Form **990-EZ**

Short Form

2018

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

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

B Other-Industrial auditable Advances change Manufact Handle	A F	or the	2018 calenda	ar year, or tax year beginning January 1 , 2018, and end	ng	Decembe	er 31 , 20 ₁₈
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Interaction	<u>.</u>	Address c	hange	Freedom Fund Network Inc		:	822069282
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Amended return Profit and province, country, and zill or foreign postal code Profit and province, country, and zill or foreign postal code Profit and zero Profit a	_			213 SW 2nd St Suite	J	78	36-233-8969
Acetanium pademia	_			City or town, state or province, country, and ZIP or foreign postal code) F	Group Exe	emption
Webster: https://www.labtdrund.org Tax-exempt status (check only one) = 0 501(c)(3) 501(c)(1) 4 (Insent no.) 4947(a)(1) or 527	云			Fort Lauderdale, FL 33301	クレ	Number	▶ 7
Website:	G A	Account	ing Method	☑ Cash ☐ Accrual Other (specify) ▶	H Che	ck 🕨 🗌	if the organization is not
K Form of organization. Corporation Trust Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (8)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I 1	ı v	Vebsite	https	.//www.labtafund ora			
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I Perein Part I Pe				<u> </u>			
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21 Net assets or fund balances at end of year Combine lines 18 through 20 P 21 142 579	sts	l	~~	· · · · · · · · · · · · · · · · · · ·			62.663
21 Net assets or fund balances at end of year Combine lines 18 through 20 P 21 142 579	SSE	ן יש			agree wi	l .	
21 Net assets or fund balances at end of year Combine lines 18 through 20 P 21 142 579	ţ,	00	_		•	<u> </u>	
21 Net assets or fund balances at end of year Combine lines 18 through 20 P 21 142 579	Se					—	
For Panerwork Reduction Act Notice see the senarate instructions Cat No. 106421 Form 990-FZ (2018)			<u></u>			21	Eorm 990-FZ (2018)

Part I	Balance Sheets (see the instruction Check if the organization used Schedu	ila O ta raanaad ta a				
	Check if the organization used Schedu	ile O to respond to a	riy question in tris	(A) Beginning of year	(B)	End of year
22 (Cash, savings, and investments			40.316	22	106.203
	Land and buildings		-		23	100.203
	Other assets (describe in Schedule O) .		· -	39.600		36.376
	Total assets .	•	•	79.916		142.579
_	Total liabilities (describe in Schedule O)	•	•		26	142.579
	Net assets or fund balances (line 27 of colur	no (P) must agree wit	· h lino 21)	79.916	+	140.570
art I					21	142.579
artii	Check if the organization used Schedu	· ·		•	6	Expenses
hatie	s the organization's primary exempt purpose?	<u> </u>	ail assistance to indic		(Require	ed for section
escrib mea	pe the organization's program service accompassived by expenses. In a clear and concise is benefited, and other relevant information for	plishments for each o manner, describe th	of its three largest p	rogram services,) and 501(c)(4) ations, optional for
th	Bail Program the Freedom Fund pays ball bond for hem to maintain employment, custody of children We also provide case management to participants	n. and fight their cases	from positions of free	edom and safety		
71 (G	Grants \$) If this amou	nt includes foreign gr	ants, check here	. ▶ 🗆	28a	72.913
29 (G	Grants \$) If this amou	nt includes foreign gr	ants, check here	▶ □	29a	
30 (G	Grants \$) If this amou	nt includes foreign gra	ants chack here		30a	
٠	arants \$) It this amou other program services (describe in Schedule C		ants, theck here		Jua	
	illei biburani services tueschue ili schedule c					
	. •	•				
<u>(G</u>	Grants \$) If this amou	nt includes foreign gr	ants, check here	. •	31a	70.010
(G 32 To	Grants \$) If this amount of the program service expenses (add lines 28)	nt includes foreign gra a through 31a) .		. > [32	
(G 32 To	Grants \$) If this amount otal program service expenses (add lines 28) V List of Officers, Directors, Trustees, and F	nt includes foreign gra a through 31a) (ey Employees (list eac	h one even if not com		32	
(G 32 To	Grants \$) If this amount of the program service expenses (add lines 28)	nt includes foreign gra a through 31a) (ey Employees (list eac	h one even if not com	Part IV . (d) Health benefits, contributions to employ	32 nstruction	ons for Part IV)
(G 32 To Part I	Otal program service expenses (add lines 28 V List of Officers, Directors, Trustees, and Marches Check if the organization used Schedu	nt includes foreign gra a through 31a) (ey Employees (list eacule O to respond to a	h one even if not com ny question in this (c) Reportable 71 compensation (Forms W-2/1099-MISC	Part IV . (d) Health benefits, contributions to employ benefit plans, and	32 nstruction	ons for Part IV)
(G 32 To Part IV	Orants \$) If this amount otal program service expenses (add lines 28) V List of Officers, Directors, Trustees, and Formatte Check if the organization used Schedules (a) Name and title	nt includes foreign gra a through 31a) (ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable 71 compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstruction 	ons for Part IV)
(G 22 To 2art IV	Orants \$) If this amount otal program service expenses (add lines 28) V List of Officers, Directors, Trustees, and Machine Check if the organization used Schedule (a) Name and title Greenberg	nt includes foreign gra a through 31a) (ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable 27 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV . (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstruction 	ons for Part IV)
art I	Grants \$) If this amount otal program service expenses (add lines 28 List of Officers, Directors, Trustees, and Market Check if the organization used Schedute (a) Name and title Greenberg ent and Executive Director and Executiv	nt includes foreign gra a through 31a) (ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position	h one even if not com ny question in this (c) Reportable 27 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 nstruction 	ons for Part IV)
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GCOTT GOOGLESS CONTROL OF CONTROL	Orants \$) If this amount otal program service expenses (add lines 28) V List of Officers, Directors, Trustees, and Management of the organization used Schedules (a) Name and title Greenberg ent and Executive Director ene Raphael Rockwell ary Kinzler	nt includes foreign gra a through 31a) (ey Employees (list eacule O to respond to a (b) Average hours per week devoted to position 50	h one even if not com ny question in this (c) Reportable 27 compensation (Forms W-2/1099-MISC (if not paid, enter -0-) 42,598	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	32 Instruction	ons for Part IV)



