

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)

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.

Inten	nal Rever	nue Service	► Go to www.irs.gov/Form990	EZ for instructions and the i	atest informat	ion.	
A F	or the	2018 calend	ar year, or tax year beginning	, 2018,	and ending		, 20
Вс	heck if ap	plicable	C Name of organization			D Employer	dentification number
	Address c	hange	Oklahoma City Astronomy Club				73-1532941
	Name cha	inge	Number and street (or P O box, if mail is not deli	vered to street address)	Room/suite	E Telephone	number
=	nitial retui		PO Box 22804			(4	105) 418-6444
=	-ınal retur Amended	n/terminated	City or town, state or province, country, and ZIP	or foreign postal code	12	F Group Ex	
=		n pending	Oklahoma City, OK 73123-1804		0.2	Number	>
G A	Account	ting Method	✓ Cash	>	Н	Check ▶ 🗸	If the organization is not
ΙV	Vebsite	::▶ www	okcastroclub com				ttach Schedule B
J T	ax-exen	npt status (che	eck only one) - 🗸 501(c)(3) 🔲 501(c) () ◀ (insert no) ☐ 4947(a)(1) o	or 527	(Form 990, 9	90-EZ, or 990-PF)
		organization		Association Other			<u> </u>
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gi	ross receipts are \$200,000 or	more, or if tota	assets	
(Par	t II, col	umn (B)) are S	\$500,000 or more, file Form 990 instead of Fe	orm 990-EZ		. ▶	\$ 83,453
P	art I	Revenu	e, Expenses, and Changes in Net	Assets or Fund Balance	ces (see the	instruction	
			the organization used Schedule O to		•		· ·
	1		ons, gifts, grants, and similar amounts re			1	19,812
	2		ervice revenue including government fe			2	45,423
	3	_	up dues and assessments		<i>.</i>	3	10,066
	4	Investmen	•			4	57
	5a	Gross amo	ount from sale of assets other than inver	ntory 5a	1	0 1	
	ь		or other basis and sales expenses			0 23	
	С		ss) from sale of assets other than invent		line 5a)		0
	6		nd fundraising events	, ,	,	9.43.43	
	a	_	ome from gaming (attach Schedule	G if greater than			
ne	_			6a	1	0 33.	
Revenue	ь	Gross inco	ome from fundraising events (not includi	na \$ c	of contribution	is	4
ě			aising events reported on line 1) (attac				
ш.			ch gross income and contributions exce		1	o	9
	c	Less direc	ct expenses from gaming and fundraisin	g events 6c		0 5	
	d		e or (loss) from gaming and fundraisin		d 6b and su	btract	
		line 6c)		-		. 6d	"] 0
	7a	Gross sale	s of inventory, less returns and allowand	ces 7a	1	8,095	8
	b		of goods sold			9,175	
	С		it or (loss) from sales of inventory (Subt			7c	-1,080
	8		nue (describe in Schedule O)			. 8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and	18		. ▶ 9	74,278
_	10		d similar amounts paid (list in Schedule	o)	CEIVED	10	0
	11		aid to or for members			/ 11	0
Ś	12	Salaries, o	ther compensation, and employee bene	efits	1. 9. 2040	0 12	0
JSe	13	Profession	al fees and other payments to independ	dent contractors	1 3 2019		0
Expens	14	Occupanc	v rant utilities and mointanance			SS 13 14	15,054
Ä	15	Printing, p	ublications, postage, and shipping	l OGD	DEN LIT	15	872
	16	Other expe	enses (describe in Schedule O)			16	
	17	•	enses. Add lines 10 through 16			▶ 17	61,328
	18	Excess or	(deficit) for the year (Subtract line 17 fro	om line 9)		18	12,950
ets	19		s or fund balances at beginning of yea				
\ss			ar figure reported on prior year's return)				81,548
Net Assets	20	-	nges in net assets or fund balances (exp			<u> </u>	0,010
ž	21		or fund balances at end of vear. Comb	•		. > 21	

