or province, country, and 2	IP or foreign postal code	A 0	F Grou	p Exemp	ption	1			
		\pplicatio	pending Tucson, AZ, 85719		63	Nun	nber ►		1			
	G A	ccount	ng Method 🔽 Cash 🗌 Accrual Other (specif	y) ►	Н	Check I	► 🗌 ıf ti	he organization is not				
		/ebsite						h Schedule B				
	J Ta	ax-exen	pt status (check only one) — ☑ 501(c)(3) ☐ 501(c) (organization ☑ Corporation ☐ Trust) ◀ (insert no.) ☐ 4947(a)(1) o ☐ Association ☐ Other	r <u></u> 527	(Form 9	90, 990-					
		orm of										
			55b, 6c, and 7b to line 9 to determine gross receipts I			ıl assets						
	_	Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ										
, •••		art I	Revenue, Expenses, and Changes in N									
			Check if the organization used Schedule O						- 1			
		1	Contributions, gifts, grants, and similar amounts			• • •	1 1	61,696	\			
3		2	Program service revenue including government				2	0	•			
	'	3	Membership dues and assessments				3	0				
Second 1		4	Investment income		_	• •	4	0				
7		5a b	Less: cost or other basis and sales expenses.	· -	-							
		C	Gain or (loss) from sale of assets other than inve		Ine 5a)		5c					
		6	Gaming and fundraising events:	shory (Subtract line 3b from)	ine sa,	• •	30	RECEIVED IN C				
		a	Gross income from gaming (attach Schedu	le G if greater than				IRS - OSC -				
	Ë		\$15,000)		1			103 - 030 -	. 17			
	Revenue	ь	Gross income from fundraising events (not inclu		f contribution	าร		OCT 0 2 20	10			
	ě		from fundraising events reported on line 1) (att					001 0220	113			
	_		sum of such gross income and contributions ex	ceeds \$15,000) 6b	1							
<u>5</u>		С	Less, direct expenses from gaming and fundrais	sing events 6c		_		OGDEN, UT	AH			
2019		d	Net income or (loss) from gaming and fundrai	sing events (add lines 6a and	d 6b and su	btract	. ===	,				
0			line 6c)				6d					
_		7a	Gross sales of inventory, less returns and allow	ances								
ں		b	Less: cost of goods sold									
DE		С	Gross profit or (loss) from sales of inventory (Su				7c					
		8	Other revenue (describe in Schedule O)				8					
岀		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8	<u> </u>	. 🕨	9	61,966				
SCANNED		10	Grants and similar amounts paid (list in Schedu Benefits paid to or for members	MECENTER		٠.,	10					
8		11	Benefits paid to or for members	INED. I			11					
ũ	ses	12	Salaries, other compensation, and employed be Professional fees and other payments to independent	APR 2 2 3 3		٠.	12					
ഗ	Expense	13					13	36,449				
	χ	14	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	CO- KSI			14					
	_	15	Other expenses (describe in Schedule O)	GUEN: IN THE			15					
		16	Other expenses (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·			16					
		17 18	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17	irom line 9)	<u> </u>	· -	18	36,449				
	ets	19	Net assets or fund balances at beginning of y			· · ·	10	25,517				
	SS		end-of-year figure reported on prior year's retur				19	E 005				
	Net Assets	20	Other changes in net assets or fund balances (e				20	5,005				
	ž	21	Net assets or fund balances at end of year. Cor	•			21	30,522				
,	For		ork Reduction Act Notice, see the separate instru		No 10642I	<u>,</u>	-	Form 990-EZ (2018)				

