2949212400214 The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

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**

So to usual ire gov/Eorm000E7 for instructions and the latest information

inter	naj Reve	nue Service	- Go to William agoin o	IIIISSUEZ IOI IIISUUCUI		10311110111101			
A F	or the	2018 calend	lar year, or tax year beginning	January 1	, 2018,	and ending		nber 31	, 20
Вс	B Chack if applicable: C Name of organization 22							er identificatio	_
Щ·	Address o	hange	Menio Park Water Polo Club					46-52089	10
	Name cha	=	Number and street (or P.O. box, if mail is	not delivered to street add	ress) 27	Room/suite	E Telepho	one number	
	initial retu	m m/terminated	3 Hermosa Place			1	1	650-853-06	99
$\overline{}$	Amended		City or town, state or province, country, a	and ZIP or foreign postal co	ode	m2	F Group	Exemption	<u> </u>
_		n pending	Menio Park, CA 94025			03	Numb	er 🕨 💯	\
G A	ccount	ting Method:	✓ Cash	pecify) ▶		н	Check ▶	if the orga	anization is not
	Vebsite		aterpolo.com					o attach Sche	
J T	ax-exen		reck only one) - 2 501(c)(3) 501(d	c) () ◀ (insert no.) [4947(a)(1) o		•), 990-EZ, or 9	
			: Corporation Trust	Association		Unincorporat	ed Associ	lation	
			7b to line 9 to determine gross receip	ots. If gross receipts are	\$200,000 or r	nore, or if tota	assets		,
			\$500,000 or more, file Form 990 instea				▶	· s	
P	art I	Revenu	e, Expenses, and Changes in	n Net Assets or Fu	und Balanc	es (see the	instructi	ions for Pai	rt I) 22
			f the organization used Schedule			•			
22	1		ons, gifts, grants, and similar amo					1	16,485
22	2		service revenue including governm		ts		🗀	2	85,106
22	3		nip dues and assessments				🗀	3	0
22	4	Investmen	•					4	0
	5a		ount from sale of assets other that	n inventory	. 5a	1	· · d		
	Ь		or other basis and sales expense	=			 a	i	
	c		ss) from sale of assets other than			ine 5a)	-	5c	0
	6	Gaming an	· · F						
	a	Gross inc							
<u>a</u>	a	\$15,000)	d						
Revenue	h			ncludina \$	• <u>6a</u>	f contribution		1	
Š		b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the							
Œ			ch gross income and contribution			1	٨	İ	
			ct expenses from gaming and fund		6c				
	d		ne or (loss) from gaming and fund			d 6h and sul	htract		
	•	line 6c)	ie or (1055) from gaming and fund	dialising events (add	inico ou an		i-		0
	70	•	a of inventory loss returns and al	lowonoon	. 7a	1	· · /	-	<u>_</u>
	7a		es of inventory, less returns and al	iowances	7b			1	
	b		of goods sold				<u> ۱</u> ۲	7c	•
	C	-	fit or (loss) from sales of inventory	•	11 1111 6 / a) .		ω . \mathcal{H}	8	
	8		enue (describe in Schedule O)		I R	ECENE	191		101591
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7					10	0
	_		d similar amounts paid (list in Scho	•	181	APIR 1920	119 · 19		0
~	11	•							53343
Sex	12		other compensation, and employed			POENI	UT H	12 13	
ē	13		nal fees and other payments to ind	•	>₩ . (OGDEN,			463
Expenses	14	•	y, rent, utilities, and maintenance		سنسا			14	7424
	15		ublications, postage, and shipping	~			—	15	0
	16	•	enses (describe in Schedule O)					16	9359
	17		enses. Add lines 10 through 16 .					17	70589
ţ	18		(deficit) for the year (Subtract line					18	31002
386	19		s or fund balances at beginning o				1	_	***-
Net Assets		-	ar figure reported on prior year's n					19	64682
ě	20		nges in net assets or fund balance	• •				20	0
	21	Net assets	or fund balances at end of year.	Combine lines 18 thr	ough 20 .	<u> </u>	. 🕨 🛮 2	21	95684