Pa	Balance Sheets (see the instructions	· ·				
	Check if the organization used Schedule	O to respond to a	ny question in this			(D) Food of cooper
			_	(A) Beginning of year	00	(B) End of year
22	Cash, savings, and investments			81,548	23	94,498
23	Land and buildings		• • • •		24	<u>0</u>
24 25	Other assets (describe in Schedule O) Total assets			81,548		94,498
26				01,348		
27	Net assets or fund balances (line 27 of column		· · · · · · · · <u>L</u>	81,548		94,498
Par						
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?	· .	·			quired for section (c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the ach program title.	e services provide	d, the number of	org	anizations, optional for ers)
28	Conduct annual Okie-Tex Star Party (OSTP) near Ker					
	amateur astronomers from around the U.S. and other	r countries to observ	e, photograph, and o	liscuss		
	astronomical objects, topics, and techniques		nte chock boro	N [7]	28	40.074
20	·	includes foreign gra			200	46,971
29	Operate and maintain the Cheddar Ranch Observato					
	facility from which club members and the public may CRO is open to members, students, scout groups &					
		includes foreign gra			298	14,760
30	Conduct monthly meetings for club members and the					14,700
50	Conduct observing events for members and the pub					1
	regarding what and how to observe. These events se					
		ıncludes foreign gra	~	▶ 🗆	30	6,099
31	Other program services (describe in Schedule O)					
		includes foreign gra	ints, check here .	▶ □	318	a 0
32	Total program service expenses (add lines 28a	through 31a) .		•	32	67,829
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a			<u>.</u>	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)) Estimated amount of other compensation
Char	les V. Rice	_				
Pres	dent	2		<u> </u>	0	0
Larry	Beatty	_]			
	President	2			0	0
Mich	ael Madden					
Trea		20		0	0	0
	ck Rosch	-		_[
	rding Secretary	3	-	0	0	0
	Taylor	- 1			0	0
	bership Coordinator	<u> </u>		<u>, </u>	╬	
	n Roads	- 5		0	0	0
	ram Director Brake	<u> </u>				
	erving and Outreach Coordinator	4		0	0	0
	y MacDonald				Ť	
	sletter Editor	4		0	0	0
	s Petroff			-		
	termaster	3		o	0	0
	Huntz					
	arge and Webmaster	1		o	0	
	ew Fryhover					
At-La		1		0	0	0
		_				
		1	1	1	- 1	



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		165	
34	detailed description of each activity in Schedule O	33		✓
5-	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	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		1
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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-		
b	Did the organization file Form 1120-POL for this year?	37b	ALENTARIA	√
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		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	****	思念	
39	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶			
Ь	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	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 ▶ Oklahoma .			
42a		405) 82		2
	Located at ► PO Box 22804, Oklahoma City, OK ZIP + 4 ►	73123		
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)?	40h	Yes	No
	If "Yes," enter the name of the foreign country ▶	42b	viene	₩
	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	y	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<u> </u>	<u> </u>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			20
45-	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	88827.	✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
	, om our war our management	1 700		

Form 99	0-EZ (2	D18) '						F	Page 4
								Yes	No
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on behalf o	f or in opposi	tion		
		ndidates for public office? If "Yes," c							1
Part '		Section 501(c)(3) Organizations							 -
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52. and	complete th	e tables '	for lin	ies
		50 and 51.	a made amono i quo			oop.oto			
		Check if the organization used Sch	adula O to respond	I to any guestion ii	n this Part	\/I			
		Check if the organization used Sci	ledule O to respond	to arry question i	ii tins i ait	VI	`	Yes	No
47	D. 4	h	antiviting or house a	acation EO1/b) alaa	tion in offi	at during tha	tov [162	140
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 50 (n) elec		ct during the	ı		
	-						47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							+	 	
49a Did the organization make any transfers to an exempt non-charitable related organization?									↓ ✓
b		es," was the related organization a se					. 49b		
50		plete this table for the organization's							
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or			e, enter "I	None.	
			(b) Average	(c) Reportable		alth benefits, ons to employee	(e) Estimat	od ama	unt of
	(a)	Name and title of each employee	hours per week	compensation	henefit nis	ins, and deferred			
			devoted to position	(Forms W-2/1099-MIS	con	npensation			
NONE			,						
main.						1			
			· -						
				1					
	Total	number of other employees paid over	er \$100.000	. •	 _				
		plete this table for the organization's		· · ·		- ore who each	received	1 more	e than
51	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."	ant Contract	ors who each	1 10001400	, ,,,,,,,,	, illali
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service	(c) Compensat	lion	
NONE									
MONE			•	†					
				-					
									