	Part					
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V .	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	V	
?;	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~	?
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,	
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		~	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 0 Did the organization file Form 1120-POL for this year? 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?	37b 38a		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved . Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	304	, 0	J.	
	b	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			,
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	400		1	•
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	•	3		
	е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	-		
	41	List the states with which a copy of this return is filed ▶ FL				
	42a	The organization's books are in care of ▶ Scott Greenberg Telephone no ▶	786.23	3.896	9	
		Located at ▶ 213 SW 2nd St., Suite J. Fort Lauderdale, FL ZIP + 4 ▶		301		•
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No	
		If "Yes," enter the name of the foreign country ▶	420	 -	,	
		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		~	
	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 43		Yes	► []	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<u>·</u> 44a		No	
	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			-	
	c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		<u>/</u>	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
	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	1 te 4	1	

46									
		ie organization engage, directly or in indidates for public office? If "Yes," o			behalf of o	r in opposit	1		
Part \		Section 501(c)(3) Organizations		, Part 1			46		<u>/</u>
Part		All section 501(c)(3) organization		estions 47–49b and	52 and co	molete the	e tables	for lin	es
		50 and 51.	o made anower que		0L, and 00	mpioto tin	0 (45,00		00
		Check if the organization used Sch	nedule O to respond	d to any question in t	his Part VI				
								Yes	No
47		ne organization engage in lobbying		section 501(h) election	on in effect	during the	tax		
	-	If "Yes," complete Schedule C, Par			•		. 47	ļ	
48		organization a school as described in		•			48		<u> </u>
49a		e organization make any transfers to		-	zation?		. 49		V
b 50		s," was the related organization a se plete this table for the organization's			er than offic	ears direction	49l		d key
50		byees) who each received more than							
		, , , , , , , , , , , , , , , , , , , ,	(b) Average	(c) Reportable	(d) Health	benefits,			
	(a)	Name and title of each employee	hours per week	compensation	contributions benefit plans,		(e) Estima	ted amo	
			devoted to position	(Forms W-2/1099-MISC)	compe				
NONE									
					1				
									