	Part	· · · · · · · · · · · · · · · · · · ·				
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Part	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	162	NO	·
Œ	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			- 22
	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)?				•
	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	35a 35b		~	,
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	•
	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			لــــــــــــــــــــــــــــــــــــــ	,
	b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>	i
	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		~	22
	h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a			
	39	Section 501(c)(7) organizations. Enter:	1		- 1	
	а	Initiation fees and capital contributions included on line 9]		
	b	Gross receipts, included on line 9, for public use of club facilities]		İ	
		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	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			72
	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				
		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		<u></u>	
	41	List the states with which a copy of this return is filed ▶ California				
	42a		650-85			
	h	Located at ▶ 3 Hermosa Place, Menlo Park, CA ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	940	Yes	No	
	•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	<u> </u>	
		If "Yes," enter the name of the foreign country ▶				
		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		<u> </u>	
	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	
		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a			
		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			
		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		<u> </u>	
	45a	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			<u> </u>	
	~	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 9	90-EZ (2	2018)						F	age 4
44								Yes	No
46	Dia 1	the organization engage, directly or in andidates for public office? If "Yes," of the control o	idirectly, in political c	ampaign activities	on benan o	ot or in opposi	Tion	.	لبدا
000				, raiti		· · · · ·	· 46	<u> </u>	
Part	VI	Section 501(c)(3) Organizations		47 40b				e.	
		All section 501(c)(3) organization	s must answer que	stions 47–490 ar	10 52, and	complete th	ie tadies i	or un	es
		50 and 51.	_						_
		Check if the organization used Sci	nedule O to respond	to any question i	n this Part	<u>VI</u>	<u> </u>		
								Yes	No
47		the organization engage in lobbying		section 501(h) elec	tion in effe	ect during the	tax		
	year	? If "Yes," complete Schedule C, Part	tN				• 47	Ĺ	~
48	is the	e organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedule	eE	. 48	<u> </u>	/
49a	Did t	he organization make any transfers to	an exempt non-cha	ritable related orga	unization? .		. 49a		/
b	If "Y	es," was the related organization a se	ction 527 organization	on?			. 49b		
50	Com	plete this table for the organization's	five highest compen	sated employees (d	other than o	officers, direct	ors, truste	es, an	d key
		loyees) who each received more than							
			(b) Average	(c) Reportable		ealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation	benefit ni	ions to employee ans, and deferred	(e) Estimate other con		
		İ	devoted to position	(Forms W-2/1099-MIS	7 1 1	mpensation	Outer Con	iipeiisai	1011
						·	\vdash		
				(-				
				 			<u> </u>		
						}			
									
					1				
					į.				
		,000 of compensation from the organ Name and business address of each independ		(b) Type of s	service	(c)) Compensati	on	
									
				-					
				1		1			
				ļ					
				1					
				ļ					
				1		1			
				L					
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	.▶		0		
52		the organization complete Schedu	le A? Note: All se	ection 501(c)(3) or	ganizations	must attacl	h a_		
	com	oleted Schedule A	<u> </u>	<u> </u>			.► ✓ Yes		lo
nder p	enaltres	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and state	ements, and to	the best of my ki	nowledge and	belief,	rt is
.e, coi	mect, ar	nd complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any kno	wledge.			
		Illah Ma				4/14	119		
ign	Ţ	Signature of officer				Date			
lere		Chris Maxwell, Treasurer							
	22	Type or print name and title							
		Print/Type preparer's name	Preparer's signature	T	Date	Charles	PTIN		
Paid		уро рарова откано				Check Self-emplo			
-	arer	Firm's same	<u> </u>	<u>.</u>			<u>1</u>		—
Jse (Only					Firm's EIN ▶	_		
la: 41	- 100	Firm's address >	-h	not retions		Phone no.		<u></u>	
iay th	ie ihs	discuss this return with the preparer	snown above? See I	nstructions			Yes 🗌 Yes		10