				-					
-									
			• • • • • • • • • • • • • • • • • • • •	-					
				-{					
		number of other independent contra	•		· • —		0		
52		the organization complete Schedu	le A'? Note: All se	ection 501(c)(3) or	ganizations	must attaci			NI.
	<u>'</u>	oleted Schedule A		<u> </u>	<u> </u>	· · · · ·	► ✓ Yes		No
Under p	enalties	of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and stat	ements, and to	the best of my k	nowledge an	d belief,	, it is
true, co	rrect, an	d complete Declaration of preparer (other trial)	onicer) is based on all inic	which prepar	TEI Has ally Kilo		A 10		
٥.		1/ Somason				77-16	<i>1</i> 917		
Sign		Signature of officer				Date			
Here		Michael P. Madden, Treasurer							
		Type or print name and title	·						
Paid		Print/Type preparer's name	Preparer's signature		Date	Check _			
Prep	arer					self-emplo	yed		
Use		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no			
May th	ne IRS	discuss this return with the preparer	shown above? See	instructions			Ye:	s 🗌	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.

Open to Public

Name of the assessment

► 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		Employer identification	number				
Oklahoma City Astronomy Club	-	**-			73-15:		
Part I Reason for Public Cha						ns.	
The organization is not a private found						^	
1 A church, convention of church						κ^{0}	
2 A school described in section						U	
3 A hospital or a cooperative ho4 A medical research organization						iii) Enter the	
hospital's name, city, and sta	te:						
section 170(b)(1)(A)(iv). (Com	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.)						
6 A federal, state, or local gover							
7 An organization that normally described in section 170(b)(1			port from	a goveri	nmental unit or from	the general public	
8 A community trust described			-				
9 An agricultural research organ or university or a non-land-gra university.	ant college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or	
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and uni after June 30, 197	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, ie (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its	
11 An organization organized and							
12 An organization organized and	d operated exclus	ively for the benefit o	f, to perfo	orm the fu	inctions of, or to car	ry out the purposes	
of one or more publicly supp Check the box in lines 12a thro	ough 12d that des	scribes the type of sur	oporting o	rganızatı	on and complete line	s 12e, 12f, and 12g.	
 Type I. A supporting orgathe supported organization supporting organization. 	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b Type II. A supporting organization (s). You must	the supporting o	rganization vested in	the same	with its s persons	upported organizati that control or mana	on(s), by having age the supported	
c Type III functionally integ	grated. A suppor	ting organization opei	rated in c			ally integrated with,	
d Type III non-functionally						orted organization(s)	
that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ition requirement an		
e Check this box if the orga functionally integrated, or	nization received Type III non-fund	a written determination	on from ti pporting	ne IRS th organizat	at it is a Type I, Type ion.	e II, Type III	
f Enter the number of supported							
g Provide the following information	n about the supp	orted organization(s).	·				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
			Yes	No			
(A)		-					
(B)							
(C)				-			
(D)							
(E)				_	-		
	1	Ī	1	1	I	l	

