DLN: 93493111012420

OMB No. 1545-0047

2018

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

Department of the

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

		nue Service	 	nning 07-01-2018 , and ending 06-	30-2010					
		oplicable:	C Name of organization	ming 07-01-2018 , and ending 00-	30-2019		D Employe	er identif	fication number	
		change	SMELC HOLDINGS INC				45-258!	5283		
	me cha tial reti	-	Doing business as				15 250.	2203		
		urn ı/terminated				L				
		return	Number and street (or P.O. box if m 2215 N PALMER ST	nail is not delivered to street address) Room/s	suite		E Telephon	ie number		
□ Ар	olicatio	n pending					(414) 562-3369			
			City or town, state or province, cou MILWAUKEE, WI 53212	ntry, and ZIP or foreign postal code			•			
			F Name and address of principa	al officer:	11/->		G Gross re		1,694,493	
			Kirk Fedewa	officer.		subordi	a group ref	turn for	□Yes ☑ No	
			2215 N PALMER ST MILWAUKEE, WI 53212				nates? subordinat	es	Yes No	
[Tax	-exem	npt status:	☐ 501(c)(3) ☑ 501(c)(2) ◄	(insert no.) 4947(a)(1) or 527		included		ist (soo	instructions)	
1 W	ehsite	e:▶ N/A		(Insert no.) 4947(a)(1) 01	I		exemption	•	•	
		CIP N//								
K Forn	n of or	ganization:	☑ Corporation ☐ Trust ☐ Asso	ociation Other	L Year o	of formati	on:	M State	of legal domicile:	
Pa	rt I	Sum	mary scribe the organization's mission o	r most significant activities:						
				g income over, less expenses to St. Mar	cus Evang	elical Lu	ıtheran Ch	urch, In	c. per within the	
çe Çe	<u>m</u>	neaning o	of 501(c)(2).							
E C	_									
Activities & Governance	_									
9				scontinued its operations or disposed of		n 25% d	of its net a		1 -	
8			•	ng body (Part VI, line 1a)		• •		3	-	
See S			of independent voting members of	4	-					
			nber of individuals employed in ca	5	1					
AC			•	cessary)			•	7a	-	
			ated business revenue from Far ated business taxable income from			7a 7b	+			
	В	Net unie	ated business taxable income nor	11 FOITH 990-1, IIIIe 34		Prio	· Year	/	Current Year	
	8	Contribut	ions and grants (Part VIII, line 1h)		-	1110	r car		309,52	
Ravenue			service revenue (Part VIII, line 2g)					303,32		
ōΛċ		-	nt income (Part VIII, column (A),							
α			renue (Part VIII, column (A), lines			165,0	000	11,384,97		
				ist equal Part VIII, column (A), line 12)			165,0	000	11,694,49	
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3)						
	14	Benefits	paid to or for members (Part IX, co	olumn (A), line 4)						
88	15	Salaries,	other compensation, employee be				•			
Expenses	16a	Professio	nal fundraising fees (Part IX, colu							
χbe	b ·	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶6,210						
ш	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			496,9	95	375,02	
	18	Total exp	enses. Add lines 13–17 (must equ	ual Part IX, column (A), line 25)			496,9	95	375,02	
(8	19	Revenue	less expenses. Subtract line 18 fr	om line 12			-331,9		11,319,47	
Net Assets or Fund Balances					Begi	inning of	Current Y	ear	End of Year	
alar	20	Total ass	ets (Part X, line 16)				11,016,4	131	10,670,00	
Z AS			ilities (Part X, line 26)				11,665,9			
ŠĒ			s or fund balances. Subtract line				-649,4		10,670,00	
Pa	rt II	Sign	ature Block					<u> </u>		
				ined this return, including accompanyin . Declaration of preparer (other than of						
	euge nowle		r, it is true, correct, and complete	. Declaration of preparer (other than or	ilcer) is be	aseu on	all IIIIOIIII	ation or	which preparer has	

