Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For the	2018 calendar year, or tax year beginning and er	ndıng			
	Check if applicable	C Name of organization		D Employer identifi	cation number	
	Addre: chang					
	Name chang			75-6	478331	
	Initial return	Number and street (or P 0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r	
	Final return			214-	533-0301	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u>781,817.</u>	
	Ameno return Applic	PLANO, IX 75075		H(a) Is this a group re		
	tion	F Name and address of principal officer TIALL TIALLECKER		for subordinates		
_		SAME AS C ABOVE	5	H(b) Are all subordinates in		
		empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or the: ► N/A	527	1 '	list (see instructions)	
_		organization: Corporation X Trust Association Other ►	I Vaar	of formation: 1998	A State of legal domicile: TX	
	art I	Summary	L I Gai	oriormation, 1990 F	n State of legal dofficile. 121	
			PPORT	THE EFFORT	S OF	
٥	3	CHARITABLE CHRISTIAN ORGANIZATIONS THAT QU				
Activities & Governance	2	Check this box If the organization discontinued its operations or disposed				
9	3	Number of voting members of the governing body (Part VI, line 1a)		3	1	
Č	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0	
8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0	
:45	6	Total number of volunteers (estimate if necessary)		6	0	
404	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 38	- 1	7b	0.	
	1.	0	-	Prior Year	Current Year	
1 4	8	Contributions and grants (Part VIII, line 1h)	-	0.	0.	
Revenie	9	Program service revenue (Part VIII, line 2g)	-	254,153.	138,905.	
Ď.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11RECEIVE		254,153.	138,903.	
		Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)		054 450	138,905.	
		101	110		1,500.	
		Grants and similar amounts paid (Part IX, column (A), lines 8 NO $rac{1}{2}$ NO $rac{1}{2}$ Benefits paid to or for members (Part IX, column (A), line 4)	19 15	<u> </u>	0.	
,,	145	Salaries, other compensation, employee benefits (Part IX, column (A); lines 5 10)			17,196.	
90	16a	Professional fundraising fees (Part IX, column (A), line 11e) OGDEN (UT	0.	0.	
Fxnenses	ь		0 : 	J		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,325.	29,790.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		215,521.	48,486.	
_		Revenue less expenses Subtract line 18 from line 12	•	38,632.	90,419.	
0.0	E E	•	Be	ginning of Current Year	End of Year	
sset	g 20	Total assets (Part X, line 16)	. –	1,713,163.	1,803,582.	
Net Assets	21	Total liabilities (Part X, line 26)	·	0.	0.	
즙	∄ 22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		1,713,163.	1,803,582.	
Ц_		Ities of perjury declare that I have examined this return, including accompanying schedules a	ad etatem	ante and to the heet of my	knowledge and belief it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			Knowledge and belief, it is	
uuc	5, 001160	t, and complete. Declaration of property (other trial officer) is based on all information of which	ii bi chaici	11 125/10	2	
Sig	ın	Signature of officer		Date		
Here HAL HABECKER, TRUSTEE						
		Lype or print name and title				
		Printype preparer's name Preparer's signature		Date Check	PTIN	
Pai	d	JUSTIN W. REEVES J. W.	<u> </u>	1/06/19 self-employ	P01248048	
Pre	parer	Firm's, name WEAVER AND TIDWELL, LLP		Fırm's EIN ▶	75-0786316	
Use	Only	Firm's address 2300 N. FIELD ST., STE. 1000	_			
_		DALLAS, TX 75201		Phone no. 97	2.490.1970	
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
		IIIA E-Desember Dedication Askatok and all the contractions and			Earn 990 (2010)	

