# **Short Form Return of Organization Exempt From Income Tax**

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

2018

OMB No 1545-1150

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

B Chame of organization   Cha	A	For the	2018 calendar year, or tax year beginning $\int a N ua Vu $ , 2018, and ending $\int e^{-c}$	ew'	ber 31,2018
Number and street (PPT 05%, If mails inct delivered to street address)   Promysuite   E Telephone number   Promysuite   Promysuite   E Telephone number   Promysuite   Promy	В	Check If a		loyer id	dentification number ha
Number and street (PPT 05%, If mails inct delivered to street address)   Promysuite   E Telephone number   Promysuite   Promysuite   E Telephone number   Promysuite   Promy		Address	change The DINOSZUY MUSELIM	7	RIRTI 70
Instantantum   TS 4 S 6 T		Name cha	Ange Number and street (or PO box, if mail is not delivered to street address) he Room/suite E Tele	<u> </u>	<u> </u>
City or town, state or province, country, and ZIP or foreign postal code   Postal C		initial retu			
Anaptesian pending  G Accounting Method: □Cash □Accrual Other (specify) □ H Check □ If the organization is not week to the continuous of		Final retu			
Website:	Ц	Amended	metum ( ) I i dic		
Website:	Ц				
Tax-exempt status (check only one)   M   Sot (c)(3)   Sot (c)(1)   4   (Insert no.)   34947(a(1) or   Soz 7   Form 990, 990-EZ, or 990-PF).				▶ ☑	if the organization is <b>not</b>
Tax-exempt status (check only one)   M   Sot (c)(3)   Sot (c)(1)   4   (Insert no.)   34947(a(1) or   Soz 7   Form 990, 990-EZ, or 990-PF).			require	d to at	tach Schedule B he
K Form of organization:   Corporation   Trust   Association   Other	<u>J 1</u>	ax-exer	mpt status (check only one) — 1 501(c)(3)	990, 99	0-EZ, or 990-PF).
L Add lines 5b, 6c, and 7b to line 9 to determine gross recelpts. If gross recelpts are \$200,000 or more, or if total assets [Part II, column (B)] 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 I)					
Part I   Column (B) are \$500,000 or more, file Form 990 instead of Form 990-EZ.   \$ 1 2 99	L	Add line			<del></del>
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)   Check if the organization used Schedule O to respond to any question in this Part I   I Cortibutions, gifts, grants, and similar amounts received   I Cortibutions for from service revenue including government fees and contracts   I Cortibutions   I				▶ 6	12 901
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_			ction	c for Port I
1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 Gain or (loss) from gaming (attach Schedule G if greater than \$15,000) 5 Gross income from fundraising events (not including 6 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 Less: cost of goods sold 6 C Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 Gross sales of inventory, less returns and allowances 7 Less: cost of goods sold 7 C Q B D C Q D C Q D C Q D C Q D C Q D C Q D C Q D C Q D C Q D C Q D C Q Q D C Q D C Q D C Q D C Q Q D C Q Q D C Q Q D C Q Q D C Q D C Q Q D C Q Q D C Q Q D C Q Q D C Q Q Q D C Q Q Q D C Q Q Q Q		artr			
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20 Other changes in net assets or fund balances (explain in Schedule O)	SS	-			2011.5-
21 Other changes in net assets or fund balances (explain in Schedule 0)	t A	00			247,822,
Net assets or fund balances at end of year. Combine lines 18 through 20	Ne				<del></del>
	_	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	387,307

aperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2018)