c:			ure of officer			2020- Date	04-20			
Sign Here		Viel Ea	dowa Troacuror							
			dewa Treasurer r print name and title							
		1'	rint/Type preparer's name	Preparer's signature	Date			PTIN		
Paid	i						if F	20107577	0	
	are	er 「	irm's name 🕨 Ritz Holman LLP				EIN ► 39-	0919055		
	Onl	ı ⊢	irm's address ▶ 330 E Kilbourn Ste 550)		Phone	e no. (414)	271-1451		
		·	Milwaukee, WI 53202				(• / •			
May +	ho IPS	S discuss	this return with the preparer show						Vas 🗆 Na	

Form	990 (2018)					Page 2
Pa	rt III Stateme	nt of Program Service	Accomplis	hments		
	Check if So	chedule O contains a respon	se or note to a	any line in this Part III .		🗹
1	Briefly describe th	ne organization's mission:				
	cting income from pc)(2).	oroperty and turning income	over, less ex	penses to St. Marcus Evar	ngelical Lutheran Church, Inc. per v	within the meaning of
2	Did the organizati	on undertake any significan	program ser	vices during the year whic	ch were not listed on	
	the prior Form 99	0 or 990-EZ?				🗌 Yes 🛛 No
	If "Yes," describe	these new services on Sche	dule O.			
3	Did the organizati	on cease conducting, or ma	ke significant	changes in how it conduct	s, any program	
		these changes on Schedule				☑ Yes ☐ No
4	Describe the orga Section 501(c)(3)	nization's program service a	ccomplishmer s are required	to report the amount of g	rgest program services, as measur grants and allocations to others, th	
4a	(Code:) (Expenses \$	355,642	including grants of \$) (Revenue \$	41,250)
	See Additional Data	, (, , , , , ,	,	, (,
	-					
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule	e O.) ling grants of	\$) (Revenue \$)
4e	Total program s	ervice expenses >	355.6	42		

Pa	tiV Checklist of Required Schedules			rage 3
Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐿	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
			orm 90	0 (2018)

orm	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	E		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
D	Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable . 1b 0	ı l		l

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

8 Nο **9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a No **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Nο Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b a Gross income from members or shareholders . . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b

11 Section 501(c)(12) organizations. Enter: 12a No **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b

Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a Nο

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

14a

14b

15

No

Nο

Form 990 (2018)

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form	990 (2018)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	ines
_Se	ction A. Governing Body and Management		1	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: →JAYNE REUTER 2215 N PALMER ST MILWAUKEE, WI 53212 (414) 267-8371			
				0 (2010)

Name and Title

(F)

Estimated

amount of other

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax vear List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E)

Position (do not check more

than one box, unless person

Reportable

compensation

Reportable

compensation

Average

hours per

	week (list any hours for related	is both an officer and a from director/trustee) org			from the organization (W- 2/1099-	from related organizations (W- 2/1099-	compensation from the organization and			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Craig Huebner President	0.00	×		х				0	0	0
(2) Jason Weinrich	0.00	Х		Х				0	0	0
Secretary (3) Kirk Fedewa Treasurer	0.00	×		х				0	0	0
										Form 990 (2018)

(B)

(A)

Part VII

(C) Compensation

Form **990** (2018)

(B)

Description of services

Page 8

	hours per week (list any hours for related than one box, unless person compensation compensation from the organization (Wordshift) compensation from the organization compensation compen						Reportable compensation from related organizations (W	n amount of other compensation W- from the					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		organizati relate organiza	ed
		<u> </u>											
 		<u> </u>											
					\prod								
		<u> </u>		\perp	'	'							
		<u>'</u>		\perp	⊥_'	<u> </u>							
		!			'	<u> </u>							
		!			'	<u> </u>							
		<u>'</u>		\perp	<u> </u>	<u> </u>					\perp		
		'			'		<u></u>						
сТ	Sub-Total	Part VII , Section					>						
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived more than \$10	00,000			
										. г		Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>					emplo •		or hi	ghest compensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual									n the	4		No
5	Did any person listed on line 1a receivervices rendered to the organization										5		No
Se	ection B. Independent Contract												
1	Complete this table for your five high										npen	ısation	

from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(A)