Form		CHARITABLE TRUST	75-6478331	Page 2
Pại	t III Statement of Program Service Acco	mplishments		
	Check if Schedule O contains a response or no	te to any line in this Part III		
1	Briefly describe the organization's mission			
•		HARITABLE CHRISTIAN ORGANIZAT	TONS THAT	
	QUALIFY AS PUBLIC CHARITIES		10110 11111	
	QUALIFI AS FUBLIC CHARITIES	<u> </u>		
2	Did the organization undertake any significant program	m services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O			
3		ficant changes in how it conducts, any program services?	Vec	XNo
3		icant changes in now it conducts, any program services?	res	_21_ NO
	If "Yes," describe these changes on Schedule O			
4		shments for each of its three largest program services, as	- ·	
	Section 501(c)(3) and 501(c)(4) organizations are requ	ired to report the amount of grants and allocations to othe	rs, the total expenses, an	ıd
	revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ 1,500) . including grants of \$ 1,500 .) (Rever	nue \$)
		RISTIAN CHARITIES IN ORDER TO		
	EVANGELISM, EDUCATION AND M	····		
	DVINODDIDIT, DOCERTION THE IT	TODIONALI MOTEVILLED.		
		 		
4b	(Code) (Expenses \$	including grants of \$) (Rever	nue \$)
				
				
		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·			
				
4c	(Code) (Expenses \$	including grants of \$) (Rever	nue \$)
	- 			
			· · ·	
	· · · · · · · · · · · · · · · · · · ·			
	·			
	· · · · · · · · · · · · · · · · · · ·			
	·			
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants	of\$) (Revenue\$)	
4e	Total program service expenses ▶	1,500.		
	A TOTAL TOTA	· · · · · · · · · · · · · · · · · · ·	Form 9	90 (2018)
			i dilii o	- (-010)

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Form 990 (2018) NINA JEAN OBEL CHARITABLE TRUST
Part IV Checklist of Required Schedules

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	-21	х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			_==
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.,
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f		116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		<u> </u>
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\dashv	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
2200	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Eorm	990	2018)
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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	ļ	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		٠,,
	Schedule J	23	<u> </u>	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			~
	Schedule K If "No," go to line 25a	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		<u> </u>
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	-	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ĺ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			İ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/		1
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 00		
—	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
_	(gambling) winnings to prize winners?	1c	$\overline{\mathbf{x}}$	
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į̇̃̃Šäi	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ms?	2b	N. 75 k 2 3 10	C1 (0. da) Wood
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	700		3.60
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a	87-2543x	X
b	If "Yes," enter the name of the foreign country		J. C		7.3
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b_		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		_5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie organization solicit			x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut	ione or sifte	6a		
ь	were not tax deductible?	ions or girts	e L		
7	Organizations that may receive deductible contributions under section 170(c).		6b	institut Links	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	zaleTable	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Tricos provided to the payor	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
•	to file Form 8282?		7c	'	х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		<u></u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the		26	
	sponsoring organization have excess business holdings at any time during the year?		8		117 dPi d
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	nduditive?	96.8735 96 34
10	Section 501(c)(7) organizations. Enter	1 . 1		極級	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	144.1			
a	Gross income from members or shareholders	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			(A) 153
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1
	Is the organization licensed to issue qualified health plans in more than one state?		13a	SEPA VES	b coasson sar I
	Note. See the instructions for additional information the organization must report on Schedule O			\$ 12	
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		3		
16	is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16	1.63 1000	X
	If "Yes," complete Form 4720, Schedule O			<u> </u>	453
			Form	990	(2018)

Form 990 (2018)

NINA JEAN OBEL CHARITABLE TRUST

75-6478331

Pac

Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	to line ba, bb, or rob below, describe the circumstances, processes, or changes in schedule of see instructions			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI		_	X
Sec	tion A. Governing Body and Management			
		20022200	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1	∦		
	If there are material differences in voting rights among members of the governing body, or if the governing		1.2	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			2.0
	Enter the number of voting members included in line 1a, above, who are independent Description of voting members included in line 1a, above, who are independent Description of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		<u> </u>	
_	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			X.
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	10		 ^ -
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	,_		x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		<u> </u>
ь	persons other than the governing body?			х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	<u> Est</u>	
8			X	34.
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9		80	- 21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1_3_		
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	13.0°		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	### N.	X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		ů,	- 4
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	MALKARY	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	12.7°	S.A.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	***************************************	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	vailat	le
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HAL HABECKER, TRUSTEE - 214-533-0301			
	3517 DARTMOUTH, PLANO, TX 75075			
832006	12-31-18	Form	990	(2018)

	•	
Form	990	(2018)

