Si 2949232700807 9 Return of Organization Exempt From Income Tax

OMB No 1545-1150 2018

1000

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	A F	or the	2018 calend	ar year, or tax year beginning July 1 , 2018, and ending		June 30	, 20 19		
	Вс	heck if ap	oplicable.	C Name of organization	D Emp	loyer ide	entification number		
	□ ⁄	Address c	hange	880234151					
	닏	Name cha	inge	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	hone nu	ımber		
	_	nitlal retu	1	c/o Judy Treichel, 4587 Ermine Court	l	702	2-248-1127		
	=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exer	notion		
	=		n pending	Las Vegas, NV 89147-5178	•	nber ▶	•		
	_		ing Method:	✓ Cash	Check	▶ 🕅 it	the organization is not		
		/ebsite	-				ach Schedule B		
	J Ta	ax-exen	npt status (che	eck only one) — 501(c)(3))-EZ, or 990-PF).		
				☑ Corporation ☐ Trust ☐ Association ☐ Other			······································		
			-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	l assets				
	(Par	t II, col	umn (B)) are \$	5500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	55,500 00		
	Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions	for Part I)		
	_		Check if	the organization used Schedule O to respond to any question in this Part I			🗆		
		1		ons, gifts, grants, and similar amounts received		1	55,500 00		
		2	Program se	ervice revenue including government fees and contracts		2	0 00		
o n		3	Membersh	ip dues and assessments		3	0 00		
2019		4	Investment	t income		4	0 00		
		5a	Gross amo	ount from sale of assets other than inventory 5a	0 00				
90		b	Less: cost	or other basis and sales expenses	0 00	_			
		С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0 00		
ÜEC		6	Gaming an	d fundraising events:					
Ü	Revenue	а		ome from gaming (attach Schedule G if greater than					
			\$15,000) .		0 00				
Щ	ver	b	Gross inco	me from fundraising events (not including \$of contribution	ıs				
Ź	Re			aising events reported on line 1) (attach Schedule G if the					
SCANNED			sum of suc	h gross income and contributions exceeds \$15,000) 6b	0 00				
$\frac{3}{2}$		C		t expenses from gaming and fundraising events 6c	0 00				
•		d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	otract				
			line 6c) .			6d	0 00		
		7a		s of inventory, less returns and allowances	0 00	1 1			
		b		of goods sold	0 00	-, - -			
		C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0 00		
		8		nue (describe in Schedule O)		8	0 00		
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	55,500 00		
		10		similar amounts paid (list in Schedule O)	· · ·	10	0 00		
		11		aid to or for members	· ·	11	0 00		
	Ses	12	Salaries, of	ther compensation, and employee benefits	- 70	12	49,180.00		
	ë	13	Profession	al fees and other payments to independent contractors	. S	13	0.00		
	Expenses	14		y, rent, utilities, and maintenance	 RS-08C	14	200 00		
	ш	15	•	ublications, postage, and shipping		15	0 00		
		16	-	enses (describe in Schedule O) OGDEN, UT	· .	16	0 00		
		17		inses. Add lines 10 through 16		17	49,380 00		
	য়	18		(deficit) for the year (Subtract line 17 from line 9)	٠ .	18	6,120 00		
	SSE	19		or fund balances at beginning of year (from line 27, column (A)) (must agree r figure reported on prior year's return)	WITH	أخذا	40 EE4 00		
	Net Assets	00	-			19	40,554 00		
	S	20		ges in net assets or fund balances (explain in Schedule O)		20	47.074.00		
		21	ivet assets	or fund balances at end of year. Combine lines 18 through 20	. 🚩	21	47,074 00		

Pai						_
	Check if the organization used Schedule	O to respond to a	ny question in this			
			 -	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	40,554 00		47,074 00
23	Land and buildings				23 24	
24 25	Total assets		· · · · · ·	40,554 00		47,074.00
26	Total liabilities (describe in Schedule O)			40,004 00	26	
27	Net assets or fund balances (line 27 of column		n line 21)	40,554 00	1	47,074 00
Par						
	Check if the organization used Schedule	•		•		Expenses
What	is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplice easured by expenses. In a clear and concise mins benefited, and other relevant information for each	nanner, describe the			,	nizations, optional for
28						
						[
	(Grants \$) If this amount	includes foreign gra	ints, check here	▶ 📙	28a	0 00
29						
						ľ
	/OA- @				00-	0 00
20		includes foreign gra			29a	0 00
30						
	(Grants \$) If this amount	includes foreign gra	ints check here	▶ □	30a	0 00
31	Other program services (describe in Schedule O)				ova	
•		includes foreign gra			31a	0 00
32	Total program service expenses (add lines 28a	through 31a)		•	32	0 00
Par					struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	0	Estimated amount of ther compensation
Judy	Treichel	Exec Dir/40 hr				
4587	Ermine Court, Las Vegas, NV 89147	LACC DII/40 III	14,057 00	0.00	0	0 00
		<u>}</u>		1	-	
					<u> </u>	
	Frishman	Secretary/Treas				
4587	Ermine Court, Las Vegas, NV 89147		0 00	0.0	10	0 00
		}	1	1		
1	Och and old ANAN deep Marks Took Fores Inc	<u> </u>			+	
	Osborne, c/o NV Nuclear Waste Task Force, Inc	Director	0 00	0.0	ام	0 00
4307	Ermine Court, Las Vegas, NV 89147		0 00	00	'' 	0 00
		1		ļ		
					+	
		†				
					_	
 -		†		}		
					1	
		1			1	
					T	
		1				
		1		<u> </u>		
		1	1	İ	-	