					 				
f	Total	number of other employees paid ov	er \$100.000	. •					
f 51		number of other employees paid ov		. ▶ensated independent	contractors	s who each	receive	d more	than
	Comp	number of other employees paid ov olete this table for the organization 000 of compensation from the orga	's five highest comp		contractors	s who each	receive	d more	than
	Comp \$100,	plete this table for the organization'	's five highest comp unization If there is no				receive		than
51	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	's five highest comp unization If there is no	one, enter "None "					than
	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	's five highest comp unization If there is no	one, enter "None "					than
51	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	's five highest comp unization If there is no	one, enter "None "					than
51	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	's five highest comp unization If there is no	one, enter "None "					than
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51	Comp \$100,	olete this table for the organization' 000 of compensation from the orga	's five highest comp unization If there is no	one, enter "None "					e than
NONE	Comp \$100, (a)	olete this table for the organization' 000 of compensation from the organization from the organization and business address of each independent contraining the contraining th	s five highest compunization If there is not dent contractor	(b) Type of ser	vice	(c)	Compensa		than
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MONE d 52 Under p true, cor	Total Did t compensities rrect, and	number of other independent contra the organization complete Schedule A of penjury, I declare that I have examined this d complete Declaration of preparer (other than Signature of officer Scott Greenberg, President	s five highest compunization of there is not dent contractor actors each receiving alle A? Note: All so return, including accompar	one, enter "None " (b) Type of ser over \$100,000 ection 501(c)(3) organization of which preparer	anizations in ents, and to the has any knowle	nust attach	T a .▶ ✓ Ye nowledge a	ition	
d 52 Under p true, cor	Total Did t compensatives rrect, and	number of other independent contraction organization complete Scheduleted Sche	dent contractor actors each receiving alle A? Note: All so return, including accompan officer is based on all info	one, enter "None " (b) Type of ser over \$100,000 ection 501(c)(3) organization of which preparer	ents, and to the has any knowled	nust attach	Tompensa Tompe	ition	
d 52 Under ptrue, corr	Total Did t compenalties rrect, and	number of other independent contraction organization complete Scheduleted Sche	dent contractor actors each receiving alle A? Note: All so return, including accompan officer is based on all info	one, enter "None " (b) Type of ser over \$100,000 ection 501(c)(3) organization of which preparer	ents, and to the has any knowled	nust attach	Tompensa Tompe	ition	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Employer identification number

Free	reedom Fund Network Inc 822069282								
Pa	rt I	Reas	son for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns
The 1 2 3 4	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
5			nization operated for 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	V.	An orgar	, state, or local govern nization that normally d in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8 9		An agrici	unity trust described i ultural research organi sity or a non-land-gra	zation described	in section 170(b)(1)	(A)(ıx) op			
10	_ :	receipts support acquired	nization that normally in from activities related from gross investment by the organization a	to its exempt fui t income and uni fter June 30, 197	nctions—subject to co related business taxal 75 See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, le (less se nplete Pa	and (2) no more that ection 511 tax) from art III)	n 331/3% of its
11 12	1 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
а	. [the s	I. A supporting organ upported organization orting organization You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b) [contr organ	II. A supporting organical or management of anization(s) You must	the supporting o complete Part I	rganization vested in V, Sections A and C.	the same	persons	that control or mana	age the supported
C	. [III functionally integ pported organization(ally integrated with,
d	· [that	III non-functionally is not functionally integrement (see instruction	grated The organ	nization generally mus	st satisfy	a distribu	ition requirement an	
е	. [k this box if the organionally integrated, or T						e II, Type III
f			number of supported of	-	- 44 4 /->				
9	-		e following information oported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					· · · · · · · · · · · · · · · · · · ·	Yes	No		
(A)					== -				
(B)									
(C)									
(D)									
(E)									

Total

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.)

Section	on A. Public Support					 .	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants")				83,148	135,179	218,327
2	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .						0
4	Total. Add lines 1 through 3		 		83,148	135,179	218,327
5	The portion of total contributions by						
	each person (other than a					-	
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						14,268
6	Public support. Subtract line 5 from line 4						204,059
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 .				83,148	135,179	218,327
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
•	Net income from unrelated business		 				0
9	activities, whether or not the business						
	is regularly carried on			1			0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) .						0
11	Total support. Add lines 7 through 10						218,327
12	Gross receipts from related activities, etc				•	12	
13	First five years. If the Form 990 is for the	•	n's first, secon	id, third, fourth	i, or fifth tax ye	ear as a sectio	
	organization, check this box and stop he			•		•	► v
	on C. Computation of Public Suppor			11		44	0/
14	Public support percentage for 2018 (line		•	i i, column (i))		14	<u>%</u> %
15 16a	Public support percentage from 2017 Sci 331/3% support test—2018. If the organ			 v on line 13. ai	nd line 14 is 33		
100	box and stop here . The organization qua					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ □
b	331/3% support test—2017. If the organi			-	Sa, and line 15	ıs 33 ¹ /3% or m	
	this box and stop here. The organization						` ▶ □
17a	10%-facts-and-circumstances test-2	018. If the org	anization did r	not check a bo	x on line 13, 1	6a, or 16b, and	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the '	facts-and-circ	cumstances" te	est The organi	zation qualifies	s as a publicly	supported
	organization .	•		•			▶ □
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	meets the "fac	ts-and-circum	stances" test	The organizati	on qualifies as	
40	supported organization .	ا استاست است	have an 100 - 40			 المناها	▶ □
18	Private foundation. If the organization d	io not check a	box on line 13	i, iba, ibb, 1/a	a, or 17b, cnec	k this box and	see
	instructions					•	