NINA JEAN OBEL CHARITABLE TRUST

75-6478331

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	١		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	not c , unle	neck ss pe	more rson (than a	one n an	compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ĕ						the	organizations	compensation
	hours for	Į	i			<u>چ</u>		organization	(W-2/1099-MISC)	from the
	related	8 0	Ste		ł	nsati		(W-2/1099-MISC)		organization
	organizations	<u> </u>	la E) ag	e		,	•	and related
	below	를	를		퉡	S 86	₌			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Ŭ
(1) HAL HABECKER	3.00								-	
rrustee		x				ļ		0.	17,196.	C
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832007 12-31-18

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
Total number of independent contractors (including l	out not limited to those lis	ted above) who received more than	

\$100,000 of compensation from the organization

0

Form **990** (2018)

S. C.	Trãa.	(Z	-							
			Check if Schedule O cont	ains a res	oonse	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	<u> </u>	1a					
irar		b	Membership dues	L	1b					
δ, Đ		С	Fundraising events	<u>L</u>	1c			140		
ar,		d	Related organizations		1d					7-1-1-1
, E		e	Government grants (contribut	ions)	1e				104-34	
tion	1	f	All other contributions, gifts, gran	its, and	ŀ			1,000		
혈			similar amounts not included abo	ve L	1f			100		
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f \$						
<u>೧</u> բ		h	Total. Add lines 1a-1f			<u> </u>	PARTER, INCOME NATION AND ADDRESS			
						Business Code				
<u>e</u>	2								-	
Program Service Revenue		b						<u> </u>		
	İ	С.								
		d								
	l .	e f	All other program service reve							
			Total. Add lines 2a-2f	ande		▶		1072 Est. 15-2		
	3	3_	Investment income (including	dıvıdends	. ıntere			MANAGEMENT OF SEC. SEC. S. AND SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC.	**************************************	1491425 3945 8495 4945 83460
			other similar amounts)			>	49,980.			49,980.
	4		Income from investment of ta:	x-exempt t	ond p	roceeds >	-			
	5		Royalties							
				(i) Re	al	(ii) Personal				0.00
	6	а	Gross rents							
		b	Less rental expenses							
		С	Rental income or (loss)			<u> </u>				
i		d	Net rental income or (loss)			<u> </u>	MARKET A MARKO STRONG AND TRANSPORTED AND TRANSPORTED BY	PACK COLL SACCES AND COLUMN AND DESCRIPTION OF THE PACK COLUMN ASSESSMENT AND COLUMN ASSESSMENT ASS		
	7	а	Gross amount from sales of	(i) Secu		(ii) Other		5-2		
			assets other than inventory	731,8	37.				44, 37, 22, 23, 31	
		b	Less cost or other basis	L42 0	10					
			and sales expenses	642,9 88,9						
			Gain or (loss)	00,5	23.		88,925.			00 005
			Net gain or (loss) Gross income from fundraising	a avanta (a		<u> </u>	00,923.			88,925.
enne	0	d	including \$		ΙΟί				3.5	
			contributions reported on line					#34		A 10 10 10 10 10 10 10 10 10 10 10 10 10
8			Part IV, line 18	.0, 000	а					
Other Re		ь	Less direct expenses		b			3.0		100
ŏ			Net income or (loss) from fund	fraising ev	ents	•				200000000000000000000000000000000000000
			Gross income from gaming ac	_						
			Part IV, line 19		а					
		b	Less direct expenses		b					
	,	С	Net income or (loss) from gam	ing activiti	es					
	10	а	Gross sales of inventory, less	returns						
			and allowances		а		e v		Mar (a	
			Less cost of goods sold		b	L		25.57		
		<u>c</u>	Net income or (loss) from sale			<u> </u>	Dagger immedia kongresia da da maria da	5772L0VA-074296 (6-/-8000-6000-600	1001-00040-0000-00040-1-1-1-1-1-1-1-1-1-	horadhum e variotago de Silistacos
			Miscellaneous Revenue	<u>e</u>	_	Business Code				
	11 :									
		b								
į		ч С	All other revenue	 .						
		d e	Total. Add lines 11a-11d				<u>.</u>			
	12		Total revenue. See instructions				138,905.	0.	0.	138,905.
83200	9 12-3		· -							Form 990 (2018)
										• • • • • • • • • • • • • • • • • • • •

