

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

Department of the Treasury

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

Open to Public

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2018 calendar year, or tax year beginning and ending B Check if applicable C Name of organization D Employer identification number Address change ProsperityME X Name change 80-0362127 Doing business as Initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. BOX 8013 207-797-7890

	990 (2018)	<u> </u>				862127	Pa
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			se or note to any line in this	Part III			
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80-0362127

Form 990 (2018) ProsperityME
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
2	If "Yes," complete Schedule A	2	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-2		
3	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	3		
7	during the tax year? If "Yes," complete Schedule C, Part II			х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
9	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		_	-11
Ū	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			'
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	
	Schedule D, Parts XI and XII	12a	_X	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		X
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	المدا		v
45	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	4.		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IV, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> X</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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10_		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 11		<u></u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-,5		
פו	complete Schedule G, Part III	19		X
20-2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
~ 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part 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 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	_		
	Schedule J	23		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			1
	any tax-exempt bonds? Did the exemptation set as an "an habilif of" leaver for hands substanding at any time during the year?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	<u> </u>	
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	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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
С	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		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u> _
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		<u>X</u>
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			4.5
	Part V, line 1	34		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
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?	20		X_
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-3/		
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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			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 2a 9		,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_ X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ł
3а	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 O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 <u>c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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_		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		i	
	organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand			
	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 O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>X</u> _
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O		200	
		Form	990 ((2018)

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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 mile sa, ob, or the below, describe the orientistances, processes, or oranges in benediate of been institutions			
<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		Vaa	Na
10	Enter the number of voting members of the governing body at the end of the tax year 13		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			}
	body delegated broad authority to an executive committee or similar committee, explain in Schodule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		1	<u> </u>
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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?	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	6		^
/ a		7-		Х
.	more members of the governing body? Are any governance decisions of the organization reconved to (or subject to approval by) members, stockholders, or	_7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body? Did the assessment of contemposes south decreases the meetings held as written actions undertaken during the user by the following:	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	v	
	The governing body?	_8a	X	
	Each consmittee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		
9		9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	_ 9		
Jec	tion B. I oncies (mis section B requests information about policies not required by the internal nevertile code)	_	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
	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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c	x	
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
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)			
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		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	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)	only)	avaıla	ıble
	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	financ	cial	
	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			
	CLAUDE RWAGANJE - 207-797-7890		-	
	P.O. BOX 8013, PORTLAND, ME 04104			

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Form	ggn	1201	R۱

ProsperityME

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.

Leave this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and Title	(B) Average hours per week	(do	not c	Pos heck	tion more		one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any ਤੁੰ hours for		Inst any ours for related anizations below line) lightest compensated Highest compensated employee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) CLAUDE RWAGANJE	40.00]						50.000	_	
EXECUTIVE DIRECTOR		Х	_			-	┢	69,000.	0.	12,269.
(2) BILL BROWN	2.00		ļ			l				•
CHAIRMAN		X		X		-		0.	0.	0.
(3) HELEN ANDREOLI	2.00	,,		٠,					0	0
VICE CHAIRMAN	- 2 00	X	<u> </u>	X	-	├	┢	0.	0.	0.
(4) ERIC BOUCHER	2.00	x		x				0.	0.	0.
TREASURER	2.00	Λ		^		┼─	┢			<u> </u>
(5) CRAIG TRIBUNO	2.00	Х		X				0.	0.	0.
SECRETARY	1.00	^	-	Α.		╁	 -			
(6) ELIZABETH EAMES BOARD MEMBER	1.00	X						0.	0.	0.
(7) CHRISTEN GRAHAM	1.00	1	-		-	t^-				
BOARD MEMBER	1.00	x				İ		0.	0.	0.
(8) GREGORY HANSEL	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) QUINCY HENTZEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) E'NKUL KANAKAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(11) JON PARADISE	1.00									
BOARD MEMBER		X						0.	0.	0.
(12) MUTIMA PETER	1.00	ļ								
BOARD MEMBER		X				<u> </u>	<u> </u>	0.	0.	0.
(13) COLETTE TWIGG-ROWSE	1.00		}			1			_	
BOARD MEMBER		X			L	<u> </u>	<u> </u>	0.	0.	0.
(14) EILEEN FONGEMIE	1.00			'						
BOARD MEMBER		X				<u> </u>	<u> </u>	0.	0.	0.
	<u> </u>									
		\vdash	_		ļ	├—				
	<u> </u>	}			1		}			
		-			_	\vdash	\vdash			
		L	L	L	Щ.	Ļ				Farm 990 (2018)

