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Click on the question-mark icons to display help windows.

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

990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2018

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

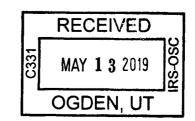
Open to Public Inspection

A	For the	2018 calenda	ar year, or tax year beginning JANUARY , 2018, and ending D	ECEMB	ER , 20 18			
В	Check if a	pplicable	C Name of organization D Em	oloyer id	entification number			
	Address	change		821907313				
	Name ch	-	phone number					
M	Initial retu		2927 N STEVES BLVD	6	6155854596			
H	Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code		mption			
ă		on pending	FLAGSTAFF, AZ 86004	mber I	<b>,</b>			
G	Accoun	ting Method:	☐ Cash ☑ Accrual Other (specify) ► H Check	<b>▶ □</b>	of the organization is not			
1	Website	e: <b>&gt;</b>			ach Schedule B			
J.	Гах-ехег	mpt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form	990, 996	0-EZ, or 990-PF).			
			☑ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		· · · · · · · · · · · · · · · · · · ·			
(Pa	art II, co	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> \$	184225 25			
- F	Part l⁻		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru					
		Check if	the organization used Schedule O to respond to any question in this Part I		<u> </u>			
CO	1	Contributio	ns, gifts, grants, and similar amounts received	1	98831 95			
ဂိ	2	Program se	ervice revenue including government fees and contracts	2	84895 65			
ቇ	3	Membershi	p dues and assessments	3				
ş	4	Investment	income	4				
SCANNED	5a	Gross amo	unt from sale of assets other than inventory 5a					
J	Ь	Less: cost	2					
<b>&gt;</b>	C	Gain or (los	5c	0				
A     A	6	Gaming an						
- D	a	Gross inco						
Revenue		\$15,000) .	2					
وَ ڏ	b	Gross inco						
3 &		from fundra						
5		sum of suc	4					
	1 .	Less: direct	4					
	d	line 6c) .	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	-				
	7-	•		6d				
	7a   b		s of inventory, less returns and allowances	<del>1</del> 1				
	C		of goods sold	7c	407.05			
	8		nue (describe in Schedule O)	8	497 65 0			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	184225.25			
_	10		similar amounts paid (list in Schedule O)	10	184223.25			
	11		Id to or for members	11	0			
ō	12	•	her compensation, and employee benefits	12	0			
enses	13		al fees and other payments to independent contractors	13	47916 42			
9	14	_	rent, utilities, and maintenance	14	16012 83			
Exp	15		blications, postage, and shipping	15	402 70			
	16		nses (describe in Schedule O)	16	89115 43			
	17		nses. Add lines 10 through 16	17	153447 38			
Ø	18	Excess or (	deficit) for the year (Subtract line 17 from line 9)	18	30777 87			
Net Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with figure reported on prior year's return)					
As		end-of-year	19	31168				
ě	20		ges in net assets or fund balances (explain in Schedule O)	20				
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	61945 87			
_	_				000 ===			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642i

Form **990-EZ** (2018)



I)

Pa	Rt III Balance Sheets (see the instructions					
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		<u></u> . 🔽
•				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			33618	22	66608
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			33618	25	66608
26	Total liabilities (describe in Schedule O) .		[	2450		4662
27	Net assets or fund balances (line 27 of colum			31168	27	61946
Par	<del></del>					Evanasa
140-	Check if the organization used Schedul	<u></u>	ny question in this	Part III 📈	(Rea	Expenses ared for section
	t is the organization's primary exempt purpose?		·		501(0	)(3) and 501(c)(4)
as n	ribe the organization's program service accomp neasured by expenses. In a clear and concise r ons benefited, and other relevant information for e	manner, describe the			orgar	uzations, optional for s.)
28	WATER CONTRIBUTION HYDRO GEOGRAPHICAL	ach program title.	<del></del>			<del></del>
20	ANALYSIS OF THE LAND AND RAIN COLLECTION SYS					
	AVALTSIS OF THE LAND AND HAIN COLLECTION 313	I CIVIO				
	(Grants \$ ) If this amoun	t includes foreign gra	ents check here	<b>N</b>	28a	11863
29	HEALTH CARE CONTRIBUTION TO SUPPLIES AND SA	LARV			200	11003
	SUBSIDATION	LATT				
	(Grants \$ ) If this amoun	t includes foreign gra	ents check here	▶ □	29a	2060
30	COMMUNITY CENTER SPACE		· · · · · · · · · · · · · · · · · · ·			2000
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	▶ □	30a	16371
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	31a	7086
32	Total program service expenses (add lines 28a	through 31a)		🕨	32	31380
Par					nstruc	tions for Part IV)
	Check if the organization used Schedule	e O to respond to a		Part IV		🛮
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	ot	stimated amount of her compensation
MAT	THEW PRICHARD				$\top$	
DIRE	CTOR CO FOUNDER	40	24999	)	o	0
MIST	Y SENA					
DIRE	CTOR CO FOUNDER	40	22916	S	0	0
MAF	C ESTES				1	
DIRE	CTOR CHAIRMAN	5		)	o	0
MICH	ELLE MILLSAPS					
DIRE	CTOR	5			0	0
	***		1			
					$\perp$	
		_				
		_				
		-				
		-				

