## Form **990**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ 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.

Α	For the 2	U18 cale	ndar year, or tax year beginning		, 2018, a	na enaing		_	, 20	
В	Check if ap	plicable:	C Name of organization					D Employ	er identifi	cation number
	Address ch	nange	Doing business as							
	Name char	nae	Number and street (or P.O. box if m	ail is not delivered to street	address)	Room/suite		<b>E</b> Telepho	ne number	•
	Initial return	•								
П	Final return/t	1	City or town, state or province, coul	ntry, and ZIP or foreign pos	tal code					
П	Amended r							<b>G</b> Gross re	eceipts \$	
	Application	pendina	F Name and address of principal offic	er:			H(a) Is this a d	roup return for	subordinates'	? ☐ Yes ☐ No
	• •						1			Yes No
ī	Tax-exemp	ot status:	501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	<u></u> 527				nstructions)
J	Website:			, , , , , , , , , , , , , , , , , , , ,	(4)(7)		H(c) Group	exemption	number •	•
K	Form of org	anization:	Corporation Trust Associa	ation Other ►	L Yea	r of formatio			of legal do	
Р	art I	Summ	ary		1					
	<b>1</b> B	riefly de	escribe the organization's miss	sion or most significar	nt activities:					
é		,	G	J						
au										
ērn	2 C	heck th	is box ▶ ☐ if the organization	discontinued its oper	ations or dis	sposed of	more than	1 25% of	its net a	ssets.
Š			of voting members of the gove	-		-		1		
æ			of independent voting membe		-					
Activities & Governance			nber of individuals employed i			-		5		
			nber of volunteers (estimate if	-				6		
			elated business revenue from					7a		
			ated business taxable income					7b		
							Prior Y	ear	Cı	urrent Year
Revenue	8 C	ontribut	tions and grants (Part VIII, line	1h)		$\square$				
	<b>9</b> P		service revenue (Part VIII, line	·						
	<b>10</b> Ir	_	ent income (Part VIII, column (A			$\square$				
	<b>11</b> 0		venue (Part VIII, column (A), line	·						
			enue-add lines 8 through 11 (r							
	<b>13</b> G	irants ar	nd similar amounts paid (Part I	X, column (A), lines 1	-3)					
	<b>14</b> B	enefits	paid to or for members (Part I)	K, column (A), line 4)						
S	<b>15</b> S	alaries,	other compensation, employee	benefits (Part IX, colur	nn (A), lines s	5–10)				
Expenses	<b>16a</b> P	rofessio	onal fundraising fees (Part IX, c	column (A), line 11e)						
(be	b T	otal fun	draising expenses (Part IX, col	umn (D), line 25) ▶						
ш	<b>17</b> O	ther exp	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e	)					
	18 T	otal exp	enses. Add lines 13-17 (must	equal Part IX, column	n (A), line 25	) . 🗆				
	<b>19</b> R	evenue	less expenses. Subtract line 1	8 from line 12						
Net Assets or Fund Balances							ginning of Cu	ırrent Year	E	nd of Year
sets	<b>20</b> T	otal ass	ets (Part X, line 16)							
A As	21 T	otal liab	ilities (Part X, line 26)							
			ts or fund balances. Subtract I	ine 21 from line 20						
P	art II	Signat	ture Block							
			ry, I declare that I have examined this						my knowle	dge and belief, it is
tru	ie, correct, a	and compl	ete. Declaration of preparer (other than	officer) is based on all info	ermation of which	ch preparer h	as any know	ledge.		
Siç	-   '	,	ature of officer				Da	ate		
He	ere	E	Ilis S. Bacon, treasurer							
			e or print name and title	1						
Pa	nid	Print/Ty	pe preparer's name	Preparer's signature		Date	!	Check	if P	ΓIN
	eparer							self-em		
	se Only	Firm's n	ame ►				Firr	n's EIN ▶		
_		Firm's a	ddress ►				Pho	one no.		
Ma	y the IRS	discus	s this return with the preparer	shown above? (see ir	nstructions)					Yes No

Form 990 (2018) Page **2** 

Part		nent of Program Service		N 1 111	
1		if Schedule O contains a relibe the organization's mission	esponse or note to any line in this Fon:	'art III	<u> L</u>
2			ficant program services during the year		☐ Yes ☐ No
3		cribe these new services on anization cease conducting	Schedule O. g, or make significant changes in I	now it conducts, any program	
		cribe these changes on Sch		[	☐ Yes ☐ No
4	Describe the expenses. S	e organization's program ser section 501(c)(3) and 501(c)(4	vice accomplishments for each of its 4) organizations are required to report or each program service reported.		
4a			including grants of \$		
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	١
40		) (Expenses $\psi_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{_{$		, / (πονοπαο ψ	/
4d		am services (Describe in Sch			
4-	(Expenses \$	including gr	rants of \$ ) (Revenue	\$ )	

Part	V 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		
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		
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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		
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	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		
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		
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		
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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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		
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		
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		
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		
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		
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		
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
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		