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	е	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		\
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a		_]
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
30 p	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	405	-	
•	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		
С	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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 ► Telephone no. ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No /
	If "Yes," enter the name of the foreign country ▶			
	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		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	- *	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d		\
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
Ь	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		

Oilli 99	U-EZ (2C	(10)								P	age 🗖
										Yes	No
46	Did th	e organization engage, directly or ir	ndirectly, in political c	ampaign activities	on behalf	of or i	n opposi	tion [
	to car	ndidates for public office? If "Yes," o	complete Schedule C,	Part I				.	46	ĺ	✓
Part \	/ 1	Section 501(c)(3) Organization	s Only								
		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52, and	d con	plete th	e table	es fo	or line	es
		50 and 51.	•								
		Check if the organization used Scl	hedule O to respond	to any question i	n this Parl	: VI					П
		<u> </u>								Yes	No
47	Did th	ne organization engage in lobbying	activities or have a s	section 501(b) elec	ction in eff	ect di	iring the	tax [\neg		
		If "Yes," complete Schedule C, Par					_		47		✓
40	-	organization a school as described in									_
48									48		
49a		e organization make any transfers to						-	l9a		✓
		s," was the related organization a se							19b		
50		plete this table for the organization's									з кеу
	empio	oyees) who each received more than	1 \$ 100,000 of comper	sation from the or	- ,			e, ente	r "N	one.	
			(b) Average	(c) Reportable			enefits, employee:	(e) Esti	mater	d amou	nt of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	benefit p	lans, aı	nd deferred			pensati	
			advoted to position	(GIIII V 27 1000 IIII	co, co	mpens	ation				
	•										
					- {						
	-										
							ļ				
51	Comp	number of other employees paid ov plete this table for the organization' 000 of compensation from the orga	's five highest compe	ensated independe	ent contrac	 ctors	who each	recen	/ed	more	than
	(a)	Name and business address of each independ	dent contractor	(b) Type of	service		(c)	Compe	nsatio	n	

			· · · · · · · · · · · · · · · · · · ·								
	Total	number of other independent continu	otore each reschiles	Over \$100 000							
		number of other independent contra									
52		he organization complete Scheduleted Schedule A	JIE A? Note: All se	ction 501(c)(3) or	_	s mu 		1 a .▶ [⁄] '	Yes		lo
Jnder pe	enalties	of perjury, I declare that I have examined this	return, including accompany	ying schedules and stat	ements, and t	o the b	est of my kr				
rue, con	rect, and	complete Declaration of preparer (other than	officer) is based on all info	rmation of which prepai	rer has any kr	owledg	je	/			
		& Kudy Their	elel			//	14/	201	9		
Sign	1	Signature of officer				Date	1 - 7				
Here		Judy Treichel, Executive Director									
		Type or print name and title	10		Deta				187		
Paid		Print/Type preparer's name	Preparer's signature		Date		Check 🔲		IN		
Prepa	arer						self-emplo	yed			
Use (Firm's name ▶				Firm's	EIN ▶				
		Firm's address ►		·		Phone					
May th	e IRS	discuss this return with the prepare	r shown above? See i	nstructions				▶□、	Vac		ما

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Inspection Employer identification number Name of the organization Nevada Nuclear Waste Task Force, Inc. 88-0234151 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b 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) 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 I, Type III, 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	10 listed in your gover		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing document?		listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No																																
(A)																																				
(B)																																				
(C)						·																														
(D)				,																																
(E)																																				
Total		<u> </u>																																		