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Pa	Balance Sheets (see the instructions to		mu avantiam um thia l	Dank II		
	Check if the organization used Schedule	O to respond to a		(A) Beginning of year	<del></del>	(B) End of year
22	Cash, savings, and investments		<u> </u>	<del>\(\frac{\partial}{\partial}\)</del>	22	1442.
23	Land and buildings			385,865	23	345,865
24	Other assets (describe in Schedule O)			8,957,		
25	Total assets		<del> </del>	394,822	25	387.30
26	Total liabilities (describe in Schedule O)			2110000	26	20 (1 20
27	Net assets or fund balances (line 27 of column		<u></u>	394,822		387.30
	t III Statement of Program Service Accom				21	301,30
	Check if the organization used Schedule	•				Expenses
Wha	t is the organization's primary exempt purpose?				(Req	uired for section
			•	-		c)(3) and 501(c)(4) nizations, optional for
as n	cribe the organization's program service accomplis neasured by expenses. In a clear and concise m	snments for each o	t its three largest pi	ogram services,	othe	• •
pers	ons benefited, and other relevant information for ea	ach program title.	s services provided	, the number of		·•
28	the museum provided educat		tical to 706	Lilia Live		<u> </u>
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29						
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^^	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	29a	
30	••••••					
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	<u> ▶ 🛮 </u>	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	, . ▶ 🔲 🖠	31a	<del>○</del>
32	Total program service expenses (add lines 28a t	through 31a)		🕨	32	213.
	t IV List of Officers, Directors, Trustees, and Key				struc	
	Check if the organization used Schedule	O to respond to a	ny question in this F	Part IV		🗀
		(b) Average	(c) Reportable he	(d) Health benefits,		
	hc (a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		and compensation
īv;	WIZCZERKAS POBOX 277	trustee			$\top$	
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Part				
	Instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part	_	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
34	detailed description of each activity in Schedule O	33		
	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,	35b		Ν
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		<u></u>
37a	during the year? If "Yes," complete applicable parts of Schedule N	36		V
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
о <del>в</del> а	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
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		<u></u>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			;
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of \$ 5\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	112		
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 V
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		V
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	· ·	. •	• <b></b>
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	Yes	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	44b		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		NF
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		/V
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	~