Form 990 (2018) NINA JEAN OBEL CHARITABLE TRUST Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(c)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		1 500		
	and domestic governments. See Part IV, line 21	1,500.	1,500.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				3.00
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,	17 106		17 106	
_	trustees, and key employees	17,196.	 	17,196.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) Other employee benefits				
9	Payroll taxes			<u></u>	
10 11	Fees for services (non-employees)				<u> </u>
'' a	Management				
b	Legal				
c	Accounting	2,250.		2,250.	
d		2,2501		2,2300	
-	Professional fundraising services. See Part IV, line 17			AND SET YOUR SER	
f	Investment management fees	26,896.	TO SOUR AND DEPOCRATION OF THE PARTY OF THE	26,896.	
g	Other (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				., .
17	Travel		. =-		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	Minness Service of the Service of th	her the feet of the control of the c	EXCENSION THE THE LOCAL OF ST. THE LOW SHIP CONSTRUCTOR OF	manager equipment a series and appropriate (1, 1)
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	214		214	
а	FOREIGN TAXES ON DIVIDE	314.		314.	
b	OTHER EXPENSE	215.		215.	
c	BANK CHARGES	115.	-	115.	
d	All 11				
	All other expenses	40.406	1 500	46.006	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	48,486.	1,500.	46,986.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>		L	

Part X Balance Sheet							
	Check if Schedule O contains a response or note to any line in this Part X						
				(A) Beginning of year		(B) End of year	
		Oak and the same	<u> </u>	12,680.		26,629.	
	1	Cash - non-interest-bearing	18,528.	1	31,673		
	2	Savings and temporary cash investments		10,320.	2	31,6/3	
	3	Pledges and grants receivable, net	1,584.	3_	1,209		
	4	Accounts receivable, net		1,384.	4	1,209	
	5	Loans and other receivables from current and fo	•				
		trustees, key employees, and highest compensa	ted employees. Complete	1000	<u> </u>		
	_	Part II of Schedule L	THE DOWNS THE THE	5			
	6	Loans and other receivables from other disqualit	, ,				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect			MET.		
ets		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net			7		
`	8	Inventories for sale or use			<u>8</u> 9	<u></u>	
	9	Prepaid expenses and deferred charges	1 1	Y STAN Y Y STAN SOUTH	9	79147 (NY 1700 NE XO 300)	
	iva	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	100				
	.		10a		10-		
	11	Investments - publicly traded securities	[108]	1,334,153.	10c	1,609,132	
	12	Investments - other securities See Part IV, line 1	1	346,218.	12	134,939	
	13	Investments - program-related See Part IV, line		310,2101	13	131,333	
	14	Intangible assets	•		14		
	15	Other assets See Part IV, line 11		-	15		
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	1,713,163.	16	1,803,582	
	17	Accounts payable and accrued expenses			17	,,	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D		21		
s	22	Loans and other payables to current and former	officers, directors, trustees,				
Liabilities		key employees, highest compensated employee	s, and disqualified persons				
abıl		Complete Part II of Schedule L			22		
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23		
	24	Unsecured notes and loans payable to unrelated	I third parties		24		
	25	Other liabilities (including federal income tax, pa	yables to related third				
		parties, and other liabilities not included on lines	17-24) Complete Part X of				
		Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		0.	26	0.	
		Organizations that follow SFAS 117 (ASC 958	·				
Se		complete lines 27 through 29, and lines 33 an	d 34.		304		
ŭ	27	Unrestricted net assets			27		
3ala	28	Temporarily restricted net assets			28		
ρ	29	Permanently restricted net assets	. [55]	#72###################################	29	-20 25 1-07-25-38-28-0050-38-28-28-28-28-28-28-28-28-28-28-28-28-28	
ᆵ		Organizations that do not follow SFAS 117 (A	SC 958), check here $\blacktriangleright X$				
ō		and complete lines 30 through 34.		1 712 162		1 000 500	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		1,713,163.	30	1,803,582	
Ass	31	Paid-in or capital surplus, or land, building, or eq	•	0.	31	0.	
Ę	32	Retained earnings, endowment, accumulated in	come, or other funds	1 712 163	32	1 903 593	
~	33	Total net assets or fund balances		1,713,163. 1,713,163.	33	1,803,582	
	34	Total liabilities and net assets/fund balances		1,113,103.	34	1,803,582. Form 990 (2018	