Name and business address

compensation from the organization ▶ 0

(C)

(D)

(E)

	90 (2018)							Page 9
Part	VIII Statement of							
	Check if Schedul	le O contains a	respons	e or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a Federated campaig	ıns	1a			revenue		312 - 314
ants unts	b Membership dues	[1b					
9 E	c Fundraising events	· [1c					
ifts, ar A	d Related organization	ons	1d					
, Gi	e Government grants (c	contributions)	1e					
ons Sir	f All other contributions and similar amounts n		1f	309,523				
Contributions, Gifts, Grants and Other Similar Amounts	above	ا المعادرة عمد		303,323				
n ti	g Noncash contribution in lines 1a - 1f:\$	ons included						
ವಿ ಕ	h Total. Add lines 1a	i-1f		•	309,523			
ue	_			Business	Code			
ven	2a 							
e R	b		_					
ervic	c ————————————————————————————————————		_					
Š	e ———		_					
Program Service Revenue	f All other program se	ervice revenue.						
Ĕ	9Total. Add lines 2a-2	2f	. •		0			
	3 Investment income (i similar amounts) .	including divide	nds, inte	erest, and other]	0		
	4 Income from investm			d proceeds	•	0		
	5 Royalties			•	•	0		
	6a Gross rents	(i) Real		(ii) Personal	4			
		4	1,250					
	b Less: rental expenses							
	c Rental income or (loss)	4	1,250		1			
	d Net rental income o	or (loss)			41,2	50 41,250		
		(i) Securiti	es	(ii) Other				
	7a Gross amount from sales of							
	assets other than inventory							
	b Less: cost or				1			
	other basis and sales expenses							
	C Gain or (loss)d Net gain or (loss)		_		4	0		
	8a Gross income from f		_	<u> </u>				
ne	(not including \$ contributions reporte	ed on line 1c).	f					
Revenue	See Part IV, line 18		a					
r Re	b Less: direct expensec Net income or (loss)		b _	to.		0		
Other	9a Gross income from g		_	· · •	1	<u> </u>		
0	See Part IV, line 19		a l					
	b Less: direct expense	es	ь -		-			
	c Net income or (loss)		ctivities		_	0		
	10a Gross sales of invent returns and allowand	tory, less ces						
			a					
	b Less: cost of goods s		b					
	c Net income or (loss) Miscellaneous			Business Code				
	11a _{Gain} on Excercising			90009	9 11,343,7	11,343,720		
	_							
	b							
	c							
	d All other reverse							
	d All other revenue . e Total. Add lines 11a			>				
	12 Total revenue. See				11,343,77			
			•	· •	11,694,49	93 11,384,970		Form 990 (2018)

Part IX	Statement of Functional Expenses
---------	----------------------------------

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX	penses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See (A) Total expenses (B) Management and general expenses (D) Fundraisingexp	penses
7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See 1 Total expenses 1 Program service expenses 1 Program service expenses 1 Quantification of the program service expenses 2 Quantification of the program service expenses 3 Quantification of the program service expenses 4 Quantification of the program service expenses 5 Quantification of the program service expenses 6 Quantification of the program service expenses 6 Quantification of the program service expenses 7 Quantification of the program service expenses 6 Quantification of the program service expenses 7 Quantification of the program service expenses 7 Quantification of the program service expenses 8 Quantification of the program service expenses 9 Quantification of the program service expenses 1 Quantification of the program service expenses 2 Quantification of the program service expenses 2 Quantification of the program service expenses 3 Quantification of the program service expenses 4 Quantification of the program service expenses 4 Quantification of the program service expenses 5 Quantification of the program service expenses 6 Quantification of the program service expenses 9 Quantification of the program service expenses 1 Quantification of the program service expenses 1 Quantification of the	penses
domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See	
E cranto ana other abbitance to domestic marriadals. Sec	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	
4 Benefits paid to or for members	
5 Compensation of current officers, directors, trustees, and key employees	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
7 Other salaries and wages 0	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees):	
a Management	
b Legal	
c Accounting	
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties 0	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	6,210
23 Insurance 0	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
a Other 100 100	
b	
С	
d	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 375,021 355,642 13,169	6,210
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	