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AC	Did #	ne organization engage, directly or in	adiractly in political o	ampaian activition on	bobolf of o	r in annasi	tion [	T	es	No
46	to car	ndidates for public office? If "Ves "	complete Schodule C	ampaign activities on	benan or c	i ili opposi			-	<del>_</del>
to candidates for public office? If "Yes," complete Schedule C, Part I						• • •	•	46		K
Part								_		
		All section 501(c)(3) organization	is must answer que	stions 47-49b and	52, and co	omplete th	e tabl	es for	line	S
		50 and 51.								
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI					
						•		Y	es	No
47	Did th	he organization engage in lobbying	activities or have a	section 501(h) electio	n in effect	during the	tax [			
		If "Yes," complete Schedule C, Par					.	47		/
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							`  -	48		<del>`</del>
							· -			<u>~</u>
49a								49a		<u>~</u>
		s," was the related organization a se						49b		عبه
50		olete this table for the organization's								Key
	emplo	oyees) who each received more than	1 \$100,000 of comper	isation from the organ	nization. If t	here is non	e, ente	er "Non	e."	
			(b) Average	(c) Reportable		benefits,				
	(a)	Name and title of each employee	hours per week	compensation		to employee and deferred		ımated a r compei		
			devoted to position	(Forms W-2/1099-MISC)		nsation	00			
	_	NONE			· · · · · · · · · · · · · · · · · · ·					
				,						
<del></del>					<del> </del>					
					į.					
		·· <del>·····</del> · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>					
	Total	number of other employees paid ov	or \$100 000	01,416	<del></del>					
				1110101						
		· · · · · · · · · · · · · · · · · · ·				s who each	racai	vad m	ore f	ihan
51	Comp	plete this table for the organization	's five highest compe	ensated independent		s who each	recei	ved m	ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the orga	's five highest compe nization. If there is no	ensated independent		s who each	recei	ved m	ore 1	than
51	Comp \$100,	plete this table for the organization	's five highest compe nization. If there is no	ensated independent	contractors		recei		ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the orga	's five highest compe nization. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the orga	's five highest compe nization. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the orga	's five highest compe nization. If there is no	ensated independent one, enter "None."	contractors				ore f	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the orga	's five highest compe nization. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the organization from the	's five highest compe nization. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the organization from the	's five highest compe nization. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the organization from the	's five highest compe nization. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the organization from the	's five highest compe nization. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the organization from the	's five highest compension. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the organization from the	's five highest compension. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the organization from the	's five highest compension. If there is no	ensated independent one, enter "None."	contractors				ore 1	than
51	Comp \$100,	olete this table for the organization 000 of compensation from the organization from the	's five highest compe inization. If there is no dent contractor	ensated independent one, enter "None." (b) Type of serv	contractors	(c)			ore 1	than
51 d	Comp \$100, (a)	Name and business address of each independent of other independent contra	's five highest compe anization. If there is no dent contractor	ensated independent one, enter "None."  (b) Type of service over \$100,000	contractors	(c) )∧) <_	) Compe		ore 1	than
51 d 52	Comp \$100, (a)	Name and business address of each independent to the organization of other independent contra he organization complete Schedu	's five highest compe anization. If there is no dent contractor	ensated independent one, enter "None."  (b) Type of service over \$100,000	contractors	(c) ∩\\	) Compe	nsation		
51 d 52	Comp \$100, (a)	number of other independent contra he organization complete Schedule A	s five highest compensation. If there is no dent contractor  actors each receiving ale A? Note: All se	ensated independent one, enter "None."  (b) Type of service over \$100,000	contractors	(c) ) ∧) <_ nust attach	) Compe	nsation		0
d 52	Total Did t comp	number of other independent contra he organization complete Schedule A.	s five highest compensation. If there is no dent contractor  actors each receiving ale A? Note: All se	over \$100,000	nizations n	(c) (c) (c) (c) (d)	) Compe	nsation		
d 52	Total Did t comp	number of other independent contra he organization complete Schedule A	s five highest compensation. If there is no dent contractor  actors each receiving ale A? Note: All se	over \$100,000	nizations n	(c) (c) (c) (c) (d)	) Compe	nsation		
d 52	Total Did t comp	number of other independent contra he organization complete Schedule A.	s five highest compensation. If there is no dent contractor  actors each receiving ale A? Note: All se	over \$100,000	nizations n	(c) (c) (c) (c) (d)	) Compe	nsation		
d 52 Under petrue, com	Total Did t comp	number of other independent contra he organization complete Schedule A	s five highest compensation. If there is no dent contractor  dent contractor  actors each receiving ale A? Note: All se	over \$100,000	nizations n	(c)  (c)  (c)  (d)  (d)  (e)	) Compe	nsation		
d 52 Under petrue, corr	Total Did to componalties ect, and	number of other independent contra he organization complete Schedule A	actors each receiving ale A? Note: All se	over \$100,000 ction 501(c)(3) organization of which preparer h	nizations n	(c)  (c)  (c)  (d)  (d)  (e)	) Compe	nsation		
d 52 Under petrue, corr	Total Did t comp	number of other independent contra he organization complete Scheduleted Schedule A	actors each receiving ale A? Note: All se	over \$100,000	nizations n	(c)  (c)  (c)  (d)  (d)  (e)	) Compe	nsation		
d 52 Under petrue, corr	Total Did to componalties ect, and	number of other independent contra he organization complete Scheduleted Schedulete. Declaration of preparer (other than Signature of officer	actors each receiving alle A? Note: All se	over \$100,000	nizations n	nust attach best of my kr	Compe	Yes [		
d 52 Under petrue, corr	Total Did to componalties ect, and	number of other independent contra he organization complete Schedule A	actors each receiving ale A? Note: All se	over \$100,000	nizations n	nust attach best of my kridge	) Compe	nsation		0
d 52 Under petrue, corr Sign Here	Total Did to componalties ect, and	number of other independent contra he organization complete Scheduleted Schedule A	actors each receiving alle A? Note: All se	over \$100,000	nizations n  ints, and to the las any knowle	nust attach best of my kr dge  Check self-emplo	) Compe	Yes [		0
d 52 Under petrue, corr	Total Did to componalties ect, and	number of other independent contra he organization complete Schedule A	actors each receiving alle A? Note: All se	over \$100,000	nizations n  ints, and to the las any knowle	nust attach best of my kridge	) Compe	Yes [		
d 52 Under petrue, com Here Paid Prepa	Total Did to componanties rect, and	number of other independent contra he organization complete Scheduleted Schedule A	actors each receiving alle A? Note: All se conficer) is based on all info	over \$100,000  ction 501(c)(3) orgalistics and statemer mation of which preparer has been seen as the control of the contr	nizations no contractors of the	nust attach best of my kr dge  Check self-emplo	n a . ► ✓	Yes [		O