Form 990 (2018)

Form	990 (2018) NINA JEAN OBEL CHARITABLE TRUST	75-6	478331	Pag	_{le} 12
Ra	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,90	
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 48	
3	Revenue less expenses Subtract line 2 from line 1	3		,41	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,713	,16	53.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,803	, 58	32.
:Pa	rt XIII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				813
	Separate basis Consolidated basis Both consolidated and separate basis				4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	,	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schi	edule O			10.72
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	gle Audit	. Supremental . Su	*	a
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt 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 Rublic Inspection

Name of the organization

NTNA .TRAN ORRI. CHARTMARIE TRUST

Employer identification number 75 – 6478331

			CDIE ODDE	CIBBITITION	11(001			<u> </u>			
Pa	rt Ji	Reason for Public	Charity Status(All organizations must co	omplete th	is part) Se	ee instructions				
The	e organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)										
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ))		1 (
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	Xb)(1)(A)(i	ii).	1			
4	一	A medical research organiz					•	the hospital's name.			
		city, and state	·								
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental unit describ	ed in			
_	_	section 170(b)(1)(A)(iv). (,-9					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	一							nublic described in			
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust describe	•	11VAVvil /Complete Per	+ 11 \						
9	H					nd in annii	mation with a land areast	aallaaa			
9	ш	An agricultural research org	=			_	_	_			
		or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the college	e or			
40		university		11		· · ·					
10	ш	An organization that norma									
		activities related to its exer						-			
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 19/5			
	\Box	See section 509(a)(2). (Co			(-1- O		201 1141				
11	₩	An organization organized	•	-	•						
12	X	An organization organized	· ·	•	•		•	•			
		more publicly supported or						Check the box in			
	_	lines 12a through 12d that				-	-				
а	L			•		_		- •			
		the supported organization			majority c	of the direc	ctors or trustees of the si	upporting			
		organization You must o	•								
b			•				• •	•			
		control or management of			ame perso	ns that co	ntrol or manage the sup	ported			
		organization(s) You mus	st complete Part IV,	Sections A and C.							
c	X		egrated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,			
	_	its supported organizatio		•			·				
d	Ŀ		y integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)			
		that is not functionally inf	tegrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness			
	_	requirement (see instruct	•	-							
е		☐ Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, o	r Type III non-function	nally integrated supporti	ng organız	ation.					
f	Ente	er the number of supported o	organizations					1			
g		vide the following information		3	- / \						
	(i) Name of supported	(ii) EîN	(iii) Type of organization (described on lines 1-10	in your govern	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
DAI	LLA	S THEOLOGICAL									
SEL	IIN	ARY	75-0827421	2		X	1,500.				
]								
				<u>.</u>	ļ						
		•									
Tota		1	1980年1月1日 1980年1月1日	2000 CONSTANTO	医心体检验	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 500.	I nii			

