990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

▶ 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. Internal Revenue Service , 2018, and ending , 20 A For the 2018 calendar year, or tax year beginning C Name of organization ?: D Employer identification number B Check if applicable Address change Name change Number and street (or P.O box, if mails not delivered to street address) Telephone number Initial return Final return/terminated City town, state or province, country, and ZIP or foreign postal code 03 F Group Exemption Amended return Number ▶ Application pending ☐ Accrual H Check ► ☐ If the organization is not G Accounting Method beerne ova 1 Website: ▶ required to attach Schedule B □527 (Form 990, 990-EZ, or 990-PF) J Tax-exempt status (check only one) - 4501(c)(3) ◄ (insert no.) ☐ 4947(a)(1) or K Form of organization Corporation ☐ Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I SCANNED Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 Investment income Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than | 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b c Less, direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . . . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 8 Other revenue (describe in Schedule O) 83,00 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 10 Grants and similar amounts paid (list in Schedule O) . . . 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 23 12 Professional fees and other payments to independent contractors 23 13 13 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping 16 16 DD 17 Total expenses. Add lines 10 through 16 . . . 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

990-EZ (2018)



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			П
	instructions for Fart V.) Officer in the organization used confedure of to respond to any question in this	7	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		
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		V
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		سا
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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		1/
Joa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	000		
39	Section 501(c)(7) organizations. Enter	1		1
	Initiation fees and capital contributions included on line 9]		
	Gross receipts, included on line 9, for public use of club facilities	.		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7
41	List the states with which a copy of this return is filed ▶	-	4	
	The organization's books are in care of \nearrow $\$ $\$ $\$ $\$ $\$ $\$ $\$ $\$ $\$ $\$	0 7 80	06	81
b	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)?		Yes	No
	If "Yes," enter the name of the foreign country	42b		
	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 and enter the amount of tax-exempt interest received or accrued during the tax year	• •	ا ,	► □
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
	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		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	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		

							_	_
Form 990	0-EZ (2018)	···	<u> </u>				_	age 4
46	Did the organization engage, directly or i	ndirectly, in political o	ampaign activities o	n behalf	of or in opposi	tion	Yes	No
	to candidates for public office? If "Yes,"							
Part V				*		•		
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	152, and	d complete th	e tables f	or line	3 S
	50 and 51.			= .				
	Check if the organization used Sc	hedule O to respond	to any question in	this Parl	: VI	<u></u>	Yes	
47	Did the organization engage in lobbying	activities or have a	section 501(h) electi	on in eff	ect during the	tax	Yes	No
	year? If "Yes," complete Schedule C, Pai	tll				. 47		
48	Is the organization a school as described i							
	Did the organization make any transfers t							
	If "Yes," was the related organization a se							
	Complete this table for the organization's							
	employees) who each received more that	\$100,000 of compe	nsation from the orga		ealth benefits,	e, enter "N	one.	
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribu	tions to employee	(e) Estimate		
	110,110	devoted to position	(Forms W-2/1099-MISC	11 '	lans, and deferred mpensation	other com	pensat	on
	-			+	·			
			· · · · ·]				
				ŀ				
				+				
			-	+				
	Total number of other employees paid ov			t contrac		, received	mara	
	Complete this table for the organization \$100,000 of compensation from the organization			Contrac	itors who each	received	more	man
	(a) Name and business address of each independ		(b) Type of ser	nuce	(6)	Compensation		
	(a) Name and obsiness address of each independ	Sent Contractor	(b) Type of Ser	vice	(6)	Compensatio	<i></i>	
	NOVIE				*			
		•••••	1					
			1					
			<u>" - "</u>			*******		
- ب	Total number of ather independent and and	notoro occh recelius	Over \$100,000)			
	Total number of other independent control	•		.► <u> </u>				
	Did the organization complete Schedi completed Schedule A	ile A? Note: All se						lo
Under pe true, corre	nalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other that	return, including accompan n officer) is based on all info	ying schedules and statem ormation of which preparer	nents, and t has any kn	o the best of my kn owledge.	owledge and	belief, i	t is
	I During to	Willen			FEO.	14,7	0	20
Sign	Signature of officer		-la-A	= /	Date			
Here	Elry Kirt	ey 1 7res	ident	rec	14,6	102	<u>リ</u>	
	Type or print harrie and title	/ Drangray's assessment	15	late.		. PTIN		
Paid	Print/Type preparer's name	Preparer's signature	ا	ate	Check Self-emplo	ıf		
Prepa	1 - 4.		L_		Firm's EIN ▶	,		
Use C	Pnly Firm's name				Phone no			