, Form 990-EZ (2018)

Page 4

### 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.

0-6-4-4- A /F---- 000 -- 000 PT 004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

**Employer Identification number** Name of the organization Wosaur Museum 05 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: Man 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

For Panaguark Paduation Act Nation, and the Instructions for Form 1990 or 1990 E7

Part		ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and '	170(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	alify under
<del></del>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	NF
	on A. Public Support						r
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the				······································	<del> </del>	
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities				'		
	furnished by a governmental unit to the					Ì	
	organization without charge `	<b>\</b>					
4	Total. Add lines 1 through 3	\					
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)					<b>i</b>	
6	Public support. Subtract line 5 from line 4	·			-		
Secti	on B. Total Support					·	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,		\				
	payments received on securities loans,						
	rents, royalties, and income from similar sources		\				
9	Net income from unrelated business			<del>\</del>			
9	activities, whether or not the business					<u> </u>	
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets			\			
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10			\			
12	Gross receipts from related activities, etc.	•	•		·	12	
13	First five years. If the Form 990 is for the organization, check this box and stop her		's first, secon	d, third, fourth	, or fifth tax yo	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor		· · · · ·	· · · · · ·	·/· · ·	• • • • •	<u> </u>
14	Public support percentage for 2018 (line 6			1 column (f))	$\overline{}$	14	%
15	Public support percentage from 2017 Sch		-		: : X :	15	<del>%</del>
16a	331/3% support test-2018. If the organi			on line 13, an	d line 14 is 33		
	box and stop here. The organization qual	ifies as a publi	cly supported	organization			▶ 🗆
b	331/3% support test—2017. If the organize					is 33½% or m	ore, check
	this box and <b>stop here.</b> The organization	•	• • •	•		<i>y</i> · · · ·	▶ 🗆
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "organization	racis-ariu-circi	instances te	st. The organiz	ation qualines	s as a publicly	supported -
h	10%-facts-and-circumstances test—20		nization did -	ot obook a har		60 165 3 17	ل ⊸
b	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization m						
	supported organization						\\ . ▶ □
18	Private foundation. If the organization did	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions				<u></u>	<i>.</i>	<u>\▶ □</u>