	edule A (Form 990 or 990 EZ) 2018 N					75-6478	331/ Page 2
į, RŽ	Support Schedule for						/
	(Complete only if you checke			•	n failed to qualify	under Part III If the o	prĝanization
	fails to qualify under the tests	s listed below, plea	se complete Part	III)		/	
Sec	ction A. Public Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20½8	(f) Total
1	Gifts, grants, contributions, and					/	
	membership fees received (Do not					/	
	include any "unusual grants ")			_			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				/	1 1	
	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	ACARACTER AND APPROXICE AND	#752000 #7527 hodes #747 #1 (2002) 3	AND A VANCOUS PROPERTY OF THE PARTY OF THE P		2 2 26/00/00/07/20/00/07 4 2 - 12 - 12 - 12 - 12 - 12 - 12 - 1	
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)	THE RESIDENCE OF THE PARTY OF T	TANK TO SERVICE STATE OF THE S				
	Public support. Subtract line 5 from line 4	PORFERGIBLES			PARCHE MA		
	ction B. Total Support	1		1/		· -	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4		/			-	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			1			
	and income from similar sources					 	
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carned on					 	
10	Other income Do not include gain						
	or loss from the sale of capital	/					
44	assets (Explain in Part VI)		A. 1974 S. 77 & 77 P. 1885				
	Total support. Add lines 7 through 10 Gross receipts from related activities,			Tana war a see a sanaa sanaa	63.73716852.3881635	5 5 5 5 5 5 5 5 7 7 7 7 7 7 7 7 5 1 5 1	
	·	7	•	al faah a		12	
13	First five years. If the Form 990 is for	/	irst, second, thir	d, fourth, or lifth ta	x year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publi		centage		=:		
	Public support percentage for 2018 (olumn (f)		144	
	Public support percentage from 2017		<u>-</u>	olumn (i))		14	%
	33 1/3% support test - 2018, If the			n line 12 and line 1	4 10 22 1/20/ 07 7	15	
104	stop here. The organization qualifies				4 15 33 1/3/0 0/11	iore, check this box	and ⊾[—]
	33 1/3% support test - 2017. If the				lina 15 ia 22 1/20/	or more chack this	boy
	and stop here. The organization qual				iiile 13 is 33 1/3/	or more, check this	▶ □
170	10% -facts-and-circumstances test	· -			13 162 or 16h	and line 14 is 10% or	more
114	and if the organization meets the "fac	•					•
	meets the "facts and-circumstances"			-	•	int virilow the organia	Lation
h	10% -facts-and-circumstances test	_		•	•	17a and line 15 is 1/	264 or
	more, and if the organization meets the	_					570 OI
	organization meets the "facts-and-circ				•		ightharpoonup
10	· /			•			
10	Privaté foundation. If the organization	an did not check a l	OUN OIT HITE TO, TO	α, 100, 17α, 01 17D			v 000, E7) 2019
					Sch	edule A (Form 990 c	// 330-E4.J 20 IS
	/						
/2220	12 10 11 19						
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Schedule A (Form 990 or 990-EZ) 2018 NINA JEAN OBEL CHARITABLE TRUST 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)

Se	ction A. Public Support	cion, picase comp	note i ait ii j		 		/	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Gifts, grants, contributions, and	(5) 25	12,20,0	(0, 20.0	(5, 25, 7	 \\\	III I Otal	
•	membership fees received (Do not					/		
	include any "unusual grants ")					/		
2	Gross receipts from admissions,			†		/		
_	merchandise sold or services per-					/		
	formed, or facilities furnished in	ļ				/		
	any activity that is related to the organization's tax-exempt purpose					/		
3	Gross receipts from activities that			<u> </u>		/	_	
3	are not an unrelated trade or bus-				/			
	iness under section 513							
4					 			
4	Tax revenues levied for the organ-	ļ						
	ization's benefit and either paid to	!	j					
_	or expended on its behalf	-		1	 /	 		
5	The value of services or facilities		i		1/			
	furnished by a governmental unit to				ľ	•		
	the organization without charge			 	 			
	Total. Add lines 1 through 5	· · · · ·		 	<u> </u>			
7 a	Amounts included on lines 1, 2, and						_	
	3 received from disqualified persons		-					
t	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			/	ļ	ļ		
C	: Add lines 7a and 7b	JAY, CON USAYS A TEN TIME	Little of National States and States	ALTERNATION DANCE ON	1 860° v. S. 20°. Mail. 40°2 . P. 1 W. 4	A SACRET LIFE IS NOT AN ARREST AN		
	Public support. (Subtract line 7c from line 6)	ENGLISH	1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1. 16 1.				<u> </u>	
	ction B. Total Support		/	1	1	, , , , , , , , , , , , , , , , , , , 		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 6		<i></i>	ļ				
10a	Gross income from interest, dividends, payments received on				ľ			
	securities loans, rents, royalties,		/	ŀ				
	and income from similar sources		/					
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975				ļ			
c	Add lines 10a and 10b			.				
11	Net income from unrelated business						٥	
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
12	Other income Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for	the organization's	first, second, thu	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	tion,	
	check this box and stop, here						▶□	
Sec	ction C. Computațión of Publi	c Support Per	centage		-			
15	Public support percentage for 2018 (li	ine 8, column (f), di	ivided by line 13,	column (f))		15	%	
	Public support percentage from 2017				· · · · -	16	%	
Sec	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20)18 (line 10c, colun	nn (f), divided by l	ine 13, column (f))		17	%	
18	Investment income percentage from	2017 Schedule A, f	Part III, line 17			18	%	
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	ıs not	
	more than 33 1/3%, check this box an	=					ightharpoons	
b	33/1/3% support tests - 2017. If the	•	-					
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organizatio		· ·	-		•	▶ □	
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Part V 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