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name	of the organization $\sim 1^{\circ}$	Boenv	IP.			Employer/identification	プログラムフィ
Par	Reason for Public Cha			comple	te this p	part.) See instruction	ons.
The c	organization is not a private found						00
1	A church, convention of church	hes, or associati	on of churches descr	ibed in se	ection 17	'O(b)(1)(A)(i).	\mathcal{M}
2	A school described in section		•			• •	
3	A hospital or a cooperative ho	•	=				
4	A medical research organization	•	onjunction with a hosp	pital desc	inbed in s	section 170(b)(1)(A)	(iii). Enter the
_	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	tal unit described in
_	A federal, state, or local gover		manda tion and alaname		- 470/h	(4\/A\/c.\	
6 7	An organization that normally						n the general nublic
•	described in section 170(b)(1)			port non	a gover	Timestal and or non	ii tile general public
8	☐ A community trust described in		•	Part II.)			
9	An agricultural research organ			•	erated in	conjunction with a l	and-grant college
	or university or a non-land-gra						
	university:						
10	MAn organization that normally						
	receipts from activities related support from gross investmen						
	acquired by the organization a	fter June 30, 19	75. See section 509(a	a)(2). (Cor	nplete Pa	art III.)	
11	An organization organized and	•	,	•			
12	☐ An organization organized and	•	•			•	
	of one or more publicly support Check the box in lines 12a thro						
а	☐ Type I. A supporting organ	•	, ,	. •	•	•	
a	the supported organization	•	· •	•		•	
	supporting organization. Y		• • • •				
b	☐ Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having
	control or management of	the supporting o	rganization vested in	the same	persons	that control or man	age the supported
	organization(s). You must	complete Part I	V, Sections A and C.				
С	☐ Type III functionally integ						ally integrated with,
	its supported organization		•		-		
d	☐ Type III non-functionally	•		•			• , ,
	that is not functionally inte- requirement (see instruction						iu an attentiveness
е	☐ Check this box if the organ	•	•		-		a II. Two III
·	functionally integrated, or	Type III non-func	tionally integrated sur	oporting (organizati	atitis a type i, typi ion.	e ii, Type iii
f	Enter the number of supported						🗀
g	Provide the following informatio	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))	listed in you docur		support (see instructions)	other support (see instructions)
			, ,	W	N-	, ·	,
				Yes	No		
(A)							
(B)							
(C)							
. 	· <u>-</u>						
(D)							
			- -	-			
E)							

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	1)(A)(iv) and	170(b)(1)(A)(v	ri)
•	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	o qualify unde	er the tests li	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(1)0044	0.0045	1 1 2010	1 1 2 2 2 2 7	1 1 1 2 2 2 2	1 22 - 1
	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.")						<i>i</i>
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			1	·		
	on B. Total Support			/	,		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/ (c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	-					
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 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax y		
04	organization, check this box and stop he	re	<u> </u>	· · · · ·		· · · · ·	· <u> </u>
Secti 14	on C. Computation of Public Suppor			11 anti (A)		144	}
15 16a b	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch 331/2% support test—2018. If the organization qua 331/2% support test—2017. If the organization qua	nedule A, Part ization did not lifies as a publ	II, line 14 check the box icly supported		 nd line 14 is 33		🕨 📋
	this box and stop here. The organization				•		🕨 🗹
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, cl	heck this box a	and stop here	. Explaın ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization in the control organization in th	ition meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18/	Private foundation. If the organization di instructions						