Par	T, VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)					(D)	(E)		-	(F)		
	Name and title	Average	Position (do not check more than one						Reportable	Reportable		E	stimat	ed
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio	n	ar	nount	of
		week	offi	cer ar	nd a d	irecto	or/trus	itee)	from	from related		ı	other	
		(list any	ctor						the	organization	s	com	pensa	ation
		hours for	Ě				ted		organization	(W-2/1099-MIS	SC)	f	rom th	ne
		related	ste	uster	ļ		Sus	ļ	(W-2/1099-MISC)			org	janiza	tion
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					an	d rela	ted
		below	Made	ntuto	Officer	E E	hest	Former				org	anızat	ions
		line)	르	Ē	ቜ	ě.	물통	ᅙ						
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						ļ]	ı	j			
		-												
1b	Sub-total							•	69,000.		0.	1	2,2	69.
С	Total from continuation sheets to Part VI	I. Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)	,						•	69,000.		0.	$\overline{}$	2.2	69.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	DOVE	e) wh	no re		.000 of reportabl	<u></u> е			
_	compensation from the organization						.,			,	-			0
	Somponedion would also organization								···- <u>-</u> ··				Yes	
3	Did the organization list any former officer,	director or tri	ieto	s ka	w er	nolo		orl	highest compensated of	mnlovee on	1		_	<u> </u>
Ü	line 1a? If "Yes," complete Schedule J for s		3,000	J, KO	, y C.	ıιριο	,,00,	, 0.	ingricot compensated of	inployed on		3	}	x
	, · · · ·							4 ~ 41	har aamaaaattaa from i	the ergonization				_ ^
4	For any individual listed on line 1a, is the su									ine organization				- T
_	and related organizations greater than \$150									1 -16	}	4	<u> </u>	X
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	on					5	L	<u> X</u>
Sec	tion B. Independent Contractors		_											
1	Complete this table for your five highest co										pens	ation 1	rom	
	the organization Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ıthır	n the organization's tax y	/ear				
	(A)							ł	(B)		_	(0	>)	_
	Name and business	address	N	NE	<u> </u>				Description of s	ervices		ompe	nsatio	on
								_			_			
						_								
								- 1		1				
											_			
				_				_[_	
									<u></u>					
2	Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organization					()							

Form 990 (2018) ProsperityME
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Rolatod or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a	-				3,1
ran		Membership dues	1b					
S E	c		1c	·				
ar it	d		1d					
s, C	е		 -					
io Se	f	A11 11 1 1 1 1 1 1	, L					İ
but		similar amounts not included abo	· I I	537,964.				
ĒΘ	g			4,740.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			537,964.			
				Business Code				
ě	2 a	PROGRAM SERVICE	ES	624110	39,830.	39,830.		1
ا ۵ ځ	b							
Se	С							
eve	d							
Program Service Revenue	е							
۲	f	All other program service reve	enue		_			
	g	Total. Add lines 2a-2f		•	39,830.			
	3	Investment income (including	dividends, inter	est, and	-"-			
		other similar amounts)		▶ .	4,747.			4,747.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		>				
į			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		.				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	C	: Gain or (loss)						
	d	Net gain or (loss)						
une	8 a	Gross income from fundraisin including \$]				
Other Reve		contributions reported on line	1c) See					
ř.		Part IV, line 18	a					
t t	b	Less direct expenses	b					
0		Net income or (loss) from fund	draising events					
		Gross income from gaming ac						
		Part IV, line 19	а					
l	b	Less direct expenses	b		İ			
		Net income or (loss) from gam	ing activities		[
		Gross sales of inventory, less	-					
l		and allowances	а	}				
1	b	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory					
J		Miscellaneous Revenu		Business Code				
	11 a				[<u> </u>
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>			<u> </u>	
	12	Total revenue See instructions		•	582,541.	39,830.	0.	4,747.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service Do not include amounts reported on lines 6b. (A) Total expenses Fundraising Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 69,000. 48,300 6,900. 13,800. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 80,243. 37,065. 31,750. 7 Other salaries and wages 149,058. Pension plan accruals and contributions (include 6,780. 3,729 678. 2,373. section 401(k) and 403(b) employer contributions) 17,572. 12,8272,109 2,636. Other employee benefits 16,351. 7.358 8,175. 818. 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 6,000. 6,000. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees q Other (If line 11g amount exceeds 10% of line 25, 23,028, 4.728. 3,600. 31,356. column (A) amount, list line 11g expenses on Sch O.) 670. 670 Advertising and promotion 4,729. 4,020. 473. 236. Office expenses 13 Information technology 14 Royalties 15 17,818. 9,800. 6,236 1,782. Occupancy 16 4,320. 4,320. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 6,873 176. 7,049 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 825 83. 165. 577. 22 Depreciation, depletion, and amortization 392 262. 1,962. 2,616. 23 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 O.) 24,391. 24,575 184. a EVENTS 9,059. 9,059. **b PROGRAM TUITION AND BOO** 5,768. 577. 4,106. 1,085. c SUPPLIES AND MATERIALS 5,209. 4,428 521. 260. d TELEPHONE AND INTERNET <u>3,688</u>. 2,041 752. 895. e All other expenses 84,133. 222,847. 75,463 382,443 Total functional expenses. Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2018)
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
	1	Cash · non-interest-bearing	489,021.	1	630,749.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	75,000.
	4	Accounts receivable, net	230.	4	390.
	5	Loans and other receivables from current and former officers, directors,			-
		trustees, key employees, and highest compensated employees. Complete			
	ļ	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ	}	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,671.	9	2,471.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 6,626	•		
	b	Less: accumulated depreciation 10b 4,725	2,600.	10c	1,901.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	7,375.
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	493,522.	16	717,886.
	17	Accounts payable and accrued expenses	5,710.	17	<u> 29,976.</u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
iab		Complete Part II of Schedule L	<u> </u>	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables 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	5,710.	26	29,976.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	331,675.	27_	440,754.
3al	28	Temporarily restricted net assets	156,137.	28	247,156.
둳	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let '	32	Retained earnings, endowment, accumulated income, or other funds		32	407 016
Z	33	Total net assets or fund balances	487,812.	33_	687,910.
	34	Total liabilities and net assets/fund balances	493,522.	34	717,886.