Form 990 (2018)

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34

Liabilities 22

Assets or Fund Balances

Net

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

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31 32

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11.016.431

11,640,000

11.665.903

-649.472

-649,472

11,016,431

25.903

Page **11**

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0

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0

10.670.000

10,670,000

10,670,000

Form **990** (2018)

10.670.000

Balance Sheet							
Check if Schedule O contains a response or note to any line in this Part IX							
		(A))				(E

	beginning or year		End of year
1 Cash-non-interest-bearing	13,527	1	0
2 Savings and temporary cash investments		2	0
2 Pledges and grants receivable not		2	

		-	
	3 Pledges and grants receivable, net	3	0
	4 Accounts receivable, net	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	0
8	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	0

Asset Notes and loans receivable, net . . Inventories for sale or use . 8 333 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 11,640,000 basis. Complete Part VI of Schedule D 10a 970,000 11,002,571 10,670,000 b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments-program-related. See Part IV, line 11

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11	,694,493
2	Total expenses (must equal Part IX, column (A), line 25)	2			375,021
3	Revenue less expenses. Subtract line 2 from line 1	3			,319,472
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			649,472
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10	,670,000
	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	cheater schedule of contains a response of those to any line in this rate All 1 1 1 1 1 1 1		· · ·	Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	. [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle			

Additional Data

Software Version: 2018v3.1

EIN: 45-2585283 Name: SMELC HOLDINGS INC

Software ID: 18007218

Form 990 (2018)

Form 990, Part III, Line 4a:

Held property and collecting income on related property.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493111012420

OMB No. 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	ELC HOLDINGS INC				Employer las	enuncation	number
					45-2585283		
Pa	rt I Organizations Maintaining Donor Advi				r Accounts.		
	Complete if the organization answered "Ye				(I-) [
	Tatal according to and afficient	(a) Dono	r advi	sed funds	(b)Fund	s and other a	accounts
	Total number at end of year						
	Aggregate value of contributions to (during year)						
i	Aggregate value of grants from (during year)						
•	Aggregate value at end of year						
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do	clusive legal contro	l?				Yes 🗌 No
,	charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, (or for	any other purpose o	conferring imper	missible	Yes 🗌 No
Pa	rt III Conservation Easements. Complete if the	ne organization a	nswe	red "Yes" on Forn	n 990, Part IV	, line 7.	
į	Purpose(s) of conservation easements held by the orga	nization (check all t	hat a _l	pply).			
	\square Preservation of land for public use (e.g., recreatio	n or education)		Preservation of an	historically imp	ortant land a	area
	Protection of natural habitat			Preservation of a d	ertified historic	structure	
	☐ Preservation of open space						
:	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservat	ion co	ntribution in the for		ntion It the End o	f the Vear
а	Total number of conservation easements				2a	it the Liid o	Title Teal
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histori				2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register		,	´	2d		
i	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated by	the organizatior	during the	
	Number of states where property subject to conservation	on easement is loca	ed ►				
	Does the organization have a written policy regarding the and enforcement of the conservation easements it hold				of violations,	☐ Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vi	olatio	ns, and enforcing co	onservation ease	ements durin	g the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ns, a	nd enforcing conser	vation easemen	ts during the	year
Į.	Does each conservation easement reported on line 2(d)	ahove satisfy the I	eauir	ments of section 1	70(h)(4)(B)(i)		
	and section $170(h)(4)(B)(ii)$?				/ O(11)(+)(D)(1)	☐ Yes	□ No
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				and	
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Similar As	sets.	
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	on, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:						
((i) Revenue included on Form 990, Part VIII, line 1				▶\$		
	ii)Assets included in Form 990, Part X						
!	If the organization received or held works of art, histori following amounts required to be reported under SFAS				ncial gain, provi	de the	
а	Revenue included on Form 990, Part VIII, line 1				> \$		-
b	Assets included in Form 990, Part X				▶ \$		_
-	Demonstration And Marking and Alexander				F2202D C-1-		