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Coot	in the organization rails to quality	under the te	ests listed bei	ow, please co	ompiete Part	11.)	_
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(6 Total
Calen 1	Gifts, grants, contributions, and membership fees	(a) 2014	(0) 2013	(6) 2016	(u) 2017	(6) 2018	(f) Total
•	received (Do not include any "unusual grants.")						482
2	Gross receipts from admissions, merchandise		 			 	1001
	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				į		
4	Tax revenues levied for the	<u> </u>	<u> </u>		+		
4	organization's benefit and either paid to	ĺ					
	or expended on its behalf						
5	The value of services or facilities					-	
3	furnished by a governmental unit to the						
	organization without charge						(
6	Total. Add lines 1 through 5		 			 	U821
	Amounts included on lines 1, 2, and 3				 	1	1000
. u	received from disqualified persons .					1	ì
L	Amounts included on lines 2 and 3		 	 	 	+	+
þ	received from other than disqualified					1	
	persons that exceed the greater of \$5,000	ĺ			1		
	or 1% of the amount on line 13 for the year				1		
_	Add lines 7a and 7b		1	i		 	1
8	Public support. (Subtract line 7c from		 			 	1./~
Ŭ	line 6.)				İ		1483.
Secti	on B. Total Support	I	<u> </u>	<u>!</u>		L	11000
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						VX3.
10a	Gross income from interest, dividends,						100
	payments received on securities loans, rents,					1	
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						\cup
c	Add lines 10a and 10b		•				0
11	Net income from unrelated business						
	activities not included in line 10b, whether						م ا
	or not the business is regularly carned on						
12	Other income. Do not include gain or		-				
	loss from the sale of capital assets		1		1	1	1
	(Explain in Part VI.)						10
13	Total support. (Add lines 9, 10c, 11,						400
	and 12.)			L			785,
14	First five years. If the Form 990 is for the	-			=		
	organization, check this box and stop he			· · · · ·		· · ·	· · • □
	on C. Computation of Public Suppor					1.5	
15	Public support percentage for 2018 (line						%
16	Public support percentage from 2017 Sci				· · · · ·	16 /	%
	on D. Computation of Investment In				(6)	73-7-2	1
17	Investment income percentage for 2018 (• • •	•) %
18	Investment income percentage from 2013					18 6	
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box	•	•	•		-	
ь	331/2% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this	•	•	· ·	, ,		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or <u>19b,</u> (check this box	and see instru	ictions 🕨 🖸

Part IV Supporting Organizations

Section A. All 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		
3а	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		_	
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	ļ	
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 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 chantable 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 6		
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.	9a		
þ	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		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10a 10b	_	

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
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		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	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			ŀ
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			j
	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			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	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	•		
		$\neg \neg$	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			Ī
	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			ŀ
	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			Ĭ
	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	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	truct	ons)
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			<u>_</u>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l		
	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	l <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			Ī
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ſ
	reasons for the organization's position that its supported organization(s) would have engaged in these			I
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
-	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 Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function	jani	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expla	un in Part VI). See	
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			
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	egrated Type III supportin	g organization (see	

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses 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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (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			
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			- · · · · · · · · · · · · · · · · · · ·
a	From 2013 .			1
<u>b</u>	From 2014			
С	From 2015			
<u>d</u>	From 2016			
	From 2017			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			<u> </u>
<u>h</u>	Applied to 2018 distributable amount			
<u> </u>	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to dilderdistributions of prior years Applied to 2018 distributable amount			!
c				
5	Remaining underdistributions for years prior to 2018, if			i
3	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 3 _j and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			I
	Excess from 2015			ĺ
	Excess from 2016			
d	·			Į
е	Excess from 2018	,		ı

Schedule A (Form 990 or 990-EZ) 2018 Page 8					
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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