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Part	other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			$\overline{}$		
	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s rait	Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	./		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34 35a		<b>—</b>		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<b>Y</b>		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓ ✓		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>/</b>		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions					
b	Did the organization file Form 1120-POL for this year?	37ь		<b>-</b>		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	-				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		<b>√</b>		
39	Section 501(c)(7) organizations. Enter:	1		, I		
а	Initiation fees and capital contributions included on line 9			ı l		
b	Gross receipts, included on line 9, for public use of club facilities	]		,		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b				
С	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		:			
8	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e				
41	List the states with which a copy of this return is filed ►					
42a		61558				
ь	Located at ► 2927 N STEVES BLVD FLAGSTAFF, AZ ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	860 T		No		
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	<del>\</del> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		1		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ □		
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		_		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		J		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>		
	explanation in Schedule O	44d		V		
45a	· · · · · · · · · · · · · · · · · · ·	45a		<u></u>		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			_		
	Form 990-EZ. See instructions	45b				

10 the organization engage, directly or indirectly, in politocal campaign activities on behalf of or in opposition to candidates for public offere? If "Yes," complete Schedule C, Part I   1	Form 9	90-EZ (2	:018)						F	Page 4		
to candidates for public office? If "Yes," complete Schedule C, Part I	46	`Dıd t	he organization engage, directly or i	ndirectly, in political o	ampaign activities o	n behalf of o	r ın opposit	ion				
All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51.  Check if 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  18 Is the organization as chool as described in section 170(b)(1)(A)(i)(i) "I" "Yes," complete Schedule E  19 Did the organization as eschola as described in section 170(b)(1)(A)(i)(i) "I" "Yes," complete Schedule E  19 Did the organization as chool as described in section 170(b)(1)(A)(i)(i) "I" "Yes," complete Schedule E  19 Did the organization as chool as described in section 170(b)(1)(A)(i)(i) "I" "Yes," complete Schedule E  19 Did the organization as chool as described in section 170(b)(1)(A)(i)(i) "I" "Yes," complete Schedule E  10 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and employees) who each received more \$100,000 of compensation from the organization. If there is notice, organization is one, enter "None."  10 Name and title of each employee   (a) Name and title of each employee   (b) Amount the organization of the organiz	,	to ca	ndidates for public office? If "Yes,"	complete Schedule C	, Part I			46				
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 501(h) efection in effect during the tax year? If "Yes," complete Schedule C, Part II 10.00(h)(1)/4)(i)? If "Yes," complete Schedule E 48 list the organization asked any transfers to an exempt non-charitable related organization? 49a lift "Yes," was the related organization asked any transfers to an exempt non-charitable related organization? 49a lift "Yes," was the related organization? 49b lift "Yes," was the related organization? 49b lift "Yes," was the related organization? 49b lift "Yes," was the related organization organization. If there is none, if the organization is the organization if the responsibility of the organization organization organization organization. If there is none, organization organization organization organization organization organization organization organization organization. If there is none, enter "None."  (a) Name and business address of each independent contractors each receiving over \$100,000 \times (b) Type of service (c) Competes the table for the organization o	Part									-		