✓ Form 990-EZ (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Open to Public Inspection

Employer identification number

Menle	o Park Water Polo Club 46-5208910						
Pai	t Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The o	organization is not a private found	ation because it i	is: (For lines 1 through	12, che	ck only o	ne box.)	
1							
2	A school described in section		•				
3	A hospital or a cooperative ho						CITA COLORADO
4	A medical research organization hospital's name, city, and state	•	onjunction with a nos	onal desc	indea in s	section 170(D)(1)(A)	(III). Enter the
5	An organization operated for		college or university	owned o	r operate	ad by a government	al unit described in
3	section 170(b)(1)(A)(iv). (Com		College of university	OWNEG	ii opeiate	so by a government	as unit described in
6	A federal, state, or local gover	•	mental unit described	l in section	on 170/h)	M1)(A)(A)	
7	An organization that normally	_					n the general public
•	described in section 170(b)(1)		•	p 0.110	. u go.o.		r are goneral papire
8	☐ A community trust described i			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	An organization that normally	receives: (1) mor	e than 331/3% of its s	upport fro	m contri	butions, membershi	p fees, and gross
	receipts from activities related support from gross investmen	I to its exempt fu	nctions—subject to c	ertain exe	ceptions,	and (2) no more tha	n 331/3% of its
	acquired by the organization a						Dubinicooco
11	An organization organized and	d operated exclus	sively to test for public	c safety.	See sect	ion 509(a)(4).	
12	An organization organized and						
	of one or more publicly support						
	Check the box in lines 12a thro	•	• • • • • • • • • • • • • • • • • • • •	. •	•	•	
а							
	the supported organization					he directors or trust	ees of the
_	supporting organization. Y						
b	☐ Type II. A supporting orga	•				• • •	
	control or management of organization(s). You must	• • • •	_		persons	that control or man	age the supported
_	Towns 191 Associations allering	-	•		onnection	n with and functions	ally integrated with
С	its supported organization						ally integrated with,
d	☐ Type III non-functionally		•				orted omanization(s)
•	that is not functionally inte						
	requirement (see instruction						
е	☐ Check this box if the organ	nization received	a written determination	on from t	he IRS th	at it is a Type I. Type	e II. Type III
_	functionally integrated, or						, ., . , po
f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	oorted 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))		ur governing ment?	support (see instructions)	other support (see instructions)
						,	,
				Yes	No		
A)							
		ļ					
B)							
C)							
D)							
E \							
E)							
rotol		T	1	I	1		

Schedu	ile A (Form 990 or 990-EZ) 2018						Page 2
Part	Support Schedule for Organization	ations Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checked to	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
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.")						
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	(c) 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	Total support. Add lines 7 through 10	/					
12	Gross receipts from related activities, etc	. (șée instructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	, -	n's first, secon	•			
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line		•	1, column (f))		14	%
15	Public support percentage from 2017 Sci				•	15	%
16a	331/3% support test-2018. If the organi						check this
þ	box and stop here. The organization qua 331x% support test—2017, if the organi	zation did not	check a box o	n line 13 or 16			▶ 🗍 ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		🕨 🔲
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ntion meets the "fac	ne "facts-and-o	circumstances' stances" test.	test, check	this box and s	top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.