Part							/
	(Complete only if you checked the			~			nder Part II.
Socti	If the organization fails to qualify on A. Public Support	under the te	ests listed bei	ow, please co	omplete Part	11.)	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2014	(b) 2013	(0) 2010	(4) 2017	(e) 2018	(i) Iolai
	received (Do not include any "unusual grants")					/	1
2	Gross receipts from admissions, merchandise		<u> </u>				
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	•,	/			a is a	
<u> </u>	line 6)			٠,٠	<u> </u>	•	<u> </u>
	on B. Total Support	(a) 2014	/ (b) 2015	(a) 2016	(4) 2017	(a) 2018	(f) Total
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gross income from interest, dividends,	/-			<u> </u>		
IVa	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						
С	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 9, 10c, 11,						
	and 12) (.		<u></u>				1
14	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a section	on 501(c)(3)
	organization, check this box and stop he		•		•		▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line	• •	-	13, column (f))		15	%_
16	Public support percentage from 2017 Sci				•	16	%
	on D. Computation of Investment In				· (6)		
17	Investment income percentage for 2018 (by line 13, colu	ımn (t)) .	17	<u>%</u>
18	Investment income percentage from 2017			v on line 14 -	nd line 1F := =:	18	% and line
19a	331/3% support tests—2018. If the organ 17 is not more than 331/3%, check this box						
L			=			=	_
b	331/3% support tests—2017. If the organization 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_		· · · · · ·		_
20	Trivate fouridation. If the organization of	u not check a	DOX OIT IIIIE 14	, 13a, 0 <u>1</u> 130, 0	CHECK THE DOX	and see mistru	ACTIONS 🚩 🔲

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		
3a	organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	2 3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	,,,,	q: mar.
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	4c	sasaine ii	a ja sa nuu d
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)	, , , , , , , , , , , , , , , , , , ,	a v sta go	A Salador A
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	a:	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class bonofited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		In tage a
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 ontity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	1	<u>'</u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		L- 07 h
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 33% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least at majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's emporation, discribe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the lax year allocated among the supported organization of the finant his supported organization's acceptable to such powers during the lax year allocated among the supported organization of the thin the supported organization's applied to such powers during the lax year allocated among the supported organization's provided to the date	Part	V Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the poverning 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) (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe to appoint and/or remove directors or trustees at all times during the tax year? If "No," describe to appoint and/or for any supported organization have the power to appoint and/or remove directors or trustees are all cated among the supported organizations and what conditions or restrictors, if any, applied to such powers during the supported organizations or trustees are all cated among the supported organizations or trustees are all cated among the supported organization's the powers during the supported organization's little organization's appoint and/or controlled the supporting organization's the supported organization's little organization's powers during the tax year. If I were a majority of the directors or trustees of each of the organization's supported organization's powering organization was vested in the same persons that controlled or managed the supported organization's powering organization was vested in the same persons that controlled or managed the supported organization's governing documents in effect on the date of notification, and (ii) copies of the organization's powering organization was treated in the same persons that controlled or managed the su				Yes	No
below, the governup body of a supported organization? A faimly imember of a person described in (a) above? A 35% controlled entity of a person described in (a) bove? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations I Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or effect at least a majority of the organization's directors or trustees at all times during the tax yes? If "No," describe in Part VI how the supported organization's controlled the organization's activities of the organization had more than one supported organization discribe how the powers to appoint adulter remove directors or trustees are allocated among the supported organization of what conditions or restrictions, if any, applied to such powers during the tax year 2 Did the organization operate for the benefit of any supported organization of the supported organization or trustees of controlled the supporting organization of the supported organization or trustees of each of the supporting organizations Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's progradizations Yes No 1 Were a majority of the organization's progradizations Yes No 1 Were a majority of the organization's progradization or trustees of each of the organization's progradization and must of support provided during the profit or managod the supported organization's) with supported organization's progradization's progradization's progradization and the supported organization's provided organization's provided organization supported organization's provided organization and progradization's progradization and must of supported organization and must organization and mus		· ·			:
b A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, prowde detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year" if "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year" if "No," describe in Part VI how the supported organization's admitted or more directors or trustees at all times during the tax year "if "No," describe how the powers to a spoont and/or remove directors or directors or trustees at all times during the tax year allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year allocated among the supported organization of the supporting organization of the supported organization of the supporting organization or trustees of leach of the organization of supporting organizations or trustees of leach of the organization was vected in the same persons that controlled or managed the supported organization provided to each of its supported organizations, by the last day of the fifth month of the organization or supporting organizations work vected in the same persons that controlled or managed the supported organization provided organization was vected in the same persons that controlled or managed the supported organization or supported organizations or supported organizations and the vecter of the supported organizations and the vec	а				
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe, now the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 2. Dut the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, organization(s) that operated, organization(s) that operated, organization of the supported organization(s) that operated, supervised, or controlled the supporting organization 2. Section C. Type II Supporting Organizations 1. Were a majority of the organization's directors or trustees director or trustees of each of the organization's supported organization(s)? If No," describe in Part VI how control or management of the supporting organization was vected in the same persons that controlled or managed the supported organization was vected in the same persons that controlled or managed the supported organization was vected in the same persons that controlled or managed the supported organization was provided to supported organization organiz			$\overline{}$		
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	b		3h		