- 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 organization was described in section 509(a)(1) or (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
- 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
- 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
- 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
- c 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 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 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c 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.
- 10a 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
- 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.)

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	edule A (Form 990 or 990-EZ) 2018 NINA JEAN OBEL CHARITAB			5-6478331 Page 6
.Kā	Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sec	tion 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		
Sect	tion 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	43.00		
	factors (explain in detail in Part VI)	V.		
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,	T		
	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		
Sect	tion 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	ly integra	ted Type III supporting organ	nization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 NINA JEAN OBE		RUST 7	5-6478331 Page 7
	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	Ourrent rear		
2	Amounts paid to perform activity that directly furthers exemp		· · · · · · · · · · · · · · · · · · ·	
_	organizations, in excess of income from activity	or porposed or eapported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
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 which to	he organization is responsive		-
_	(provide details in Part VI) See instructions	no organization to responsive		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·		
	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	200		
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013		K-english and the second	
	From 2014	25 7 7 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	From 2015	CONTRACTOR CARROLS		
	From 2016			
	From 2017			
	Total of lines 3a through e	A COURT MAY A MAN	7.7.5	
_	Applied to underdistributions of prior years	333334	wasteness work decreased, at Cardensell, Talky at Talking and	
	Applied to 2018 distributable amount			A STATE OF THE STA
i	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 \$			
a	Applied to underdistributions of prior years		and I solven a farmance of the contract of	
	Applied to 2018 distributable amount			AND THE PROPERTY OF THE PROPER
	Remainder Subtract lines 4a and 4b from 4	Annual London Victorian Control and Marie Land Control and Control		
5	Remaining underdistributions for years prior to 2018, if		THE PARTY OF THE P	
-	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	735 / 18 / 18 P		Service do money de depart and Carbon Service Tomas
•	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	AND COMPONENTIAL SERVICE OF SOME SERVICE OF SO		
•	and 4c			
8	Breakdown of line 7		typ 8 S. J. S.	
a				
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			200 August (10, 100 Telephone 10, 100 Telephone
	Excess from 2018			The state of the s
<u> </u>		THE PROPERTY OF THE PARTY OF TH	A CONTRACT OF A CONTRACTOR AND A SOCIAL SECTION OF THE SECTION OF	

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization NINA JEAN OBEL CHARITABLE TRUST Employer identification number 75-6478331

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
·	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confi	erring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	tholds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the c	rganization's accounting for
l'Da	conservation easements	i Art Historical Transvers on Other	Cimilar Assats
Pai	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	•	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre-	•	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		<u>▶ \$</u>
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2018