Form	990 (2018) ProsperityME	<u>80-036</u>	<u> 2127</u>	Pag	ge 12
Pa	rt,XI 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		2,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>43.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>98.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48	<u>7,8</u>	<u>12.</u>
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	68	<u>7,9</u>	<u> 10.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ليا
				Yes	No
1	Accounting method used to prepare the Form 990 L Cash X Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	9 O			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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 separa	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		ŀ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a	•	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			1
	or audits, explain why in Schedule O and describe any stens taken to undergo such audits		3b		1

Form **990** (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization Employer identification number ProsperityME 80-0362127 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (III) Type of organization (vi) Amount of other (i) Name of supported (n) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 ProsperityME 80-0362127 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						ı
	include any "unusual grants ")	205,468.	356,923.	456,033.	504,449.	498,054.	2020927.
2	Tax revenues levied for the organ-				-		·-
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						<u></u>
	furnished by a governmental unit to						
	the organization without charge	6,740.	5,740.	5,740.	4,740.	4,740.	27,700.
4	Total, Add lines 1 through 3	212,208.	362,663.	461,773.	509,189.	502,794.	2048627.
5	The portion of total contributions						
	by each person (other than a	i i					
	governmental unit or publicly				'		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						2048627.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	212,208.	362,663.	461,773.	509,189.	502,794.	2048627.
8	Gross income from interest,				<u>, </u>		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13.	14.	674.	2,553.	4,747.	8,001.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	·					
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						2056628.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ax vear as a section		
	organization, check this box and stor	•	•		•	,	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.61 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	99.81 %
16a	33 1/3% support test - 2018. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						<u> </u>

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) Section A. Public Support (a) 2014 Calendar year (or fiscal year beginning in) (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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b 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 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016(d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business 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 of, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

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 organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

- 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)

	Yes	No
,		
1		
2		
3a		
3b		
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3c		
4a		
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significant voice in the organization's investment policies and in directing the use of the organization's