	7			•		•	, age =
Part	Support Schedule for Organization	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support .						
Caler	dar yeak (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 $\delta \eta$ its behalf						
3	The value of services or facilities	ļ	•				
	furnished by a governmental unit to the		_				•
_	organization without charge.		•				
4	Total. Add lines 1 through 3	LANGERSON CONTRACTOR	ST SACHERY, CHESTER LAND	Charles and Color Security sealed	NO WAS THOUGH OF MOTORS.	Look "een disk to be to be the see	
5	The portion of total contributions by	Control of					
	each person (other than a						
	governmental unit or oublicly	100 Page 124		30 Sept.			
	supported organization) included on line 1 that exceeds 2% of the amount		4.29.23				
ι.	shown on line 11, column (f)	m Name and	1126	12-12-13			•
6	Public support. Subtract line 5 from line 4			A STATE OF THE STA	143-148-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	14.4.1.2.2.1.2.2.1.2.2.1.2.2.1.2.2.2.2.2	
6 Secti	on B. Total Support	Section 201 sections	A STATE OF THE STA	THE PORT OF THE PORT	AND ASSESSMENT OF A	BLACK SEED SACTOR SEED	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	10,2011	(4) 2010	(0) 20:0	(0, 20	(0, 20.0	.,
8	Gross income from interest, dividends,		, ,				
•	payments received on securities loans,				• •	٠	
	rents, royalties, and income from	. \					
:	similar sources					-	• • •
9	Net income from unrelated business	,	,				, ,
	activities, whether or not the business			ı		ľ	
	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	数多数数		CA STATE OF		5 C 40 C 5	
12	Gross receipts from related activities, etc			:\:\:::::::::::::::::::::::::::::::::::		12	<u> </u>
13	First five years. If the Form 990 is for the				, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			· /· ·		· · · · ·	<u> </u>
_	on C. Computation of Public Support			* * * * * * * * * * * * * * * * * * * *			
14 .	Public support percentage for 2018 (line			i, column (i))		15	<u>%</u>
15 . 16a	Public support percentage from 2017 Sci 331/3% support test—2018. If the organ			contine 13 ar	dline 14 is 33		check this
104	box and stop here. The organization qua					, , , , , ,	•
b	331/3% support test-2017. If the organi			_	1	ıs 331/3% or m	ore. check
~	this box and stop here. The organization						▶ □
. 17a	10%-facts-and-circumstances test—2				•	6a or 16b and	d line 14 is
- 170	10% or more, and if the organization me						
	Part VI how the organization meets the '						
	organization					. 📐: . ´.	▶ □
b	10%-facts-and-circumstances test—2	017. If the ora	anization did n	ot check a bo	x on line 13 1	6a. 16b or 17	a. and line
	*15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization r	neets the "fac	ts-and-circums	stances" test.	The organizati	on qualifies as	a publicly
	supported organization						`
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	see\·
	instructions		مويمه				`\▶ '□

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			2.1	<u>'</u>		·
	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	(4) 10 / 1	,	(3) = 3 · 3	(4) = 5 · ·	(4) 44 14	(·/ · <u>-</u>
-	received. (Do not include any "unusual grants.")	13,496	13,359	13,986	64,606	27,068	132,515
2	Gross receipts from admissions, merchandise		13,333	13,300	04,000	27,000	132,013
	sold or services performed, or facilities	ļ					
	furnished in any activity that is related to the	25 951	40.022	20 002	41.010	EC 20E	214,801
3	organization's tax-exempt purpose . Gross receipts from activities that are not an	35,861	40,833	39,802	41,919	56,385	214,601
3	unrelated trade or business under section 513					l	
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	1					
_	•						
5	The value of services or facilities					ĺ	
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	49,357	54,192	53,788	106,525	83,453	347,315
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					-	
þ	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						
	Add lines 7a and 7b	Base I seed of the	SPERMANAN Y MALATERA	which are the to straightful do a	Durante annassana	-NY1 -2 Figure 1917	.
8	Public support. (Subtract line 7c from						
O L'	line 6.)	(美麗)	K. M. A. S.	在1970年7月1日	736 S.	第1、1分数数据数据	347,315
	on B. Total Support	(=) 0014	(h) 0015	(a) 2016	(4) 2017	(e) 2018	(f) Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	· · ·	
9	Amounts from line 6	49,357	54,192	53,788	106,525	83,453	347,315
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties, and income from similar sources.	1					
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
С 11	Net income from unrelated business		-				
• • •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
10	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					-	
.5	and 12)	49,357	54,192	53,788	106,525	83,453	347,315
14	First five years. If the Form 990 is for the						
• •	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2018 (line			13, column (f))		15	100 %
16	Public support percentage from 2017 Sc		•			16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2018	(line 10c, colum	nn (f), divided b	y line 13, colu	mn (f))	17	o %
18	Investment income percentage from 201	7 Schedule A, F	Part III, line 17			18	0 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2017. If the organi	zation did not c	heck a box on	line 14 or line 1	19a, and line 16	is more than 3	3¹/₃%, and
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14,	19a, or 19b, o	check this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	7,7			T
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	Yes	No S
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	X	5.23j
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	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	¥6	ŽŽ
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		
ć	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		
5á	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	<u> </u>	
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)	″^.≥ ₹		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		2.3
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		
i	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.)