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 49,000 00 36.500.00 43,948 00 35,600 00 55.500 00 220,548 00 revenues levied for organization's benefit and either paid to or expended on its behalf . . . 0 00 0 00 0 00 0 00 0 00 0 00 The value of services or facilities furnished by a governmental unit to the organization without charge 0 00 0 00 0.00 0 00 0.00 0.00 Total. Add lines 1 through 3. . . . 49,000 00 36,500 00 43,948 00 220,548,00 35,600 00 55.500 00 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2014 (c) 2016 **(b)** 2015 (f) Total Calendar year (or fiscal year beginning in) ▶ (d) 2017 (e) 2018 7 Amounts from line 4 49,000 00 36,500 00 43,948 00 35,600 00 55,500 00 220,548 00 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 00 Net income from unrelated business activities, whether or not the business is regularly carried on 0 00 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0.0011 Total support. Add lines 7 through 10 220,548 00 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 100 % 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 15 n/a % 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶ □

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part							
	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.) <u>/</u>	<u></u>
	on A. Public Support			1		1 1 2 2 2 2	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise			 			
~	sold or services performed, or facilities		1	1	1		
	furnished in any activity that is related to the		İ	}	/	ľ	
•	organization's tax-exempt purpose		·	 	 / -		
3	unrelated trade or business under section 513						
4	Tax revenues levied for the		 	†			
7	organization's benefit and either paid to						
	or expended on its behalf		į				
5	The value of services or facilities				1		
	furnished by a governmental unit to the		1		ł	}	
	organization without charge						
6	Total. Add lines 1 through 5	1					
7a	Amounts included on lines 1, 2, and 3	1					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		/	1			
	received from other than disqualified	\	/				
	persons that exceed the greater of \$5,000		/		-		
	or 1% of the amount on line 13 for the year		\				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		X				
	line 6.)			<u> </u>		<u>[</u>	<u></u>
	on B. Total Support	1 2004	1 (1) 2025	1-) 0010	1.0047	1-1-0040	40 T-1-1
	dar year (or fiscal year beginning in)	(a) 2014/	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
10a	Gross income from interest, dividends, payments received on securities loans, rents,			N			
	royalties, and income from similar sources .				J	J l	
ь	Unrelated business taxable income (less				 		
•	section 511 taxes) from businesses	7			1	<u> </u>	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	· · · · · ·					
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	-					
	loss from the sale of capital assets		1				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u>. </u>	<u> </u>				504()(0)
14	First five years. If the Form 990 is for the						
Cast	organization, check this box and stop he					·/· · ·	· · ·
	on C. Computation of Public Suppor Public support percentage for 2018 (line 8			12 column (f)		15	%
15	Public support percentage for 2016 (interest Public support percentage from 2017 Sch	• • • •	-			16	
16 Secti	on D. Computation of Investment Inc			· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	1.51	70
17	Investment income percentage for 2018 (by line 13, colu	ımn (fi)	17	%
18	Investment income percentage from 2017					18	%
19a	33 ¹ / ₃ % support tests—2018. If the organi						
. Ju	1/7 is not more than 331/3%, check this box						
b/	331/3% support tests-2017. If the organiz		_			_	//
1	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	-	_				

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. Ali	Supporting	Organizations
-----------	--------	------------	----------------------

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		ļ
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	-	_ :
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	-	ا
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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	-	- 4
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	-	-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		_ !
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		

determine whether the organization had excess business holdings.)

				-5
Part	Supporting Organizations (continued)			
			Yes	No
11	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)		 - -	
	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.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l i
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe 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.			
	organizations and what conditions of rectifications, it any, applied to doon powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		ĺ	'
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<u></u> j
	supervised, or controlled the supporting organization.	2	<u></u>	<u> </u>
Secti	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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			li
	or management of the supporting organization was vested in the same persons that controlled or managed			اا
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			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			,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ئــــا
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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		
Secti	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	instru	ction	s).
а	☐ 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 Part VI how you supported a government entity	(see in:	struct	ions).
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			
	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	1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the] ;
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		,
3	Parent of Supported Organizations. Answer (a) and (b) below.			 ;
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	~	2
L	· · · · · · · · · · · · · · · · · · ·	Ja		
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 Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	·
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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	, <u></u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		· · · · · · · · · · · · · · · · · · ·	
a Average monthly value of securities	1a		
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-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp			
4		oses of supported orga	nizations	· · · · · · · · · · · · · · · · · · ·
	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			· · · · · · · · · · · · · · · · · · ·
7	Total annual distributions. Add lines 1 through 6.			
		h Ab		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013	.	•	-
b	From 2014	,		•
C	From 2015	-		
d	From 2016	'		,
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
<u>a</u>	Applied to underdistributions of prior years			•
b	Applied to 2018 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			L
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:	•		,
а	Excess from 2014 .			
ь	Excess from 2015	`		
C	Excess from 2016	,	*	,
d	Excess from 2017			
	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.)
	<u>-</u>
	······································

	· · · · · · · · · · · · · · · · · · ·

****** *** * *	······································
	······································

	· · · · · · · · · · · · · · · · · · ·
	······································