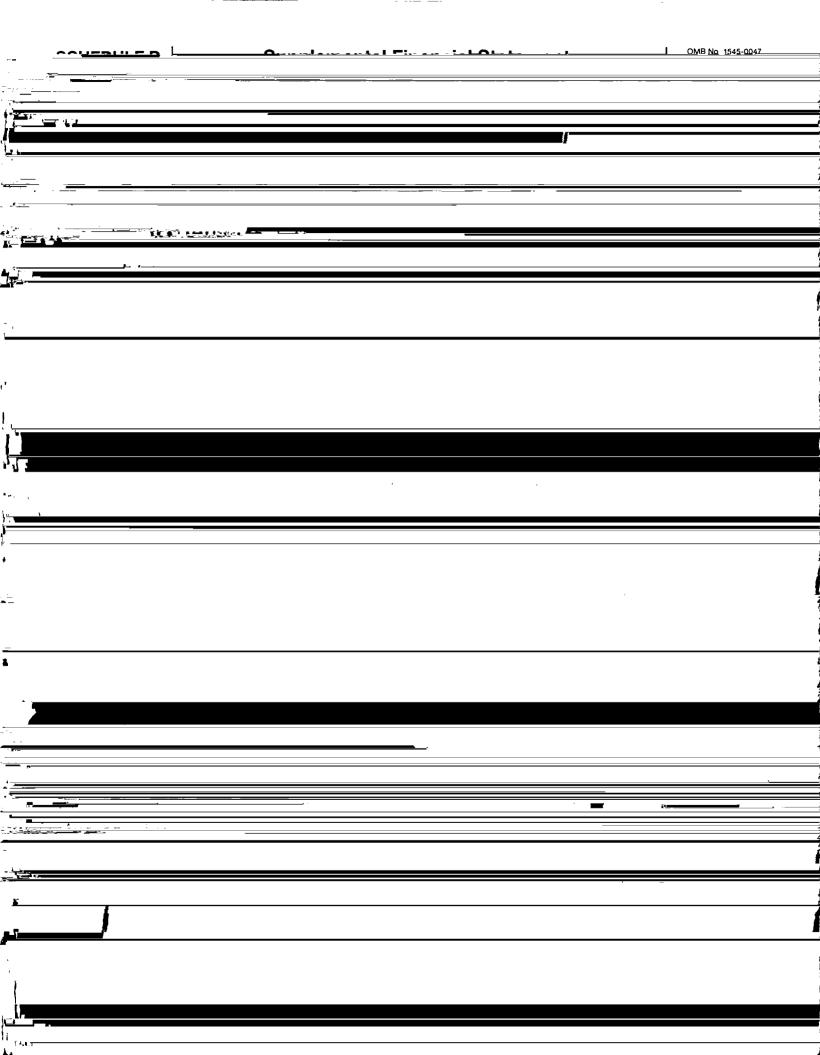
Sche	dule A (Form 990 or 990-EZ) 2018 ProsperityME		:	80-0362127 Page 7
Pa		(a)(3) Supporting Orga		<u> </u>
Sect	ion D - Distributions	(-//-/	<u></u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	33,75,75		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	. , ,		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets		<u> </u>	
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 t	he organization is responsive	9	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
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			
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			
а	From 2013			
	From 2014			
	From 2015			
d	From 2016			
	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
•••	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2014	_		
b	Excess from 2015			
_				

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990 EZ) 2018 ProsperityME	80-0362127 Page 8		
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of 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 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,		
		-		

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	Schedule D (Form 990) 2018	ProsperityME		80-0362127 Page 2
			of Art, Historical Treasures, or O	
	3 Using the organization's (check all that apply)	acquisition, accession, and other i	records, check any of the following that are	a significant use of its collection items
	a Public exhibition		d Loan or exchange programs	
	b Scholarly research		e Other	
	c Preservation for fu			D. I.Will
			explain how they further the organization's e tions of art, historical treasures, or other sim	
			art of the organization's collection?	Yes No
			omolete if the organization answered "Ves"	on Form 900 Part IV lips 9 or
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Part XI Reconciliation of Revenue per Audited Financial St	atements with Revei	nue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, I		<u>-</u>	_
1 Total revenue, gains, and other support per audited financial statements		1	582,
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a	[[
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	582,
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		 	3327
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b	<u> </u>	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) j	5	582,
Part XII Reconciliation of Expenses per Audited Financial S			
Complete if the organization answered "Yes" on Form 990, Part IV, II	- '	na de per metamo	•
Total expenses and losses per audited financial statements		1	382,
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		 ' 	3027
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
OIL Land			
	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	382,
3 Subtract line 2e from line 1		3	302,
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1.4-1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)			
c Add lines 4a and 4b	(0.)	4c	202
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 3 Part XIII Supplemental Information.	[8]	5	382,
Part X, Line 2:	any additional information.		
	·		
2 Did the organization undertake any significant program services during the prior Form 990 or 990-EZ?	year which were not listed o	on the	Yes [
· · · · · · · · · · · · · · · · · · ·			

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public Inspection

Name of the organization

ProsperityME

Employer identification number 80-0362127

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

Form 990, Part I, Line 1, Description of Organization Mission:
communities to Invest in themselves to build financial stability,
careers, businesses and wealth.
Form 990, Part VI, Section A, line 2:
The Executive Director and a member of the Board are siblings.
Form 990, Part VI, Section B, line 11b:
A copy of Form 990 is reviewed by the finance committee before filing each
year.
Form 990, Part VI, Section B, Line 12c:
The organization regularly reviews the conflict of interest policy and
monitors and enforces compliance.
Form 990, Part VI, Section B, Line 15:
Compensation amounts are reviewed by the Board of Directors when
appropriate and regional and national databases are utilized to ensure
arrangements are reasonable.
Form 990, Part VI, Section C, Line 18:
The Organization makes Form 1023 and 990 available to the public upon
request.
Form 990, Part VI, Section C, Line 19:

The Organization makes governing documents, conflict of interest policies

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

<u>Schedule O (Form 990 or 990 EZ) (2018)</u> Page 2									
Name of the organization ProsperityME						Employer identification number 80-0362127			
and	financial	statements	available	to	the	public	upon	req	
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