Check if the organization used Schedule O to respond to any question in this Part VI  The Check if the organization and the comparison of the organization and the comparison of the comparison					stions 47-49b and	1 52, and co	mplete the	tables f	or lin	es		
Yes				•		•	•					
Yes			Check if the organization used Sc	hedule O to respond	I to any question in	this Part VI				<b>Y</b>		
year? If "Yes," complete Schedule C, Part II  ## Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  ## If "Yes," was the related organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  ## If "Yes," was the related organization a section 527 organization?  ## Organization a school as described in section 527 organization?  ## Organization a school as described in section 527 organization?  ## Organization that is the interest of the organization is two highest compensation from the organization. If there is none, enter "None."  ## Organization and title of each employee   Described the organization   Described the			<u> </u>		7				Yes	No		
48	47		OF BUT IN A COLUMN DEATH									
Did the organization make any transfers to an exempt non-charitable related organization?   49b   49b   50cmplete this table for the organization is section 527 organization?   49b   50cmplete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."   (a) Name and table of each employee   0,000	48	•	·		i)? If "Yes " complete	Schadula E		-	-	\ <b>Y</b>		
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) The W-2/1699-MISC)  (d) Health benefits.  (e) Health benefits.  (d) Health benefits.  (d) Health benefits.  (e) Health benefits.  (forms W-2/1699-MiSC)  (forms W-2/									<del> </del>	<b>Y</b>		
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Plagoritable compensation  (c) Plagoritable compensation  (d) Health benefits, confidence and stolyee (e) Plagoritable compensation  (e) Plagoritable compensation  (from W-2/1999-MISC)  (from W-2/1999-MISC)  (from W-2/1999-MISC)  (from W-2/1999-MISC)  (g) Name and title of each employees paid over \$100,000 ▶ 0  Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service (e) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000 ▶ 0  Did the organization complete Schedule A? Note: All section 501(e)(3) organizations must attach a completed Schedule A? Note: All section 501(e)(3) organizations must attach a completed Schedule A? Note: All section 501(e)(3) organizations must attach a completed Schedule A? Note: All section 501(e)(3) organizations must attach a completed Schedule A? Note: All section 501(e)(3) organizations must attach a completed Schedule A? Note: All section 501(e)(3) organizations must attach a completed Schedule A? Note: All section 501(e)(4) organizations must attach a completed Schedule A? Note: All section 501(e)(4) organizations must attach a completed Schedule A? Note: All section 501(e)(6) organizations must attach a completed Schedule A? Note: All section 501(e)(6) organizations must attach a completed Schedule A? Note: All section 501(e)(6) organizations must attach a completed Schedule A? Note: All section 501(e)(6) organizations must attach a complet									_	<b>-</b>		
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average house yet week devicted to position  (c) Reportable compensation  (c) Reportable compensation  (c) Reportable (c) Reportable compensation  (c) Reportable compensation  (d) Health benefits, and deferred compensation  (e) Estimated amount of the compensation from the organization is five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (c) Compensation  (c) Figure 1 (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (c) Compensation  (c) Compensation  (d) Name and business address of each independent contractor  (e) Type of service  (e) Compensation  (e) Compensation  (f) Type of service  (g) Compensation  (g) Type of service  (h) Type of service  (g) Type of service  (h) Type of service  (g) Type of service  (h) Type of serv									e an	d Key		
(a) Name and talls of each employee   Department   Comparison   Compar	00	empl	complete this table for the organization's five highest compensated employees (other than officers, directors, trus									
(a) Name and title of each employee			-,,	T	T			,				
f Total number of other employees paid over \$100,000 . ▶ □ 0  Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor (b) Type of service (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ □ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . ▶ ☑ Yes □ N.  Under penalties of party. I detain that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it thus, correct, and complete. Declarating of preparer (other than prifice) peased on all information of which preparer has any knowledge.  Sign Here  MISTY SENA DIRECTOR Type or print name and table  Paid Preparer Use Only  Firm's andress ▶   Firm's andress ▶   Firm's andress ▶   Phones no		(a)	Name and title of each employee	hours per week	compensation	contributions benefit plans,	to employee and deferred					