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

1 Grits, grants, contributions, and membership less received (Do not incubal explainments, editional consistence) and the properties of the consistence of the consis	Secti	on A. Public Support							
received, (Do not include am' Junusual grants ") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .  3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c. Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6) .  9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .  b Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 100, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9, 10c, 11, and 12) .  14 3 8 4, 4 3 8 3 3 4 4 4 3 8 6 4 4 3 8 6 5 7 5 4 1 5 8 8 4 4 5 8 7 5 8 6 7 5 4 1 5 8 8 7 5 8 7	Calen	- '	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-eventy 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 pard 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 2 and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6)	1		4224	1.51	7252	9511	7=(1)	24.000	
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	2		7,5 57,	6036.	(,5 2 2	7,366,	7,591.	34,850.	
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	2	sold or services performed, or facilities furnished in any activity that is related to the	70,047.	38,532	36,447	31,442	32,693.	209,161.	
organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5  Total And lines 1 through 5  Total Support Calendar year from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c  Add lines 7a and 7b.  Public support. (Subtract line 7c from line 6  Section B. Total Support  Calendar year (or fiscal year beginning in) Amounts from line 6  Total support (and lines 10 lines 10 lines 2 lines 1 lines) from businesses acquired after June 30, 1975.  C Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)	3	·							
furnished by a governmental unit to the organization without charge.  6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.  c Add lines 7a and 7b	4	organization's benefit and either paid to							
Ta Amounts included on lines 1, 2, and 3 received from disqualified persons  b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  c Add lines 7a and 7b  8 Public support. (Subtract line 7c from line 6.)  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 Amounts from disqualified persons  15 Amounts from disqualified persons  15 (a) 2014  15 (b) 2015  16 (d) 2017  17 (e) 2018  17 (7) 2014  18 (f) Total (b) 2015  19 (d) 2017  19 (e) 2018  10 (f) Total (c) 2016  10 (d) 2017  10 (e) 2018  11 (f) Total (c) 2016  12 (b) 2016  13 (b) 2015  14 (b) 2015  15 (c) 2016  16 (d) 2017  17 (e) 2018  17 (e) 2018  18 (f) Total (c) 2016  19 (f) Total 2014  19 (f) Total 2014  10 (f) Total 2014  10 (f) Total 2014  10 (f) Total 2014  10 (f) Total 2014  11 (f) Total 2014  11 (f) Total 2014  12 (f) Total 2014  13 Total support. (Add lines 9, 10c, 11, and 12.)	5	furnished by a governmental unit to the							
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	_	Amounts included on lines 1, 2, and 3	74,381.	44,288.	43800,	41,008,	49234.	244,011	
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support  Calendar year (or fiscal year beginning in)  9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 S B B B B B B B B B B B B B B B B B B	b	received from other than disqualified persons that exceed the greater of \$5,000							
line 6.)	C								
Section B. Total Support  Calendar year (or fiscal year beginning in)   9	8		21201	LIVISAR	112 ann	Liliana O	W	244011	
Calendar year (or fiscal year beginning in)   9 Amounts from line 6	Secti		4-41006	1 1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	1.2,000	71,000.	19257	274011	
9 Amounts from line 6									
payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b			(47 = 5 :	<b></b>	(4) = 1 (4)	(-)	10/ = 0.10	(4)	
section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)	10a	payments received on securities loans, rents,	74,381.	44,588,	4380°,	4,008,	40,234,	244,011	
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.)	b	section 511 taxes) from businesses						<del></del>	
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.)	C								
loss from the sale of capital assets (Explain in Part VI.)	11	activities not included in line 10b, whether							
13 Total support. (Add lines 9, 10c, 11, and 12.)	12	loss from the sale of capital assets							
44 First five years If the Form 000 is for the assumption find assent think for the first terms of the first	13	Total support (Add lines 9, 10c, 11,	74.381,	445 88.	43800,	41.008,	40,234.	244011.	
First live years. If the Form 990 is for the organization's first, second, third, fourth, or firth tax year as a section 501(c)(3)	14		ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)	
organization, check this box and stop here									
Section C. Computation of Public Support Percentage							<u> </u>		
Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))		· · · · · · · · · · · · · · · · · · ·		•	. ,				
16 Public support percentage from 2017 Schedule A, Part III, line 15					· · · · · · · · · · · · · · · · · · ·	<u> </u>	16   \	00 %	
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))					v line 13 colu	mn (fl)	17	<del>○</del> %	
18 Investment income percentage from 2017 Schedule A, Part III, line 17									
19a 331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line								<del></del>	
17 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .									
b 33¹/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶	b								
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20		•	-	•	, ,			