A PUT

22 Cash, savings, and investments 23 Land and buildings 30 23 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Not assets of fund balances (line 27 of column (B) must agree with line 21) 28 Expensive the organization and research about reproductive health 29 Check if the organization's prigram service accomplishments (see the instructions for Part III) 28 Conducted wide-ranging service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Conducted wide-ranging study of home health care providers 29 Maintained web site with articles and content relevant to the public (Grants \$ 61,966) If this amount includes foreign grants, check here	-om	990-EZ (2018)					Page 2
(A) Beginning of year (B) End of 5,005 22 22 22 22 23 24 24 25 24 25 25 25 25	Pa	•	•				
22 Cash, savings, and investments 23 Land and buildings 30 23 24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Not assets of rund balances (line 27 of column (8) must agree with line 21) 28 Cash, savings, and investment of Program Service Accomplishments (see the instructions for Part III) 29 Check if the organization used Schedule O to respond to any question in this Part III 29 Check if the organization's pringram service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of poersons benefited, and other relevant information for each program title. 28 Conducted wide-ranging study of home health care providers 29 Maintained web site with articles and content relevant to the public (Grants \$ 61,966) If this amount includes foreign grants, check here 29a 29 Maintained web site with articles and content relevant to the public (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 30a 31 Other program service expenses (add lines 28a through 31a) 23 32 Total program service expenses (add lines 28a through 31a) 32 27 Total services (add lines 28a through 31a) 32 28 Total program service expenses (add lines 28a through 31a) 32 29 August IV		Check if the organization used Schedule	O to respond to ar				<u></u>
23 Land and buildings. 24 Other assets (describe in Schedule O) 25 Total assets. 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Conducted wide-ranging study of home health care providers. 29 Maintained web site with articles and content relevant to the public. (Grants \$ \$1,966) If this amount includes foreign grants, check here Days Days (Grants \$ \$ \$1,966) If this amount includes foreign grants, check here Days (Grants \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Ocah canana and maratananta		-		00	(B) End of year
24 Other assets (describe in Schedule O) 25 Total assets 26 Total liabilities (describe in Schedule O) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Statement of Program Service Accomplishments (see the instructions for Part III) 29 Check if the organization used Schedule O to respond to any question in this Part III 20 Check if the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Conducted wide-ranging study of home health care providers (Grants \$ 61,966) If this amount includes foreign grants, check here		· · · · · · · · · · · · · · · · · · ·					30,522
Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 8 Statement of Program Service Accomplishments (see the instructions for Part III) 8 Check if the organization used Schedule O to respond to any question in this Part III 9 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Conducted wide-ranging study of home health care providers. (Grants \$ 61,966) If this amount includes foreign grants, check here		•					0
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? Substance the organization's program services accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of opersons benefited, and other relevant information for each program title. Substance the organization's program services and content relevant to the public. Grants \$ s1,966) If this amount includes foreign grants, check here							30,522
Net assets or fund balances (line 27 of column (B) must agree with line 21) 5,005 27							30,022
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization on the program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Conducted wide-ranging study of home health care providers Check wide-ranging study of home health care providers Check with articles and content relevant to the public Check wide-ranging study of home health care providers Check with articles and content relevant to the public Check wide-ranging study of home health care providers 29a 2	27	· ·		<u> </u>			30,522
What is the organization's primary exempt purpose? education and research about reproductive health Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Conducted wide-ranging study of home health care providers (Grants \$ 61,966) If this amount includes foreign grants, check here	Par		•		•		_
Caracts Acceptable Caracts C						/Rea	Expenses
as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 Conducted wide-ranging study of home health care providers (Grants \$ 61,966) If this amount includes foreign grants, check here	Wha	t is the organization's primary exempt purpose?	education and resea	rch about reproductive	ve health		c)(3) and 501(c)(4)
Carants \$ 61,966) If this amount includes foreign grants, check here	as n	neasured by expenses. In a clear and concise m	anner, describe the	f its three largest pi e services provided	rogram services, , the number of		nizations, optional for rs)
Grants \$ 61,966 If this amount includes foreign grants, check here 28a							
Grants \$ 61,966 If this amount includes foreign grants, check here 28a							
Grants \$ If this amount includes foreign grants, check here 29a			ıncludes foreign gra	nts, check here .	<u> ▶ □</u>	28a	36,499
Grants \$ If this amount includes foreign grants, check here 29a	29	Maintained web site with articles and content relevan	t to the public				
(Grants \$) If this amount includes foreign grants, check here ▶ ☐ 30a 31 Other program services (describe in Schedule O)						1	1
(Grants \$) If this amount includes foreign grants, check here ▶ ☐ 30a 31 Other program services (describe in Schedule O)		(O		-A (1- 1			
(Grants \$) If this amount includes foreign grants, check here	30		<u>_</u>			29a	25
Grants \$ If this amount includes foreign grants, check here 30a	30					ļ	
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here							
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here		(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗀	30a	}
Total program service expenses (add lines 28a through 31a)	31						
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Check if the organization used Schedule O to respond to any question in this Part IV		(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> ▶ 🗀</u>	31a	
Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) Sarah Tarver-Wahlquist, Director 4 0 0 Molly Dutton-Kenny 1 0 0							36,524
(a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated other comp (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated other comp (forms W-2/1099-MISC) (if not paid, enter -0-) (forms W-2/1099-MISC) (if not paid, enter -0-) (g) Estimated other comp (hours week devoted to position) (hours week devoted to position) (forms W-2/1099-MISC) (if not paid, enter -0-) (hours week devoted to position) (hours week devoted to position) (hours week devoted to position) (forms W-2/1099-MISC) (if not paid, enter -0-) (hours week devoted to position)	Par					nstruc	tions for Part IV)
(a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (c) Average compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (d) Average compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated other comp (a) Name and title (b) Average compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (c) Average compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (d) Average compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) (e) Estimated other compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) (e) Estimated other compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) (forms W-2/10		Check if the organization used Schedule					<u> L</u>
4 0 0 Molly Dutton-Kenny 1 0 0 0 0 0 0 0 0 0		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and	0	Estimated amount of ther compensation
Molly Dutton-Kenny 1 0 0	Sara	n Tarver-Wahlquist, Director	4			^	0
1 0 0	Molly	/ Dutton-Kenny	 	<u>_</u>		4	
Meghan Bausone 1 0 0		- Jakon Kolmy	1	0		0	0
Meghan Bausone 1 0 0 0							
	Megl	nan Bausone	1	0		0	0
	· • • • • • • • • • • • • • • • • • • •	·					
						+	
						-	
							