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than prificer) \$\frac{1}{2}\text{Sign}\$    MISTY SENA DIRECTOR   Date   Check												
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than prificer) \$\frac{1}{2}\text{Sign}\$    MISTY SENA DIRECTOR   Date   Check						-		<del>.</del>				
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than prificer) \$\frac{1}{2}\text{Sign}\$    MISTY SENA DIRECTOR   Date   Check						ļ						
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than prificer) \$\frac{1}{2}\text{Sign}\$    MISTY SENA DIRECTOR   Date   Check												
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than prificer) \$\frac{1}{2}\text{Sign}\$    MISTY SENA DIRECTOR   Date   Check						1						
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than prificer) \$\frac{1}{2}\text{Sign}\$    MISTY SENA DIRECTOR   Date   Check						ļ						
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than prificer) \$\frac{1}{2}\text{Sign}\$    MISTY SENA DIRECTOR   Date   Check												
Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 . ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A?  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than prificer) \$\frac{1}{2}\text{Sign}\$    MISTY SENA DIRECTOR   Date   Check		<b>-</b>		<u> </u>	<u> </u>		1					
\$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 .    Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and completed-Declarating of preparer (other than pfficer) beased on all information of which preparer has any knowledge  Sign  Here  Promos Date  Promos name  Preparer's signature  Preparer's signature  Preparer  Use Only  Firm's name  Firm's name  Promos Date  Prom					• • • • • • • • • • • • • • • • • • • •	<del></del>						
d Total number of other independent contractors each receiving over \$100,000 . ▶	51					t contractors	who each	received	more	than		
d Total number of other independent contractors each receiving over \$100,000 ▶ 0  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ N.  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it thue, correct, and complete Declaration of preparer (other than officer) \$\infty\$ assed on all information of which preparer has any knowledge    Nistry SENA DIRECTOR   Type or print name and title		\$100	,000 of compensation from the orga	anization. If there is no	one, enter "None."	1						
Date  Paid Preparer  Preparer  Date  Prim's name  Firm's name  Phone no  Pyes □ Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(4) organization 501(c)(4) orga		(a)	Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)	Compensati	on			
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Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  MISTY SENA DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check   ff   self-employed  Prim's name   Firm's name   Prim's EIN    Firm's address   Phone no		Did 1	the organization complete Schedu	•	ction 501(c)(3) orga		ust attach	a				
Sign Here    Signature profficer		<del></del>		<u> </u>	<del></del>							
Sign Here    Signature Vofficer   Date								owledge and	belief,	nt is		
Here  MISTY SENA DIRECTOR Type or print name and title  Paid Preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶  Firm's address ▶  Phone no		1	1/1/10/10/4/	D 140		The diff for the	<del>7112</del>	2/10	3			
Here  MISTY SENA DIRECTOR Type or print name and title  Paid Preparer's name  Preparer's signature  Date  Check ☐ if self-employed  Firm's name ▶  Firm's address ▶  Phone no	Sign		Signature of officer	Comment of the second		Date	713	<del>-   -</del>	1	-		
Paid Preparer's name Preparer's signature Preparer's signature Date Check ☐ ff self-employed Firm's name Firm's ellN ► Firm's address ► Phone no			MISTY SENA DIRECTOR									
Paid Preparer Use Only Firm's name ► Firm's address ► Phone no				In			1	DTN				
Preparer Use Only Firm's name ► Firm's EIN ► Firm's address ► Phone no	Paid		Print/Type preparer's name	Preparer's signature	0	ate		rf				
Firm's address > Phone no	Prepa	arer		1		<del></del>	<u> </u>	ed				
<del></del>	Use (	Only	Firm's name ▶			<del></del>						
May the IRS discuss this return with the preparer shown above? See instructions	May +h	o IDC		r shown about See :	netrictions	Pho		- □ V				