10b

Part I	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			69
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		
	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		
Section	on B. Type I Supporting Organizations		V	NI -
_		100 E . W. 15	Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,	2.0		
	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	2001	
2	Did the organization operate for the benefit of any supported organization other than the supported		Total C	,53 m
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		ALCOHOLOGY 1
Section	on C. Type II Supporting Organizations	•		
	, 1 ,		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	***		
	or management of the supporting organization was vested in the same persons that controlled or managed			
·	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations	ı	V	NI -
,	Dilling and the second state of the second sta	NPC No.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		er er
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	303	#W.	3000
_	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		N.	
	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		
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	nstru	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	′ ·		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (See iris	Yes	
2	Activities Test. Answer (a) and (b) below.	器性質	163	273457
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			2.7
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	DOSEE SEE	TRIBATE
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	100		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а,,	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Aumora	g paragraphics 24
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	EAC TH		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		I

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-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	ıst on Nov. 20, 1970 (explai	n 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	<u>, </u>	(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	10	•	
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	WIS PAUL WATER IN	
2-Enter 85% of line 1	2	WALKER PER SERVICE	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	9-34-14 W. 14-15-14-14	•
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year · ·	5	MEANTA AND AND AND AND AND AND AND AND AND AN	
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	ly ın	tegrated Type III supporting	g organization (see

Schedu	e A (Form 990 or 990-EZ) 2018			Page 7			
Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on 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	inizations				
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.	h the everywation is us	2000000				
. 8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	sponsive				
9_	Distributable amount for 2018 from Section C, line 6						
<u>^ 10</u>	Line 8 amount divided by line 9 amount	· -·		41115			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6			V			
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.	77.286.572.3866	Law Mood, at Joseph of the land of participation of the land of the				
3	Excess distributions carryover, if any, to 2018						
a	From 2013 .						
b	From 2014						
C	From 2015		704530546034	12012 44-45 11 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13			
<u>d</u>	From 2016	32 32 33 4 2 2 2 3 3 4 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
<u>e</u>	From 2017	Grande de la Companya	NAMES OF STREET OF SAMES				
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years Applied to 2018 distributable amount			Carrest Control of the Control of th			
<u></u>	Carryover from 2013 not applied (see instructions)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
<u>-i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
4	Section D, line 7 \$						
a	Applied to underdistributions of prior years		STANDARD CANADA CANADA CANADA CANADA				
<u>b</u>	Applied to 2018 distributable amount	14.64		N. R. J. A. S. A. C. A. S.			
	Remainder Subtract lines 4a and 4b from 4.	STATE OF THE PART OF STATE OF					
	Remaining underdistributions for years prior to 2018, if		,				
·	any. Subtract lines 3g and 4a from line 2. For result	12.0					
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h	47.4762.533	X 444 - 20 3 2 4 4 4 4 1				
•	and 4b from line 1. For result greater than zero, explain in	1					
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.						
8	Breakdown of line 7	NAME OF THE PARTY	9.7	W. W			
a	Excess from 2014 .	V 17 V 28 H 7 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1 H 1	\$76.50 MARKET				
<u>b</u>	Excess from 2015	77814 BY 1888 BY 18		W. 23.23.44 (B. 11.23.44)			
	Excess from 2016	\$7728700E00570F	MORNO CHESTAL	74/227/42/9/52			
d	Excess from 2017	39420000000000	23/30/2011/2016/00/2016	Seat Seaton Control			
e	Excess from 2018	Particular States	\$47.5-14-40.01.21.94				

Page	٤

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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