instructions)

Port V. Type III Non Eurotionally Integrated 500/c\/2\ Sympostics C	:-	ations	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			loin in Bort \//\ Cac
1 Check here if the organization satisfied the Integral Part Test as a qualifyi instructions. All other Type III non-functionally integrated supporting org			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5	·	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	•	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			Ma, a
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 amoun see instructions)	t, 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		,	
emergency temporary reduction (see instructions) 7	ally inte	egrated Type III support	ung organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	4
	organizations, in excess of income from activity		·	•
-,3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
	Amounts paid to acquire exempt-use assets	· ·		
5	Qualified set-aside amounts (prior IRS approval required)	,		
	Other distributions (describe in Part VI). See instructions Total annual distributions . Add lines 1 through 6.		i	
		h the exceptation is re-	, , , , , , , , , , , , , , , , , , , ,	,
	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions	, `		, -
9	Distributable amount for 2018 from Section C, line 6			1
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	Mark South at the	480000000000000000000000000000000000000	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI) See instructions		•	
. 3	Excess distributions carryover, if any, to 2018	多类的性态。	がは高いのは、一般には、一般には、	
а	From 2013	想是不是確認的 這種類的 所可以	KELENDER STAN	THE STATE OF THE STATE OF
b	From 2014			
С	From 2015 .	新数据/WEX.2017的 数据	は記る破場を記録を記	多的影響樂學的新花的
d	From 2016 •	通常的自己的企业的企业	在政策的人,政策的不是	经的数据的现在数据
е	From 2017		NUMBER STEEL STEEL STEEL AND AND AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AS	
f	Total of lines 3a through e	15.6 (*) 257 1.4 (5 / 548)	\$\$4.400.000.000.000.000.000.000.000.000.	
<u>g</u>	Applied to underdistributions of prior years	ABUTANET PREM	T. Jan. James March L. N. ". States, rest de la residente	网络加州东西州
<u>h</u>	Applied to 2018 distributable amount .			Table Franchistation of the Property of the Pr
- !	Carryover from 2013 not applied (see instructions)			SALAN SERVICE SERVICE
	Remainder Subtract lines 3g, 3h, and 3i from 3f	Caracontantos anti-		The Arm Control of the Arm Contr
	Distributions for 2018 from Section D, line 7 \$			
а	Applied to underdistributions of prior years	MARKATEMATE WASH		40分别的第三人称形式
b	Applied to 2018 distributable amount			To all a profit to the standard standard to the width to a standard to the sta
c	Remainder Subtract lines 4a and 4b from 4	TOTAL CONTROL OF THE STATE OF T		
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.	能取出。2.48%以及联邦	ATTE SESSON STEPPE	Legacity of the second
a	Excess from 2014			
b	Excess from 2015	AND SECOND AND PROPERTY OF THE PARTY OF THE		MATOR OF STREET
<u>c</u>	Excess from 2016			
d	Excess from 2017			MACHERINAL CANCELL
<u>е</u>	Excess from 2018		WALL BUILDING THE	PLANCE CONTRACTOR OF THE CASE OF

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.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for the latest information.

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Amount
397
397
Amount
1,589
306
2,869
125
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19
423
981
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766
9,418
Amount
5,381
28,895
2,100

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization	Employer identification number	
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