## SCHEDULE A (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.

2018

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

ra	Heason for Fublic Charity Status (All organizations must complete this part.) See instructions.
The o	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).
4	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
5	section 170(b)(1)(A)(iv). (Complete Part II.)
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	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 described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	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 university:
10	An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12	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.
а	☐ 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.
b	☐ <b>Type II.</b> 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). <b>You must complete Part IV, Sections A and C.</b>
С	☐ 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.
d	☐ 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.
е	Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f	Enter the number of supported organizations

g	g Provide the following information about the supported organization(s).																						
	(i) Name of supported organization	(ii) 8N	(iii) Type of organization (described on lines 1–10 above (see instructions))			listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No																		
(A)																							
(B)																							
(C)																							
(D)			·																				
(E)							<del></del>																
Tota	1						.,_,_,_,,_,																

Part	Support Schedule for Organiza	ations Desc	ribed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	
·	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support		<del></del>	<u> </u>	<u> </u>		·
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				į		
	include any "unusual grants.")			L	44470	186568	231038
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			ļ			
3	The value of services or facilities				1		
	furnished by a governmental unit to the	1		İ			
_	organization without charge			<u> </u>			
4	Total. Add lines 1 through 3				44470	186568	231038
5	The portion of total contributions by				,		
	each person (other than a	ļ		l	Į į		
	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	<del></del>					231038
	on B. Total Support	L	<u> </u>	<b>L</b>	L	I	231030
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<u></u>		(,,,	44470	186568	231038
8	Gross income from interest, dividends,		·				
•	payments received on securities loans,	ĺ		ļ	, ,		
	rents, royalties, and income from	ļ	ľ			Ì	
	similar sources			1			
9	Net income from unrelated business						
	activities, whether or not the business		1	}	i		
	is regularly carried on		Ì		]	1	
10	Other income. Do not include gain or						
	loss from the sale of capital assets		ł				
	(Explain in Part VI.)				<u>                                     </u>		
11	Total support. Add lines 7 through 10						231038
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-			•		
<del></del>	organization, check this box and stop her			<u> </u>	<u></u>	<u> </u>	▶ 🗸
	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6		-		•	14	100 %
15	Public support percentage from 2017 Sch 331/s% support test—2018. If the organi					15	100 %
16a	box and stop here. The organization qual			-		-	
ь	331/s% support test—2017. If the organic	•		•			
	this box and stop here. The organization	qualifies as a	publicly suppo	orted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumstaumstances" te	ances" test, ch st. The organi	neck this box a zation qualifies	nd <b>stop here.</b> as a publicly :	Explain in supported
<b>L</b>	•						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in supported organization	neets the "fac	ts-and-circum:	stances" test.	The organization		•
18	Private foundation. If the organization de					this box and	see

Part	Support Schedule for Organiz	ations Descr	ibed in Sect	ion 509(a)(2)			
	Complete only if you checked the						ınder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	H.)	
Sect	ion A. Public Support						/
Caler	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018∕	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			:			
2	Gross receipts from admissions, merchandise						<del>                                     </del>
	sold or services performed, or facilities			İ			
	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						<u></u>
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 .				<u> </u>		<u> </u>
b	Amounts included on lines 2 and 3						
	received from other than disqualified		/	7			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			<u> </u>	ļi		<b>↓</b>
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	1					
Sooti	line 6.)			l	L		L
$\overline{}$	idar year (or fiscal year beginning in)	(a) 2014 /	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014	(6) 2013	(6) 2010	(u) 2017	(6) 2010	(i) Total
10a	Gross income from interest, dividends,	/					<del> </del>
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources .						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses	/					ľ
	acquired after June 30, 1975						1
c	Add lines 10a and 10b						Ī
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						İ
40	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the		'a first seen	al Abrical Carriette	or fifth toy ve		501(a)(2)
14	organization, check this box and stop he	-		a, mira, iourm	•		
Secti	on C. Computation of Public Suppor			· · · · · ·	<del> </del>	· · · ·	<u>· · · · </u>
15	Public support percentage for 2018 (line 8			13 column (f))		15	%
16	Public support percentage from 2017 Sch		-			16	<del></del>
	on D. Computation of Investment In					<u> </u>	
17	Investment income percentage for 2018 (			by line 13. colu	mn (f))	17	%
18	Investment income percentage from 2017					18	%
19a	3318% support tests-2018. If the organ	•	•			ore than 331/	
	17 is not more than 331/3%, check this box						
b	33 8% support tests - 2017. If the organiz						331/3%, and
	Jine 18 is not more than 331/3%, check this I	oox and <b>stop h</b>	ere. The organ	zation qualifies	as a publicly s	upported orga	nizatıon 🕨 📋
20 /	Private foundation. If the organization di	d not check a b	oox on line 14.	. 19a, or 19b, c	heck this box	and see instr	uctions

# 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.)

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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 <b>Part VI</b> , 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).	4c		
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?	5a 5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