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Sche		AN OBEL CH						78331	
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3	Using the organization's acquisition, accession	on, and other record	s, check ar	y of the f	ollowing that are a s	significa	ant use of its c	ollection it	ems
	(check all that apply)								
а	Public exhibition	c	ı 🔲 Lo	an or exc	hange programs				
b	Scholarly research	e	e 🔲 Otl	her					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they	further th	e organization's exe	mpt p	urpose in Part	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, histo	ncal treas	sures, or other simila	ır asset	ts	_	
	to be sold to raise funds rather than to be ma	•						Yes	No.
Pai	t IV Escrow and Custodial Arrang	gements. Compl	ete if the or	ganızatıo	n answered "Yes" o	n Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for cor	tributions	s or other assets not	includ	led	_	
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	le		_			
								Amount	
c	Beginning balance					L	1c		
d	Additions during the year					L	1d		
е	Distributions during the year					<u> </u> _	1e		
f	Ending balance					L	1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esc	row or cu	istodial account liab	dity?		Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	if the organization an	swered "Ye	es" on Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prio	r year	(c) Two years back	(d) TI	ree years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions						 :		
С	Net investment earnings, gains, and losses					_			
d	Grants or scholarships					<u> </u>			
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses				· · · · · · · · · · · · · · · · · · ·	ļ			
g	End of year balance		<u> </u>			L			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, c	olumn (a)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c short	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held an	id administered for t	he org	anızatıon	_	
	by							Y	<u>'es No</u>
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(iı)	
Ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Sche	edule R?				3b	
4	<u></u>								
Pai	t´VI Land, Buildings, and Equipm								
	Complete if the organization answered	<u> </u>	- T				ı		
	Description of property	(a) Cost or o		` '	1 ' '	Accum		(d) Book	value
		basis (investr	nent)	basis	(otner) d	eprecia	ition	·····	
	Land								
	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other				L				0.
Tota	Add lines 1a through 1e (Column (d) must a	aval Form 000 Dart	V column	/D1 line 1/	no i		■ 1		U.

Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Schedule D (Form 99	90) 2018 NINA JEAN OBEL CH	ARITABLE T	RUST	75-6478331 Page 4
Part XI Recor	nciliation of Revenue per Audited Finar	ncial Statement	ts With Revenue per Re	
Comple	ete if the organization answered "Yes" on Form 990	, Part IV, line 12a		
1 Total revenue,	gains, and other support per audited financial state	ements		1
2 Amounts inclu-	ded on line 1 but not on Form 990, Part VIII, line 12	?		
 a Net unrealized 	gains (losses) on investments		2a	
b Donated service	ces and use of facilities		2b	
c Recoveries of	prior year grants		2c	
d Other (Describ	e ın Part XIII)		2d	
e Add lines 2a th	rough 2d			2e
3 Subtract line 2	e from line 1			3
4 Amounts inclu-	ded on Form 990, Part VIII, line 12, but not on line	1		
a Investment exp	oenses not included on Form 990, Part VIII, line 7b		4a	
b Other (Describ	e ın Part XIII)		4b	
c Add lines 4a a	nd 4b			4c
5 Total revenue	Add lines 3 and 4c. (This must equal Form 990. Pa	rt I. line 12.)		5
	nciliation of Expenses per Audited Fina		nts With Expenses per	Return.
Comple	ete if the organization answered "Yes" on Form 990	, Part IV, line 12a		
•	s and losses per audited financial statements			1
2 Amounts inclu-	ded on line 1 but not on Form 990, Part IX, line 25		1 1	
 a Donated service 	ces and use of facilities		2a	
b Prior year adju	stments		2b	
c Other losses			2c	
d Other (Describ	e in Part XIII.)		2d	
e Add lines 2a th	rough 2d			2e
3 Subtract line 2	e from line 1			3
4 Amounts inclu-	ded on Form 990, Part IX, line 25, but not on line 1			
a investment exp	penses not included on Form 990, Part VIII, line 7b		4a	
b Other (Describe	e in Part XIII)		4b	
c Add lines 4a ai				4c
5 Total expenses	s. Add lines 3 and 4c. (This must equal Form 990. F	Part I. line 18.)		5
27	emental Information.			
	ons required for Part II, lines 3, 5, and 9, Part III, lin			I, Part X, line 2, Part XI,
lines 2d and 4b, and	Part XII, lines 2d and 4b Also complete this part to	provide any addition	onal information	
				
			 	
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			· · - · · · · · · · · · · · · · · · · · · ·	
				
				
				

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number NINA JEAN OBEL CHARITABLE TRUST 75-6478331 FORM 990, PART VI, SECTION B, LINE 11B: THE TRUSTEE REVIEWS THE FORM 990 TO THE BOOKS AND RECORDS OF THE ORGANIZATION FOR ACCURACY AND COMPLETENESS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, TAX RETURNS, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)