#### **Supporting Organizations** Part IV

(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

Section A.	All Supporting Organia	ations				
	Sections A, D, and E. if	you checked 12d o	of Part I, complete	Sections A and D	), and complet	te Part V.
•	••••••••••••••••••••••••••••••••••••••			· - · - · · · · j · · · · · · · · · · ·		.,

			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).	2		
3а	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>.</b>		Sa		
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		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <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		<del></del> ,
С	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.	4c		
5а	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).			
		<u>5a</u>		<del></del>
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		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<del></del>
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 <b>Part VI</b> .			
7		6		<del></del> -
•	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?			1
	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	-		1
	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 <b>Part VI.</b>	9a		]
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	3d		1
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		1
•	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	30		
·va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	İ	}	
	supporting organizations)? If "Yes," answer 10b below.	10a	<del></del>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	.va	$\overline{}$	1
	determine whether the organization had excess business holdings.)	10b		

	e A (Form 990 or 990-EZ) 2018			Page <b>5</b>
Part	V Supporting Organizations (continued)		N	A
			Yes	No
	.Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		<b> </b>	ļ
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c	<u></u>	
Jecu	on B. Type i Supporting Organizations		Voc	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	No
•	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		<i>-</i>
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			111
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			I
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			}
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (II) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruc	ctions	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	i	ļ	1
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			j
	that these activities constituted substantially all of its activities.			ئـــــــــــــــــــــــــــــــــــــ
<b>.</b>	·	2a		- (
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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			f
	activities but for the organization's involvement.			
2		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
L	•	3a		<del></del> j
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		
	or no supported organizations: ii res, describe in rait vi the role played by the organization in this regard.	\JU	ı	

	Schedule A	(Form	990 or	990-EZ	2018
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Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic			N F
.1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g tru nızat	st on Nov. 20, 1970 (exp ions must complete Sec	lain in Part VI). <b>See</b> 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 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	10	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		,
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	Y 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		1	
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations	
. 4	Amounts paid to acquire exempt-use assets			3
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.		<del>-</del> · · · · · · · · · · · · · · · · · · ·	٠
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	ch the organization is re	sponsive ,	
9	Distributable amount for 2018 from Section C, line 6	,		
10	Line 8 amount divided by line 9 amount	r		,
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	19年3月20年21年3月	<b>为这种企业的</b>	
2 ,	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		,	
<b>_3</b> _	-Excess distributions carryover, if any, to 2018		THE STATE OF THE S	
. a	From 2013	<b>通過這時間對於自己是</b>	<b>公司和</b>	<b>全对企业的对外,不是不是一个企业</b>
b	From 2014			HALL BOOK TO SERVED
С	From 2015	PRINCIPALITY	<b>注意を記録があるが</b>	2019年12日 1919年11日 1年11日 1919年11年11年11年11年11年11年11年11年11年11年11年11
d	From 2016	*PRESIDENT PROPERTY	ALM SHEET WAS THE	<b>新疆市场中央</b>
ее	From 2017	<b>京等。这个大学的发展</b>	位的特殊的	是對這種的影響
<u>`f</u>	Total of lines 3a through e		在被認為特別的	
. g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u> _	Carryover from 2013 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	. AN ISSA - ANNE - ANNE AN INVESTIGATION OF THE ANNEX AND AN AND AN AND AND AND AND AND AND A		
4	Distributions for 2018 from, Section D, line 7: \$	one to the second of the second second		
a	Applied to underdistributions of prior years	<b>证的</b> 不是数据的证据的		
<u>b</u>	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <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:	<b>建设设施设施</b>	TATION AND THE PARTY OF THE PAR	
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			医学院的研究的
d	Excess from 2017	PARTICIPATE TO THE PARTY.	<b>经验的基础的</b>	
e	Excess from 2018			

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.)
	NA
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### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(9) (10)