1 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  1 Did the directors, furstees, or membershy of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization) effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the purposes of the supported organization (if the year, evalari in Part VI how providing such benefit carried out the purposes of the supported organization (if the year, evalari in Part VI how providing such benefit carried out the purposes of the supported organization (if the year, evalaria in Part VI how the organization or supported organization) is directored or trustees during the supported organization or supported organization and the supporting organization was vesied in the same persons that controlled or managed the supported organization was vesied in the same persons that controlled or managed the supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or supported organization or support	Part	Supporting Organizations (continued)			
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		that these activities constituted substantially all of its activities.	2a		
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activities but for the organization's involvement.  3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1 1		
3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			l		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-	2b		
trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		., .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а			<u></u>	
			3a		
	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a tru	st on Nov. 20, 1970 (exp	lain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Sec	tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	· .	
2 Recoveries of pnor-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	1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		1 ""
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	Г		
factors (explain in detail in Part VI):	i		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	П		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supports	ng organization (see
instructions).		• •	-

Schedule A (Form 990 or 990-EZ) 2018					
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Current Year				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E – Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
_1_	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
ь	From 2014				
С	From 2015				
d	From 2016				
ө	From 2017			j	
f	Total of lines 3a through e			i	
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2018 distributable amount			-	
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:				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2018 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>		
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 <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2014 .				
b	Excess from 2015				
с	Excess from 2016				
d	Excess from 2017				
0	Excess from 2018				

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			
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#### 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

LIFE ANSANM MINISTRIES 821907313 **PARTI OTHER EXPENSES LINE 16 ADVERTISING AND MARKETING 753.72 BANK CHARGES AND FEES 247 CONFERENCES AND CONTINUING EDUCATION 209 MISSION PROJECTS 37380.89** MISSION TRIPS 45505.67 **OFFICE SUPPLIES AND SOFTWARE 201.40 PAYPAL FEES 565.56 TAXES AND LICENSES 610 MISSION TRAVEL 2551.63 WEBSITE AND SUBSCRIPTIONS 1090.56 TOTAL 89115.43 PART II LINE 26: TOTAL LIABILITIES DEPOSITS ON TRIPS 2019: 4662** PART III WHAT IS THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE? TO PARTNER WITH THE VILLAGE OF CAP ROUGE IN CREATING SUSTAINABLE SOLUTIONS TO THE INJUSTICES THAT LIVE WITHIN THE CULTURE. CONTRIBUTING TO JOB CREATION, SOLUTIONS WITHIN HEALTH CARE, EDUCATION, PROVIDING CLEAN DRINKING WATER, FAMILY CARE AND CHURCH PARTNERSHIP 28: DESCRIBE THE PROGANIZATIONS PROGRAM SERVICE ACCOMPLISHMENTS A HYDRO GEOGRAPHICAL ANALYSIS WAS PERFORMED ON THE LAND WITHIN THE COMMUNITY TO ANALYZE THE REALITY OF DRILLING WELLS. ALSO MANY RAIN COLLECTION SYSTEMS WERE INSTALLED ON PERSONAL HOMES WITHIN THE COMMUNITY

GC160d16 O (t O111 950 dt 950 EZ) (2016)	Page Z
Name of the organization	Employer identification number
29: FINANCIAL ASSISTANCE WAS CONTRIBUTED TO THE HOSPITAL TO SUBSIDIZE SALA	ARIES AND NEEDED SUPPLIES WERE PROVIDED
30: THE FUTURE OF THE COMMUNITY CENTER WILL EXIST WITHIN THE COMMUNITY. INIT	TIAL COSTS TO MAKE IT POSSIBLE WERE CON
FUNDS ARE BEING RAISED TO COMPLETE THE PROJECT TO PROVIDE A SPACE FOR AT	HLETICS/ LIBRARY/ AFTER SCHOOL PROGRAM
AND HEALTHCARE CONTINUING EDUCATION	
31: OTHER SERVICES PROVIDED WERE CONTRIBUTED TO VARIOUS JOBS WITHIN THE C	COMMUNITY SUCH AS COOKS/ GROUND KEEPING
AFTER SCHOOL PROGRAM COORDINATOR, SCHOOL JANITOR,	·
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