Par	t III	Organizations Ma	aintaining Col	lections of	of Art, F	listori	cal Ti	reasu	res, or	r Other	Similar A	ssets (contin	ued)	
3		the organization's acq (check all that apply):		n, and other	records,	check	any of	the fol	lowing t	that are a	significant	use of its	colle	ction	
а		Public exhibition				d		Loan	or excha	ange pro	grams				
b		Scholarly research				е		Other	·						
c		Preservation for future	e generations												
4		le a description of the		lections and	l explain	how the	ey furtl	ner the	organiz	zation's e	xempt purp	ose in			
5	During	g the year, did the org s to be sold to raise fur										☐ Ye	s	□ N-	o.
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on For	m 990	, Part	IV, lir	ne 9, or	r reporte	ed an amo			990,	Part
1 a		organization an agent ed on Form 990, Part)										☐ Ye	s	□ n	D
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	ete the fo	llowina	table:		[-	Amount			-
С		ning balance				_				1c					-
d	_	ons during the year .								1d					_
e	Distrib	outions during the year	r						.	1e					-
f	Endin	g balance							. [1f					_
2a	Did th	e organization include	an amount on Fo	rm 990, Pa	rt X, line	21, for	escrow	or cus	stodial a	ccount li	ability?	☐ Ye	s	□ N	D
b	If "Ye:	s," explain the arrange	ement in Part XIII	. Check her	e if the ex	xplanati	ion has	been	provided	d in Part	XIII	. 🗆			
Pa	rt V	Endowment Fund	ds. Complete if	the organ	ization a	answer	ed "Y	es" on	Form	990, Pa	rt IV, line	10.			
				(a)Currer	nt year	(b) Pi	rior yea	r ((c)Two ye	ears back	(d)Three ye	ars back	(e) Fo	ur year	s back_
1 a	Beginni	ing of year balance .													
		utions													
		estment earnings, gair	·												
		or scholarships													
е		expenditures for facilitie ograms	es												
f	Adminis	strative expenses .													
g	End of	year balance													
2 a		le the estimated perce designated or quasi-e				(line 1	g, colu	mn (a)) held a	s:					
a b		anent endowment >			••••										
c		orarily restricted endov	wment >												
·		ercentages on lines 2a	***************************************	ld equal 10	0%.										
За		ere endowment funds	•			ion that	t are h	eld and	d admini	istered fo	or the				
	-	ization by:										_		Yes	No
	• •	related organizations					•						a(i)		
b		elated organizations . s" on 3a(ii), are the rel			· · ·	on Sche	dule R	? .					i(ii) 3b		
4		ibe in Part XIII the inte	-		•			•				. С			
Pa	rt VI	Land, Buildings,													
		Complete if the or	ganization answ	ered "Yes											
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost	or other	basis (other)	(c) Acc	umulated	depreciation	(d) Boo	ok value	9
1a	Land														
b	Building	gs					11,64	10,000			970,000			10	,670,000
С	Leaseh	old improvements													
d	Equipm	ent													
е	Other			_											