04	if the organization fails to qualify	under the tes	ts listed belo	w, please co	mpiete Part i	<u>.)</u>	
	on A. Public Support						
	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					1	
	received. (Do not include any "unusual grants.")	18011	26062	114150	66972	85106	310301
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	ŀ				İ	
	furnished in any activity that is related to the		J	j		j	
	organization's tax-exempt purpose	0	0	0	0	0	0
3,	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the		1				
	organization's benefit and either paid to			ŀ			
	or expended on its behalf	o	o	o	o	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the		- 1	i	1		
	organization without charge	o	o	o	o	o	0
6	Total. Add lines 1 through 5	18011	26062	114150	66972	85106	310301
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	o	o	110,000	o	o	110,000
ь	Amounts included on lines 2 and 3						
_	received from other than disqualified			İ			
	persons that exceed the greater of \$5,000		ĺ		ľ	1	
	or 1% of the amount on line 13 for the year	اه	o	o	o	o	0
С	Add lines 7a and 7b	0	0	0	0	0	110,000
8	Public support. (Subtract line 7c from						
•	line 6.)		- 1	}	}	ľ	200,301
Secti	on B. Total Support			<u>.</u>		L	200,001
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	18011	26062	114150	66972	85106	310301
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,]		1	1		
	royalties, and income from similar sources	o	ol	o	o	o	0
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	o	o	ol	o	0
С	Add lines 10a and 10b	o	0	0	o	0	0
11	Net income from unrelated business		-				
••	activities not included in line 10b, whether		- 1	İ	İ	1	
	or not the business is regularly carried on	o	a	a	al	o	0
12	Other income. Do not include gain or		-				
	loss from the sale of capital assets		ŀ		į		
	(Explain in Part VI.)	o	o	o	o	o	0
13	Total support. (Add lines 9, 10c, 11,			· 1			<u>~</u>
	and 12.)	18011	26062	114150	66972	85106	310301
14	First five years. If the Form 990 is for th						
	organization, check this box and stop her		•				.
Secti	on C. Computation of Public Support						
15	Public support percentage for 2018 (line 8			3. column (f))		15	%
16	Public support percentage from 2017 Sch		-			16	%
	on D. Computation of Investment Inc				· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2018 (li			v line 13. colun	nn (fi) .	17	%
18	Investment income percentage from 2017					18	
19a	331/s% support tests—2018. If the organiz						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2017. If the organization	-	-	-		-	
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	-	_				

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.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	-		
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			
38	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
ł	(b) and (c) below. 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 approximation	3a		
•	organization made the determination. 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.	3b 3c		
48	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		
t	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		
Ć		46		
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		
t	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		
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 -		9a		
b		9b		
C		9c		
10a		10a		
b				

determine whether the organization had excess business holdings.)

10b

Part	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		
	A family member of a person described in (a) above?	11b	ļ	
	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	<u> </u>	<u> </u>
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			1
	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	1		
	controlled the organization's activities. If the organization had more than one supported organization,			,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			'
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Conti		2		
Secu	on C. Type II Supporting Organizations		Yes	A1 c
1	Ware a majority of the amenization's directors or trustees during the tay year also a majority of the directors	$\overline{}$	162	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		ļJ
Section	on D. All Type III Supporting Organizations			-
0000	on or run 1 ypo in oupporting or guinzations		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 pnor tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1 1		
	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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstrue	ctions	5).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structi	ions).
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	1 1		1
	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,	1 1		
-	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more]		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1	ı	
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	{		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	[
	trustees of each of the supported organizations? Provide details in Part VI.	3a		·
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1	

Schedule A (Form 990 or 990-EZ) 2018			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting On	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	nizat	ions must complete Sect	ions A through E.
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) 7 Other expenses (see instructions)	6		
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)
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 supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (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 excorganizations, in excess of income from activity	empt purposes of suppo	orted					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınizations					
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.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive					
	(provide details in Part VI). See instructions.	· " <u></u>						
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount		- CD	(III)				
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			j				
С	From 2015							
d	From 2016							
е	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount		·					
i_	Carryover from 2013 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		·····					
4	Distributions for 2018 from							
	Section D, line 7:							
a	Applied to underdistributions of prior years							
<u> </u>	Applied to 2018 distributable amount			· · · · · · · · · · · · · · · · · · ·				
	Remainder. Subtract lines 4a and 4b from 4.							
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							
b	Excess from 2015							
С	Excess from 2016							
d	Excess from 2017							
	Excess from 2018							

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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