Part	Checklist of Required Schedules (continued)			
			Yes	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		
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? If "Yes," complete Schedule J	23		
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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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		
28	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		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
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		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		
31	conservation contributions? <i>If "Yes," complete Schedule M </i>	30		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		
33	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		
34	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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
37	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
10	1 1			
a b		-		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Label Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	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?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 14 14 Did the organization have a written document retention and destruction policy? . . . . . . . . . Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

 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 ►

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

#### 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 year.

- 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, and 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 heither the organization no	r any relate	a orga	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
				(0						
(A)	(B)	(do n	Position (do not check more than one			no	(D)	(E)	(F)	
Name and Title	Average		box, unless person is both an				Reportable	Reportable	Estimated	
	hours per week (list any		r and		irect	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Ke)	Hig	Former	the	organizations	compensation
	related organizations	vidu	ituti	cer	em /	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	for tr	onal		Key employee	con		(00-2/1099-101130)		and related
	line)	nste.	Institutional trustee		ee	nper				organizations
		ď	stee			Highest compensated employee				
						۵				
(1)										
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(14)										
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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck s pe	rson	e than o is both or/trust	an tee)	(D)  Reportable compensation from	(E)  Reportab compensation related	n from	Esti amo	(F) mated ount of ther	
		hours for related organizations below dotted line)	ע ה	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	compo froi orgar and	ensatio m the nization related izations	
(15)														
(16)														
(17)														
(18)														
(19)														
(24)														
(25)														
1b c d	Sub-total		n A					<b>▶ ▶</b>						
2	Total number of individuals (including bur reportable compensation from the organ	t not limited					above	e) w	ho received me	ore than \$1	00,000	of		
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete						-	-	oloyee, or high			3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg	portal an \$1	ole (  50,	con 000	nper 1? <i>I</i> i	nsatio	n a s,"	nd other comp	ensation fr	om the			
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompei	nsat	tion	froi	n any	un un	related organiz	ation or inc	dividual			
Section	on B. Independent Contractors	,	,						•					
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	lress							<b>(B)</b> Description of s	ervices	-	(C) Compens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Total. Add lines 11a-11d. Total revenue. See instructions

Form 9	90 (201	8)				Page \$
Part	VIII	Statement of Revenue				•
		Check if Schedule O contains a response or note to	o any line in this	Part VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				
s, G Am	С	Fundraising events 1c				
Gift Iar	d	Related organizations 1d				
ıs, ( imi	е	Government grants (contributions) 1e				
tior er S	f	All other contributions, gifts, grants,				
ibu		and similar amounts not included above 1f				
ontr od C	g	Noncash contributions included in lines 1a–1f: \$				
	h	<b>Total.</b> Add lines 1a–1f				
Program Service Revenue		Business Code				
eve	2a					
e B	b					
rvic	C .					
Se	d					
ran	e	All all and an arrangement of the second of				
rog	f	All other program service revenue .				
	<u>g</u> 3	Total. Add lines 2a–2f ▶ Investment income (including dividends, interest,				
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents	-			
	b	Less: rental expenses	_			
	c	Rental income or (loss)	_			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	-			
	b	Less: cost or other basis	_			
		and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)				
•						
nue	8a	Gross income from fundraising				
ve		events (not including \$				
Other Revenue		of contributions reported on line 1c).				
her		See Part IV, line 18 a				
百		Less: direct expenses b				
		Net income or (loss) from fundraising events .				
	9a	Gross income from gaming activities.				
	_	See Part IV, line 19 a				
		Less: direct expenses <b>b</b>				
		Net income or (loss) from gaming activities				
	iva	Gross sales of inventory, less returns and allowances a				
	<b>J</b> _					
		Less: cost of goods sold b				
	C	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a	IVIISCEIIAITEOUS NEVETTUE DUSINESS CODE				
	l la b					
	C					
	d	All other revenue				
			i l		i .	1

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### Part IX 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									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses				
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 Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members 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 8	Other salaries and wages								
9 10	Other employee benefits								
11 a b	Fees for services (non-employees):  Management								
c d	Accounting								
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12 13 14	Advertising and promotion								
15 16 17	Royalties								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19 20 21	Conferences, conventions, and meetings Interest								
22 23	Depreciation, depletion, and amortization . Insurance								
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 b									
c d e	All other expenses								
25 26	Total functional expenses. Add lines 1 through 24e  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)								

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
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	
sets	7	Notes and loans receivable, net		7	
Assets	7 8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		9	
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	
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Part	XI Reconciliation 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			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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 O)	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			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\sqcup$
	A			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın		
0-	Schedule O.		0-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	ollea	or		
	Separate basis Consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		. 2b		
b	If "Yes," check a box below to indicate whether the financial statements for the year were audit				
	separate basis, consolidated basis, or both:	eu on	a		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	orcia	ht		
C	of the audit, review, or compilation of its financial statements and selection of an independent account	·			
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	Piani			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rgo th	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	3b		
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