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII		nizatio	n answe	ered "Yes" on For	m 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		Method of valuation: end-of-year market value
	Il derivatives	: -			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(A) work and France 200 Park V. or (A) (France 12)				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	<u>• </u>			
	Complete if the organization answered 'Yes' on Form 99 (a) Description of investment (t	90, Par b) Book			990, Part X, line 13. Method of valuation:
	(a) z see pass or more and				end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		000 P	- D/ Day 444 Co. 1	Towns 000 Post V live 45
Part IX	Other Assets. Complete if the organization answered 'Yes' on (a) Description	n Form	990, Pan	IV, line IId. See i	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mm (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.	ed Yes			ne lle or llf.
1. (1) Federal i	(a) Description of liability		(b) Bo	ok value	
(-,					
(2)					
(3)					
(4)					
(5)		+			
(6)		+			
		\perp			
(7)					
(8)		\perp			
(9)					
	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the fool	tnote to	o the er-	anization's financia	ctatements that reports the
	or uncertain tax positions. In Part XIII, provide the text of the fool 's liability for uncertain tax positions under FIN 48 (ASC 740). Che				_

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c d

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Schedule D (Form 990) 2018

2e

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Page 4

а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b		٠		4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem			Returi	n.
	Complete if the organi	ization answered 'Yes' on Form 990, Pari	t IV, li	ne 12a.		
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facil	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d		٠.		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b		٠		4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	.) .		5	
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b. Also complete this part to provide			V, line	4; Part X, line 2; Part
	Return Reference		Exp	planation		
ee A	Additional Data Table					

2a

2b

2c

2d

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Subtract line 2e from line 1

Recoveries of prior year grants

Add lines 2a through 2d

Other (Describe in Part XIII.)

	Page 5
Information (continued)	
Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007218
Software Version: 2018v3.1

EIN: 45-2585283

Name: SMELC HOLDINGS INC

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	Management has reviewed all tax positions recognized in previously filed tax returns and t hose expected to be taken in future tax returns. As of June 30, 2019, the Organization had no amounts related to unrecognized income tax benefits and no amounts related to accrued interest and penalties. The Organization is currently not under audit by any federal or st are taxing authority.

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data			DLN:	93493111012420
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury Namel Settrerofiganization		Complete to p Form 99	provide information f 0 or 990-EZ or to pro ► Attach to Fo	On to Form 990 or responses to specific vide any additional inform 990 or 990-EZ.	Z	OMB No. 1545-0047 2018 Open to Public Inspection	
SMELC HOLDINGS	INC	emental Informa	tion		45-258	•	fication number
Return Reference				Explanation			
Form 990, Part III, Line 3: Ceased Conducting or Significant Changes To Services	rch and Sch transferred	nool was extinguished	during the year ended farcus Lutheran Church	cilities at St. Marcus Luther June 30, 2019. SMELC Ho and school during this fisc	ldings, Inc.		

Return
Reference

Form 990, Reviewed by officer signing the form prior to submission.

990 Schedule O, Supplemental Information

Part VI, Line 11b: Form 990 Review Process

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	Upon request for a review of documents, an appointment is scheduled and documents are made available for inspection.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.
 ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493111012420

Open to Public Inspection

Name of the organization SMELC HOLDINGS INC							Emp	loyer identifi	icatior	ı number		
Part I Identification of Disregarded Entities Complete i	f the organi	ization answer	ed "Yes	" on Form 9	90. Part	IV. line 33		585283				
(a) Name, address, and EIN (if applicable) of disregarded entity	Title organi	(b) Primary acti		(c) Legal domicil or foreign co	le (state	(d) Total inco		(e) End-of-year as	ssets	(f Direct cor enti		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		te if the orgar	nization	answered "\	es" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
(a) Name, address, and EIN of related organization		(b) ary activity	Legal d or fore	(c) omicile (state ign country)	te Exempt Code sec		(e) Public charity status (if section 501(c)(3))		Di	(f) irect controlling entity	Section (13) co	
(1)St Marcus Evangeical Lutheran Church 2215 N Palmer St	Church/Relig	ious Org		WI	501(c)(3)		170(b)((1)(A)(i)	NA		Yes	No
Milwaukee, WI 53212 39-0850377												
	-											_
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(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan income(relate unrelated, excluded fror tax under sections 512 514)	ed, total income m	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		i) eral or aging ener?	(k) Percentag ownershi
					314)			Yes	No		Yes	No	
V Identification of Related Organiz because it had one or more related or						nization ans	wered "Yes	s" on F	orm 9	90, Part IV,	line	34	
		a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e)	vered "Yes (f) Share of total income	Share	(g) e of end- year assets	(1	ı) ntage	Se	(i) ection 512 3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	(c) .egal	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	ection 512 .3) control entity?
(a) Name, address, and EIN of	organizations treated as	a corporation	on or tru (c) .egal micile or foreign	st during th	(d) t controlling	(e) ype of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Perce	ı) ntage	Se (1	.3)