Open To Public Inspection

Employer identification number

	7 h	e DIN	osaur	1	$\sqrt{N}$	6 MW		\	<b>5</b> 1	05	٦ /	าช	18	
Part	Excess Beneficial Complete if the	fit Transaction e organization	ns (section 501 answered "Ye	(c)(3) s" on	, section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	01(c)(29) organiz 5a or 25b, or Foi	ations rm 99	only) 0-EZ,	). Part	V, line	40b.	
1 (a) Name of disqualified person			(b) Relationship between disqualified person and				(c) Description of transaction						(d) Con	rected?
1 (a) Name of disqualified person		person		organız	zation	·	1	(c) Description	n or trai	nsactio	n		Yes	No
(1)			NA											
(2)			· · · · · · · · · · · · · · · · · · ·				ļ · · · · · ·		<del> </del>					
(3)	· · · · · · · · · · · · · · · · · · ·													
(4)							<u> </u>							
(5)							<del>                                     </del>						<del>                                     </del>	
(6)							<del>                                     </del>						<del></del>	-
3	Enter the amount of under section 4958 Enter the amount of								ring t	he ye	ar • \$		NA	
•	Enter the amount of	rtax, ir arry, on	i iiic z, above,	Cirri	Jai Sea Dy	the organi	ızatıdı		• •		4	<u>'</u>	W_F	
Part	Complete if th	e organization	rested Person answered "Ye ount on Form S	s" on	Form 999 Part X, line	0-EZ, Part \ e 5, 6, or 22	V, line 2.	99 38a or Form	90, Pa	ırt IV,	line 2	6; or i	f the	
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	fr	oan to or om the anization?	(e) Ongin рппсіраі am			(g) in default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From	]			Yes	No	Yes	No	Yes	No
(1)	Stroben Czerkas	trustee	3hiptlegal			27,500	o ,	4,0001		V	~		1	
(2)	Sylviaczickis				·	1.00	_	1,000.		V	V			
(3)	(,					1		, , , , , , , , , , , , , , , , , , ,						
(4)														
(5)					]									
(6)														
(7)														
(8)														
(9)														
(10)														
Total							. ▶	\$ 5,000.	,	•				
Part	III Grants or Ass	sistance Bene	fiting Intereste answered "Ye	ed Pe	ersons.			<del></del>			·····			•
			ship between intercand the organization				(d) Type of assistance			(e)	(e) Purpose of assistance			
(1)											1	JA		
(2)											7	ONE	2	
(3)														
(4)														
(5)														-
(6)										-				-
(7)														
(9)								<del></del>		$\vdash$				

V. 2.

Schedule L	(Form 990 or 990-EZ) 2018				Pa	age 2	
Part IV	Business Transactions Invo Complete if the organization a	lving Interested Persons. answered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
(4)					Yes	No	
(1) (2) (3) (4) (5) (6) (7)				NA	+		
(3)				NONE	+		
(4)					1		
(5)							
(6)							
(7)		-					
(8) (9)							
(10)	<del></del>			<del></del>	╁		
Part V	Supplemental Information. Provide additional information	n for responses to questions	on Schedule L (see	instructions).			
		<u> </u>	••••••				
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## -SCHEDULE O (Form 990 or 990-EZ)

.- J.

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

The DivoSaur Museum	Employer identification number 87 05 \ 7818
Part I, line 8 other Yellue 93	
7,385. Insurance claim for truck	damage to North
road sign.	
1,920, Exhibits Advice	
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4,000. Remains balance on ship	pping and legal expense
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Schedule O (Form 990 or 990-EZ) (2018)										Pag	Page 2				
Name of the organization The Dinosaur Museum								Employer identification number 87 05 178 \ 8							
	DINOSAMI	MUS	<u>NUB2</u>			87	<u> </u>	<u>21</u>	<u>। अ</u>	7	<u>ප</u>				
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