							
			(4_	
		·			[1	
	_		 			+-	
						1	

A.B

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO ✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b -3 ≆ 38a	2273	→ 2 ## 2
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
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		_
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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 ► Arizona			
42a		520-97		5
h	Located at ► 1724 E Miles St TucsonAZ ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	857	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	110
	If "Yes," enter the name of the foreign country ▶	42.0	*****	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	140
	completed instead of Form 990-EZ	44a		√
b	completed instead of Form 990-EZ	44b		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c	-	V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			_
•	explanation in Schedule O	44d		7
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\vdash	_
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		1400	ı I	. ♥

							•	age 7
46	Did the organization engage, directly or in	ndirectly, in political o	ampaign activities or	n behalf of c	r in opposit	ion 🔳	Yes	No
	to candidates for public office? If "Yes," of	complete Schedule C	, Part I			46		7
Part	VI Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s must answer que			•	e tables f	or lin	es
	Check if the organization used oc	ricadic O to respond	to any question in	uns i ait vi	· · ·	· · · ·	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election				100	<u>√</u>
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E				1
49a	Did the organization make any transfers t	· · · · · · · · · · · · · · · · · · ·				. 49a		✓
ь	If "Yes," was the related organization a se					. 49b	L	<u> </u>
50	Complete this table for the organization's employees) who each received more than							
	employees) who each received more than		T T T T T T T T T T T T T T T T T T T		nere is none benefits,	e, enter "IN	ione.	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans	to employee , and deferred nsation	(e) Estimate other com		
			-		_			
none			ļ	<u> </u>				
					İ			
			 	 				
					į			
				 				
					i			
	,		L	<u> </u>				
f	Total number of other employees paid ov							
51	Complete this table for the organization			contractor	s who each	received	more	than
	\$100,000 of compensation from the orga	inization, il triere is no	T None.					
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)	Compensation	on	
Scient	ific and Technical Consulting LLC		Research coordination					
	7,		implementation				3	1 <u>6,</u> 524
								
			†					
								
			1					
d	Total number of other independent contra	actors each receiving	over \$100,000	<u> </u>		0		
52	Did the organization complete Schedu	•	·	inizations n	nust attach	a		
	completed Schedule A		<u></u>			.▶☑ Yes		<u>No</u>
	enalties of perjury, I declare that I have examined this					owledge and	belief,	ıt ıs
true, co	rrect, and complete. Declaration of preparer (other than	officer) is based on all info	ormation of which preparer	has any knowle	eage /			
Sian	Signature of officer	<u> </u>		Da	4/14/14			
Sign Here	So CA (A TO KURC-11)	Warst D.	conter	Da	e/ /			
Here	Type or print name and title	1190131 121	recia					
<u> </u>	Print/Type preparer's name	Preparer's signature	T D	ate		PTIN		
Paid	1				Check L self-employ	If		
Prep Use	I = .			Firr	n's EIN ▶	<u> </u>		_
USE	Firm's address ►				one no			
May th	ne IRS discuss this return with the prepare	shown above? See	instructions			► ☐ Yes	1	Vo.

► Yes No

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

Open to Public Inspection

Employer identification number Name of the organization SQUAT Media Inc. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type 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 (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, р		,			
Calen	dar 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.")	506	5000	500	[0,000	61.696	77,696		
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	0	0	0	ð	0	0		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	D	ত	ъ	6	0	8		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	6	0	6	o		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	70	ð	σ	O	0		
6	Total. Add lines 1 through 5	500	5000	500	10,000	61,690	77,696		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	6	0	O	o		
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	o	ō	0	o		
C	Add lines 7a and 7b	0	0	6	0	0	6		
8	Public support. (Subtract line 7c from line 6.)	500	5,000	500	10,000	61,696	77,696		
	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	500	2,000	500	10,000	61,696	77,696		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	6	D	0	જ		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	6	0	٥	رم	O		
C	Add lines 10a and 10b	₹9.	0	0	D	0	8		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	Ь	6	6	Ø	0	6		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6	6	75	D	O	6		
13	Total support. (Add lines 9, 10c, 11, and 12.)	500	5,000	500	10,000	61,696	77,696		
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			-		````		
Section C. Computation of Public Support Percentage									
15	Public support percentage for 2018 (line 8			13, column (f))		15	%		
16									
Secti	ection D. Computation of Investment Income Percentage								
17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %								
18 19a	Investment income percentage from 2017 Schedule A, Part III, line 17								
20 b	331/2% support tests—2017. If the organization die 18 is not more than 331/2%, check this beginning to the organization die 18 is not more than 331/2%, check this beginning to the organization die 18 is not more than 331/2%.	oox and stop h	ere. The organi	zation qualifies	as a publicly s	upported organ	ization 🕨 🔲		