(2)St Marcus Evangeical Lutheran Church

Schedule R (Form 990) 2018										
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No							
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No							
b Gift, grant, or capital contribution to related organization(s)	1 b		No							
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)	1d		No							
e Loans or loan guarantees by related organization(s)	1e		No							
f Dividends from related organization(s)	1f		No							

		1 1										
c	Gift, grant, or capital contribution from related organization(s)	1c		No								
d	Loans or loan guarantees to or for related organization(s)	1 d		No								
е	Loans or loan guarantees by related organization(s)	1e		No								
f	Dividends from related organization(s)	1f		No								
g	Sale of assets to related organization(s)	1 g		No								
h	Purchase of assets from related organization(s)	1h		No								
i	Exchange of assets with related organization(s)	1i		No								
j	j Lease of facilities, equipment, or other assets to related organization(s)											
	· · · · · · · · · · · · · · · · · · ·											

d	Loans or loan guarantees to or for related organization(s)	1d	No								
е	Loans or loan guarantees by related organization(s)	1e	No								
f	Dividends from related organization(s)	1f	No								
g	Sale of assets to related organization(s)	1 g	No								
h	Purchase of assets from related organization(s)	1h	No								
i	Exchange of assets with related organization(s)	1i	No								
j	Lease of facilities, equipment, or other assets to related organization(s)	1j Yes									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No								
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No								
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
О	Sharing of paid employees with related organization(s)	10	No								
р	Reimbursement paid to related organization(s) for expenses	1p	No								
q	Reimbursement paid by related organization(s) for expenses	1q	No								
r	Other transfer of cash or property to related organization(s)	1r	No								
	Other transfer of cash or property from related organization(s)	1s Yes									
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
	(a) Name of related organization (b) Transaction Amount involved Method of determining amount involved Method of determining amount involved	ount involve									

g	Sale of assets to related organization(s)	1 g		No								
h	Purchase of assets from related organization(s)	1h		No								
i	Exchange of assets with related organization(s)	1i		No								
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes									
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No								
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No								
m Performance of services or membership or fundraising solicitations by related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
o Sharing of paid employees with related organization(s)												
р	Reimbursement paid to related organization(s) for expenses	1 p		No								
q	Reimbursement paid by related organization(s) for expenses	1 q		No								
r	Other transfer of cash or property to related organization(s)	1r		No								
s	Other transfer of cash or property from related organization(s)	1 s	Yes									
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.											
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining am	nount i	nvolved	ı								
(1) St	Marcus Evangeical Lutheran Church j 41,250 Accrual	j 41,250 Accrual										

309,523

Cash

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	10	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ı	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	990	0) 2018

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Part VII Supplemental Info	ormation								
Provide additional information for responses to questions on Schedule R (see instructions).									
Return Reference	Explanation								
(j)	St. Marcus Evangelical Lutheran Church paid rent to SMELC Holdings, LLC in the amount of \$41,250.								

Return Reference	Explanation	
	All administration of SMELC Holdings, Inc. and St. Marcus Evangelical Luthern Church are provided from the same facility.	ļ